

# FOSTERING HEALTH EQUITY IN YOUNG CHILDREN BY IMPLEMENTING CULTURALLY COMPETENT APPROACHES

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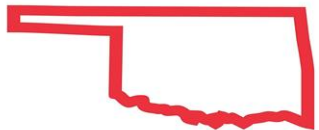
# Transparency...getting to know your presenter

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- I moved to Tulsa Oklahoma from Ohio in August of 2019 and began working for The Parent Child Center in November as an Infant Early Childhood Mental Health Consultant
- My passion has always been in the field of infant early childhood mental health
- Please know that I come from a biased perspective – influenced only by my education and limited experiences

*My wish for today is that those listening will hear something new to spark their curiosity for more content related to the topic because...*

**I believe that we all have a part in enhancing the lives of young children by advancing social justice and equity for all**



# OBJECTIVES

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- Gain an understanding of SAMHSA's definitions related to health equity and cultural competence and humility (10 min)
- Understand how historical discrimination in a region contributes to inequities in services and negative impacts on young children (20 min)
- Learn ways to embrace a vision of anti-bias and diversity informed practice to combat the impact of historical discrimination, and to help young children thrive in a world that supports their development and creates positive health outcomes (20 min)

# “Best Practice” for professional development

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Be respectful



Be open minded



Seek to understand and gain knowledge



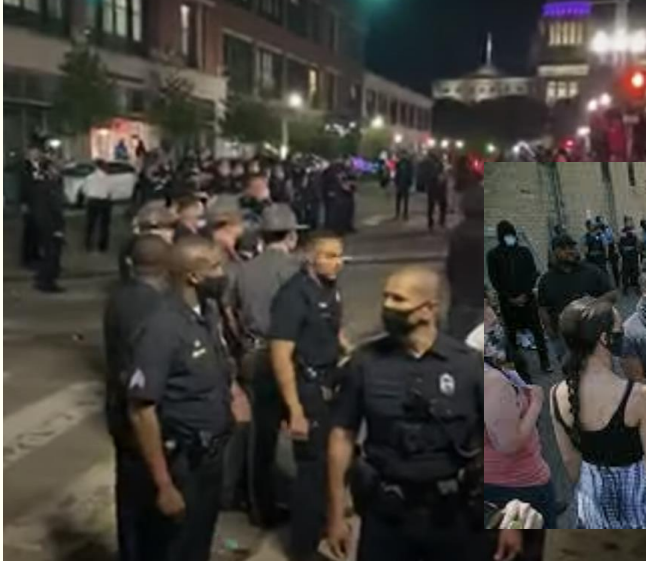
Challenge your bias



Commit to do things differently



The recent national events prove we are a nation struggling...



...with deep historical and structural inequalities and systemic racism.

# OBJECTIVE 1:

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Let's take a look at The Substance Abuse Mental Health Services Administration's (SAMHSA) definitions related to health equity and cultural competence





# Health Disparity

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**A TYPE OF HEALTH DIFFERENCE THAT IS CLOSELY LINKED TO SOCIAL, ECONOMIC, AND/OR ENVIRONMENTAL DISADVANTAGE.**

▪ Obstacles to health that relate to disparity include:

- racial group (social construct)
- socioeconomic status
- age
- cognitive, sensory, or physical disability
- sexual orientation or gender identity
- geographic location
- mental health
- religion
- gender
- historical discrimination

# Behavioral Health Disparity

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**A DIFFERENCE IN SUBSTANCE USE OR MENTAL HEALTH OUTCOME,  
LINKED TO SOCIAL, ECONOMIC, AND/OR ENVIRONMENTAL  
CIRCUMSTANCES LEADING TO DISADVANTAGE**





# Health Equity

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**THE ATTAINMENT OF THE HIGHEST LEVEL OF HEALTH POSSIBLE FOR ALL GROUPS. SOMETIMES INDIVIDUAL DIFFERENCES AND/OR HISTORY CAN CREATE BARRIERS TO ACHIEVING GOOD HEALTH.**

Health Equality is NOT the same as Health Equity.

