

*The Gamma Nu Chapter of Chi Sigma Iota
Professional Counseling Honor Society Presents:*

**THE MENTAL HEALTH
ADVOCACY & HELPING PROFESSION
VIRTUAL RESEARCH CONFERENCE**

APRIL 24TH, 2021 | 10:00 AM - 4:00 PM
GENERAL REGISTRATION NOW OPEN
LINK: [HTTPS://FORMS.GLE/K2M2LG4GLWRYIJY66](https://forms.gle/K2M2LG4GLWRYIJY66)



US BIPOC HEALTH DISPARITIES

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DISPARITIES

Is often used in health dialogue referencing racial or ethnic difference in achieved health status.

Where there is a noticeable, “greater/lesser outcome between populations” (US Department of Health and Human Services, 2020) it is considered a disparity (Healthy People 2020, derived from Disparities | Healthy People 2008).



DIFFERENTIAL HEALTH OUTCOMES



CLEARLY
DISCERNABLE
WITHIN THE
US BIPOC
POPULATION

HEALTH DISPARITY IS
SYNONYMOUS TO “HEALTH
DIFFERENCE THAT IS CLOSELY
LINKED WITH SOCIAL,
ECONOMIC, AND
ENVIRONMENTAL
DISADVANTAGE” (HEALTHY
PEOPLE 2020).

HISTORICAL SYSTEMIC RACIAL OPPRESSION

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- US BIPOC populations have sustained and experienced poorer health outcomes due to experienced racial and/or ethnic assignment.

COVID19 IS EFFECTING THE US BIPOC POPULATIONS GREATER THAN NONBIPOC PEOPLE

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- COVID19 (transmission, death) disparities in health care access and treatment is tantamount to the 1918 Influenza pandemic and subsequently refocuses our attention to BIPOC Americans effected by the COVID19 global pandemic.
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1

SYSTEMATIC RACISM

2

DEPOLICING | OPTIONS TO 911

3

WE'RE STILL DYING

4

ACTION | NEXT STEPS



THE
CONTINUED
COMPLEX
INTERTWINING
OF
SYSTEMICALLY
RACIST BASED
INEQUITIES

- Compounds access to care, propagating racial health disparities through a “lens of health equity,” (Cooper, L., Krishnan, L., Ogunwole, S., 2020)

OBSTACLES TO GOOD (OR BETTER) HEALTH

- Exist from disparate socioeconomic status, gender, age, mental health, cognitive, sensory, or physical (dis)ability, sexual orientation or gender identity and/or geolocation.
- Linked to discrimination and exclusion (US Department of Health and Human Services, 2020) explains health disparities and how it has effected the US BIPOC populations (Journal of Comparative Family Studies, Vol. 51 issue, p. 418)

PROMOTES INTEGRATED
APPROACHES, EBT
PROGRAMS AND BEST
PRACTICES (US
DEPARTMENT OF
HEALTH AND HUMAN
SERVICES, 2011).

THE DEPARTMENT OF HEALTH
AND HUMAN SERVICES ACTION
PLAN TO REDUCE RACIAL AND
ETHNIC HEALTH DISPARITIES
(2011) PREPPED THE GROUND
FOR HEALTHY PEOPLE 2020

HEALTH EQUITY (HEALTHY PEOPLE, 2020)

Brings a concentrated effort towards study of equalizing the playing field for achieved health status for us BIPOC populations