**Equality = Sameness**

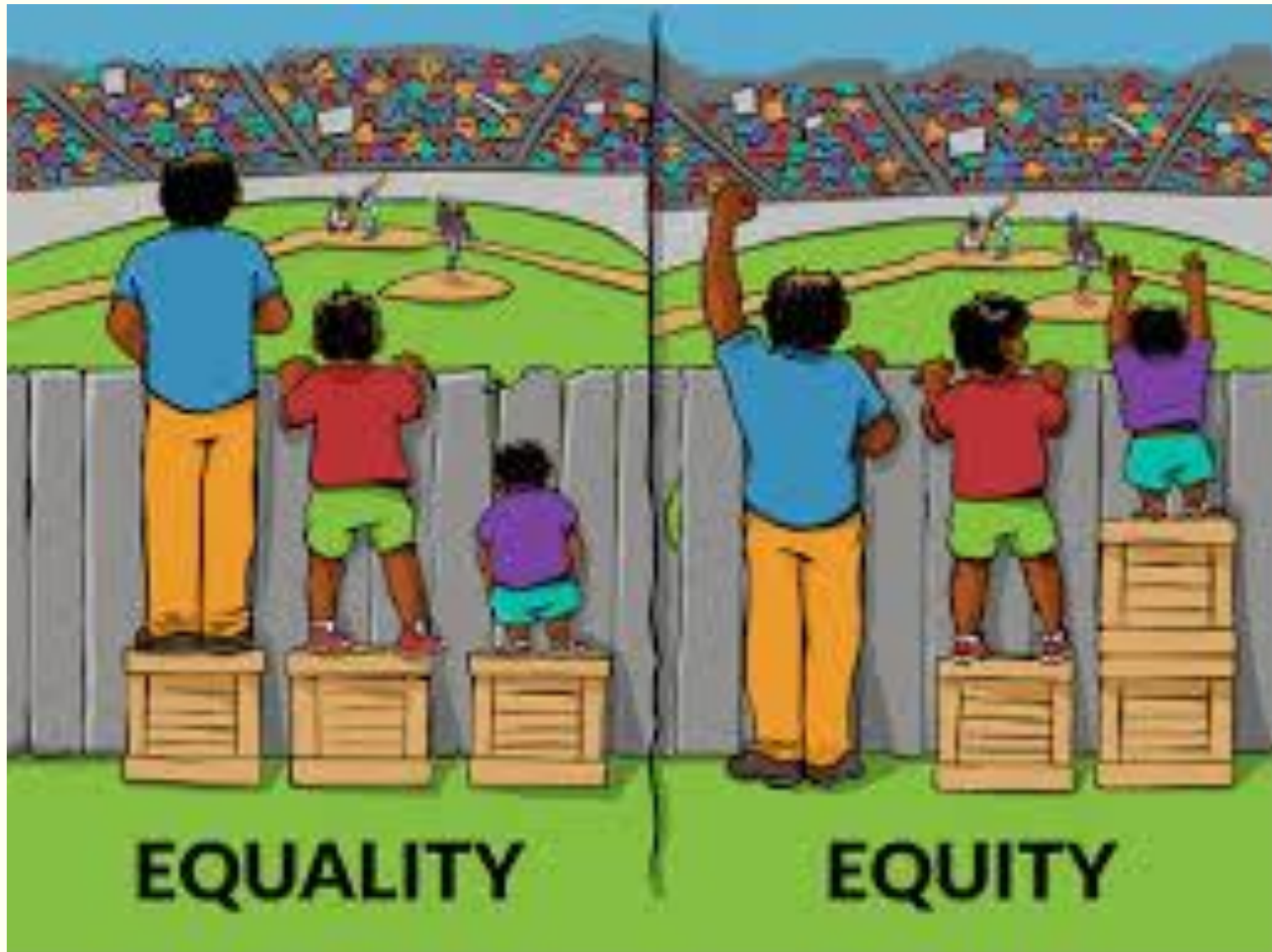
Giving everyone the same thing -----> Only works if everyone starts from the same place.

**Equity = Fairness**

Access to the same opportunities -----> Must first ensure equity before equality can be enjoyed.

# EQUALITY VS. EQUITY

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# Reflection question

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What does EQUITY mean  
to you?

You can answer in the chat  
box if you feel  
comfortable to do so.



# Cultural Competence

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**THE ABILITY OF AN INDIVIDUAL or ORGANIZATION TO UNDERSTAND AND INTERACT EFFECTIVELY WITH PEOPLE WHO HAVE DIFFERENT VALUES, LIFESTYLES, AND TRADITIONS BASED ON THEIR HERITAGE AND SOCIAL RELATIONSHIPS.**

- Principles

- ensuring community involvement
- use a population-based definition of community (let the community define itself)
- stress the importance of relevant, culturally appropriate prevention approaches
- employ culturally competent evaluators
- promote cultural competence among all programs
- include the target population in ALL aspects of planning and services

# Cultural Humility

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**AN ONGOING ACTIVE PROCESS WHEREBY AN INDIVIDUAL DEVELOPS AN ATTITUDE OF KNOWING AND LEARNING FROM THE PEOPLE THEY SERVE.**

- Principles

- recognizing and challenging power imbalances for respectful partnerships
- institutional accountability (from micro to macro level practice)
- ongoing critical self-reflection
- lifelong process





# Cultural humility in the field...how possible is it?

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## FIRST CONSIDER:

The United States has become more diverse and continues to increase in its diversity. Those in education and helping professions are not always representative of the population that they serve.

## HOWEVER:

Research has shown that the ability of professionals to remain open, engaging, communicative, and respectful of sociocultural differences with their clients and those they serve, improves health and behavioral health outcomes.

- Betancourt, Joseph R.et.al Cultural Competence and Health Care Disparities: Key Perspectives and Trends. Health Affairs. 2005; 24(2).

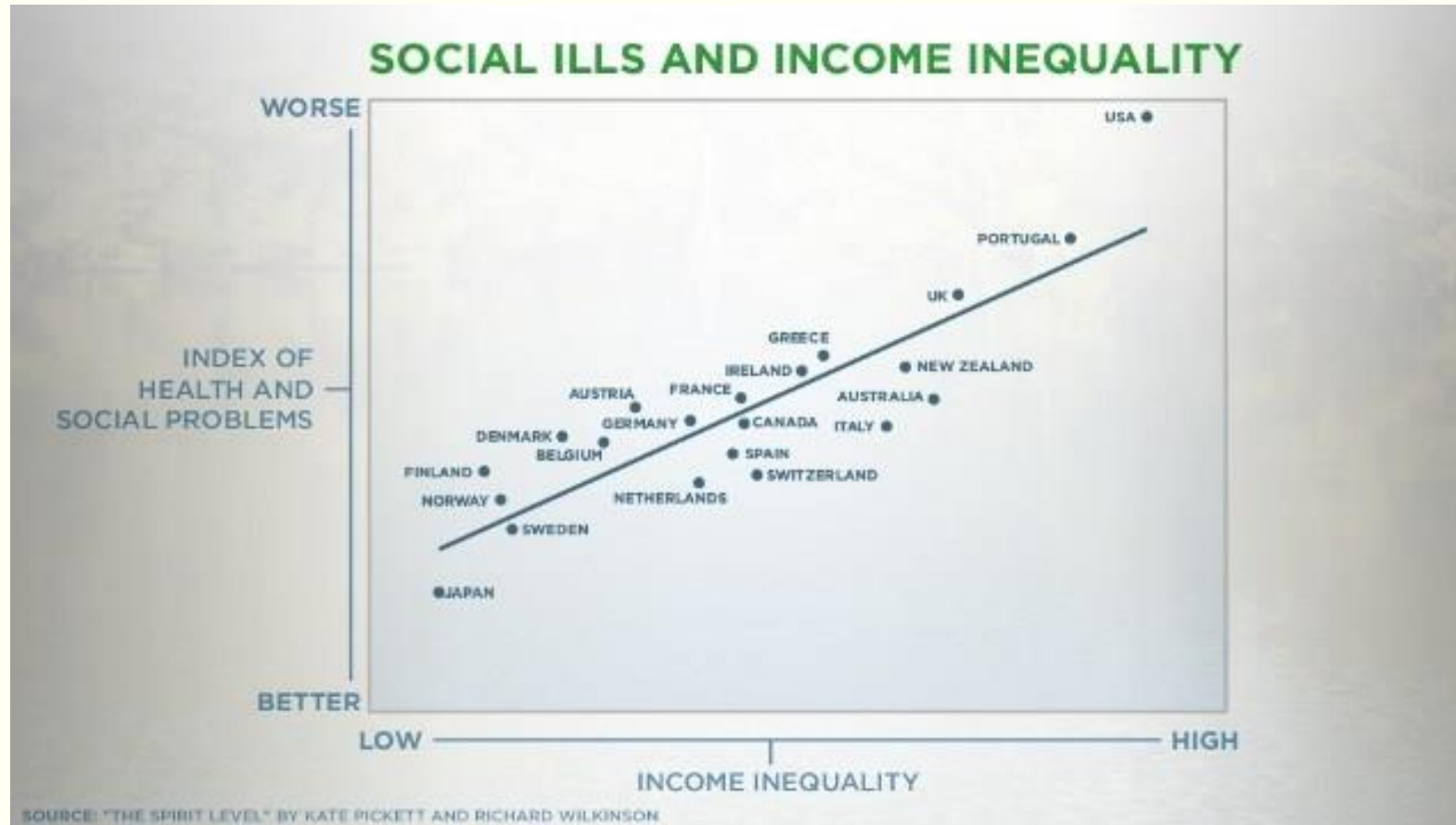
## OBJECTIVE 2:

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Understand how historical discrimination in a region contributes to inequities in services and negative impacts on young children



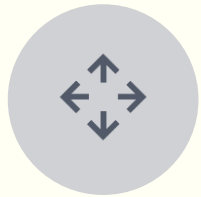
The dynamics of advantage and disadvantage are deeply rooted in history and the social stories that individuals are exposed to.



Inequity of resources, and the biases that justify those inequities, have an enormous impact on the lives of young children that will later impact their social lives and health.

# Systemic issues contributing to discrimination and racism

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PEOPLE LIVE IN  
A REGIONALLY  
SEGREGATED  
BUBBLE



THEY OPERATE  
MOST OF THEIR  
LIVES BASED ON  
FEW  
EXPERIENCES



EDUCATIONAL  
SYSTEM (NOT  
GETTING THE  
FULL PICTURE  
OF HISTORY)



FAMILY CONTEXT,  
INTERGENERATIONAL  
TRANSMISSION OF  
ACCEPTANCE OR  
INTOLERANCE



ACCESS TO  
RESOURCES IS  
LIMITED  
(HISTORIC AND  
ONGOING  
BARRIERS)



THE INTERNET  
INCREASED  
PEOPLES  
ACCESS TO  
“OTHER”  
INFORMATION  
HOWEVER MANY  
PEOPLE ACCESS  
INFORMATION  
THAT SUPPORTS  
THEIR BIASED  
VIEWPOINT

# Three perspectives for understanding discrimination and racism that contribute to health disparities

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## **Institutionalized racism/discrimination**

“the systematic distribution of resources, power and opportunity in our society to the benefit of people who are white and the exclusion of people of color.” Present-day racism was built on a long history of racially distributed resources and ideas that shape our view Eg. Indian reservations, segregation in schools

## **Personally mediated racism/discrimination**

occurs on an interpersonal level and is defined as prejudice and discrimination, that is, differential assumptions about the abilities, motives, and intentions of others according to their race, and differential actions toward others according to their race. Eg. Persistent familial racism or implicit bias based on experience or perception

## **Internalized racism/discrimination**

occurs when members of a group who are stigmatized by racism believe the negative messages about themselves and may come to accept a low value of their own intrinsic worth Eg. Learned helplessness



# Institutional and Structural Discrimination & Racism



## CHALLENGING RACE AS RISK

How **implicit bias** feeds into the structural racism that keeps housing in America separate and unequal—and what we can do about it.



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## W.E.B. Dubois...one example

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**W.E.B. DuBois acknowledged one hundred years ago that the health of minority populations is heavily influenced by the social institutions around them.**

- Historically, people of color have been restricted from buying homes in particular neighborhoods, regardless of their ability to pay, through practices such as racial covenants or redlining. Today's exclusions are less overt, but segregation remains
- Housing can influence our daily lives: the better one's access to safe, affordable housing, the better one's outcomes tend to be along a range of indicators of individual, family, and community well-being.



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# Personally Mediated Racism: The Role of Implicit Bias



# Implicit Bias

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**Implicit racial bias is the unconscious attribution of particular qualities to a member of a certain social group. It is something that *all* people have and which can negatively affect interactions between groups if not properly examined and addressed.**

- Implicit Bias is about “how” our minds work, not if we are a “good” or “bad” person.
- We all have implicit bias that impacts our attitudes, beliefs, and behaviors.



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According to Carol Delily, contributing author to the journal  
*Issues in Mental Health Nursing,*

“Discrimination and racism, which contribute to people categorizing or associating, has been identified on an **individual level** as starting with a **feeling**”

- “I just don’t understand”... **ignorance**
- “I am not on the same level”... **inferiority**
- “I am scared of them”... **fear**
- “My life is always so hard”.... **depression**
- “Those people make things worse”... **anger**
- “The way they do things is disgusting”... **hostility**
- “I’ll show them”... **aggressiveness**





# Over time...

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People are impacted by the historical story that has been told.

Where a person lives and who they live with is impactful...

**ESPECIALLY** for young children.





# The State of Oklahoma's Babies

[stateofbabies.org](https://stateofbabies.org)



- The *State of Babies Yearbook: 2020* shows that the state in the U.S. where a baby is born impacts their chance for a strong start in life.
- The report further highlights major disparities that begin before birth, especially for Black children, driven by systemic racism and social injustices.

Over time...

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## External forces influence our internal DNA

### EPIGENETICS:

The theory that beliefs, experiences, and other environmental factors affect not just an individual's current state but also the DNA of subsequent generations.

Therefore...chronic historical stress due to discrimination and racism can change our genetic activity if not our genes.

**ARE YOUNG CHILDREN ARE A PRODUCT OF ENVIRONMENTAL EXPERIENCES THAT THEY WERE NOT PERSONALLY INVOLVED?**



*"That's the racist bone in your body you claimed you didn't have."*

## To summarize the previous slides: discrimination and racism impact health equity in three ways

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1. The perpetuation of negative beliefs about a certain group of people based on where they live, how they live, and the color of their skin – creates a bias among community members and professionals working in the community.
2. The inequity of resources, and the biases that justify those inequities, have an enormous impact on young children's lives and their ability to attain health equity.
3. The children that are living these experiences may have changed DNA as a result of inequities that have been present over long periods of time to generations past.



# Reflection question

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In what ways have you seen experiences and feelings passed down or shared from one generation to the next that contribute to discrimination and racism?



"The flower that blooms in adversity is the rarest  
and most beautiful of all."

-- Walt Disney



# OBJECTIVE 3:

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Learn ways to embrace a vision of anti-bias and diversity informed practice to combat the impact of historical discrimination, and to help young children thrive in a world that supports their development and creates positive health outcomes.



# A vision of anti-bias

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## **The United Nations (1989) Declaration of the Rights of the Child:**

1. The right to survival
2. The right to develop to the fullest
3. The right to protection from harmful influences, abuse, and/or exploitation
4. The right to participate fully in family, cultural, and social life



# A vision of anti-bias

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- Children and adults respectfully and easily live, learn, and work together in diverse and inclusive environments
- All children and families have a sense of belonging and experience affirmation of their identities and cultural ways of being
- All children and families live in safe, peaceful, and healthy environments
- All families have the resources they need to fully nurture and support their children

- Derman-Sparks, L. & Olsen Edwards, J. 2010



# Let's Focus on Embracing Cultural Humility to Reduce Health Disparities in Young Children...

## Prevention Action Alliance States:

Cultural diversity, competence, and humility is a foundational component to effective and impactful prevention services and that cannot be fully realized while certain members of our communities are purposefully harmed by systems of oppression and violence that have been in place for far too long.

Everyone has a role in prevention, and everyone has a role in combating racism and discrimination.

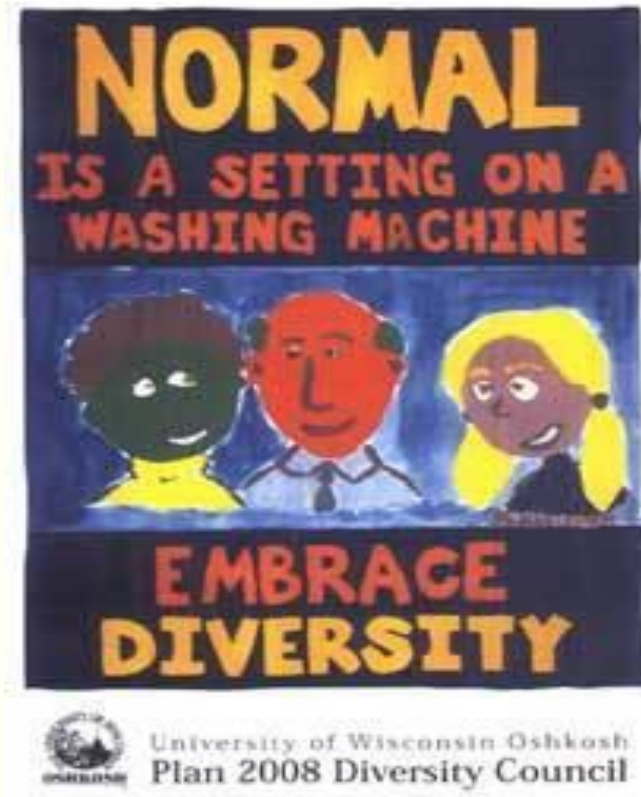
The logo for the Prevention Action Alliance is located in the bottom left corner. It consists of a black rectangular box. Inside the box, the word "Prevention" is written in a blue serif font, and the words "Action Alliance" are written below it in a green sans-serif font. Two thin horizontal lines, one above "Prevention" and one below "Action Alliance", are also present.

Prevention  
Action Alliance

# Diversity-informed practice

is a dynamic system of beliefs and values that strives for the highest levels of diversity, inclusion, and equity.

*- ZERO TO THREE*



Cultural Humility  
is  
**PROFESSIONALS**  
*partnering with* others  
in  
diversity-informed  
practice



# IRVING HARRIS FOUNDATION DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN AND FAMILIES



## CENTRAL PRINCIPLE

**1. Self-Awareness Leads to Better Services for Families:** Working with infants, children, and families requires

all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

## STANCE TOWARD INFANTS, CHILDREN, AND FAMILIES FOR DIVERSITY-INFORMED PRACTICE

**2. Champion Children's Rights Globally:** Infants and children are citizens of the world. The global community is responsible for supporting parents/caregivers, families, and local communities in welcoming, protecting, and nurturing them.

**3. Work to Acknowledge Privilege and Combat Discrimination:** Discriminatory policies and practices that harm adults harm the infants and children in their care. Privilege constitutes injustice. Diversity-informed practitioners acknowledge privilege where we hold it and use it strategically and responsibly. We combat racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

# IRVING HARRIS FOUNDATION DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN AND FAMILIES



**4. Recognize and Respect Non-Dominant Bodies of Knowledge:** Diversity-informed practice recognizes nondominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within all families and communities.

**5. Honor Diverse Family Structures:** Families decide who is included and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers while overlooking the critical child-rearing contributions of other parents and caregivers.

## PRINCIPLES FOR DIVERSITY-INFORMED RESOURCE ALLOCATION

**6. Understand That Language Can Hurt or Heal:** Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. We strive to use language (including body language, imagery, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.



# IRVING HARRIS FOUNDATION DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN AND FAMILIES



- 7. Support Families in Their Preferred Language:** Families are best supported in facilitating infants' and children's development and mental health when services are available in their native languages.
- 8. Allocate Resources to Systems Change:** Diversity and inclusion must be proactively considered when doing any work with or on behalf of infants, children, and families. Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations, otherwise systems of oppression may be inadvertently reproduced. Individuals, organizations, and systems of care need ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.
- 9. Make Space and Open Pathways:** Infant, child, and family-serving workforces are most dynamic and effective when historically and currently marginalized individuals and groups have equitable access to a wide range of roles, disciplines, and modes of practice and influence.

## ADVOCACY TOWARDS DIVERSITY, INCLUSION, AND EQUITY IN INSTITUTIONS

- 10. Advance Policy That Supports All Families:** Diversity-informed practitioners consider the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

# Reflective Practice

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The first Diversity-Informed tenet states “Self-awareness leads to better service for families”

**REFLECTIVE PRACTICE** is necessary for better self-awareness and this involves:

1. exploring the impact of our own values, beliefs, and implicit bias
2. analyzing the role of contextual forces (racism, historical trauma, inequities) in our practice and relationships with families and colleagues
3. addressing barriers to diversity-informed practice



# Reflection question

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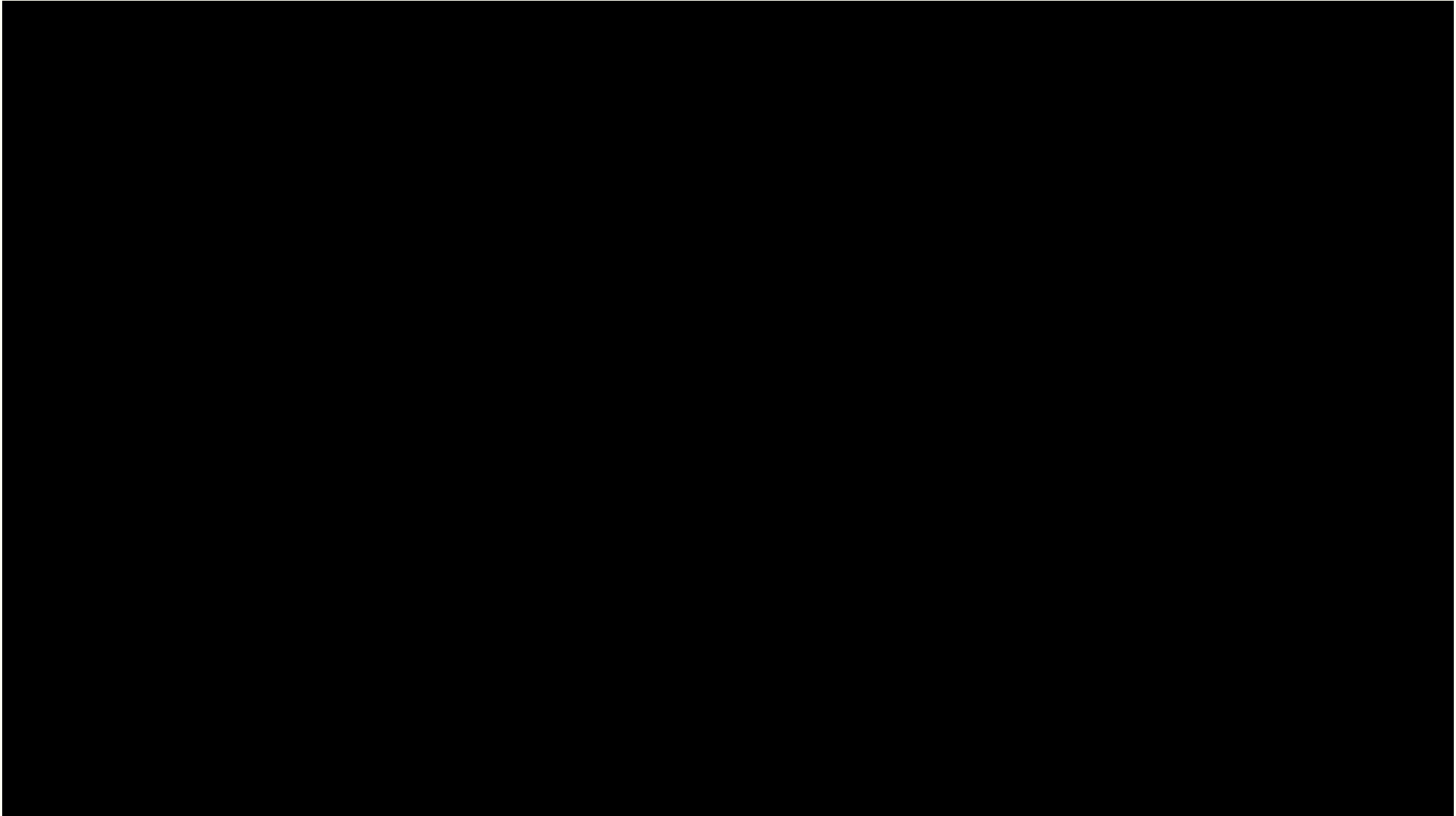
How are you engaging  
In Reflective Practice?  
Do you set aside time to  
do this on a regular basis?



A positive takeaway message...

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- [www.samhsa.org](http://www.samhsa.org)
- [www.cdc.org](http://www.cdc.org)

Thank you – I appreciate your time today!

Please feel free to provide feedback to me: [ntmoore@parentchildcenter.org](mailto:ntmoore@parentchildcenter.org)

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