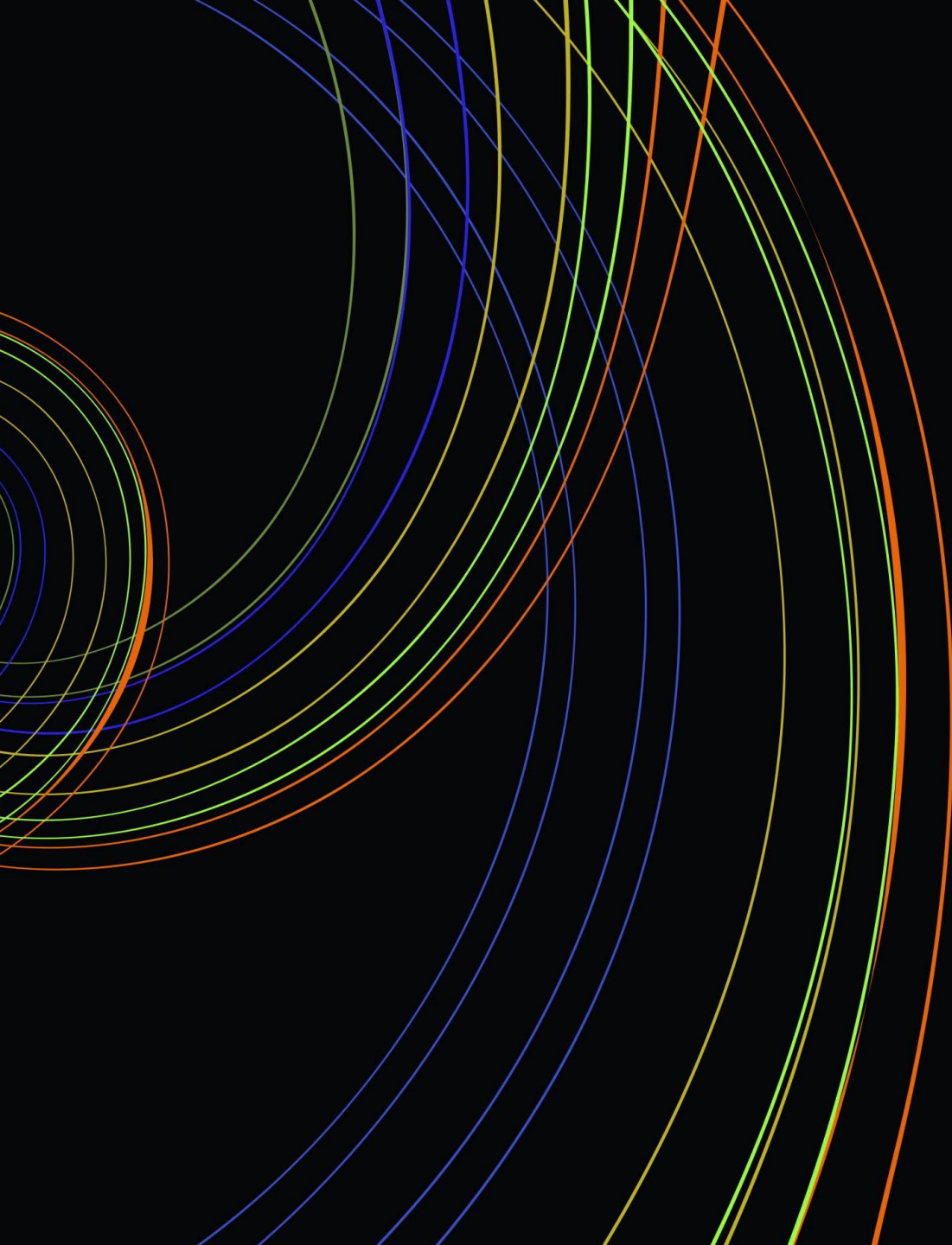


IN HEALTHY PEOPLE 2020, HEALTH EQUITY

ATTAINMENT OF THE
HIGHEST LEVEL OF HEALTH
FOR ALL PEOPLE AND
ACHIEVES HEALTH EQUITY
THAT VALUES EVERYONE
EQUALLY WITH FOCUSED
SOCIETAL EFFORTS
ADDRESSING INEQUALITIES,
HISTORICAL AND
CONTEMPORARY
INJUSTICES AND
ELIMINATES HEALTH AND
HEALTH CARE DISPARITIES

SYSTEMIC RACISM EXPLAINS US BIPOC HEALTH DISPARITIES

IN THE UNITED STATES, SYSTEMIC RACISM AND
PSYCHIATRIC OPPRESSION (BROWN & PADRON,
2020) MAKES FOR A PUBLIC HEALTH EMERGENCY
DETERMINATION



THE CURRENT US NATIONAL DIVISION IS ENTRENCHED IN SYSTEMICALLY RACIST TREATMENT OF BIPOC PEOPLE

ECONOMIC AND SOCIAL LINES
CONTINUE TO BE DEFINED
FEATURES OF AMERICAN LIFE
WITH HEALTH DISPARITIES
ACROSS RACIAL GROUPS THAT
ARE CONSEQUENCES OF
ECONOMIC AND SOCIAL
DIVISION (MOORE, K., 2019)

COVID19 IS
IMPACTING
THE US BIPOC
POPULATIONS

TWO THIRDS OF
ALL
CORONAVIRUS
DEATHS ARE
BIPOC PEOPLE
WITH
DISABILITIES

2 TO 3 TIMES THE RATE OF NONBIPOC PEOPLE

US BIPOC populations are no stranger to existing in the midst of racial crisis

- With COVID19, US BIPOC POPULATIONS:
- 4% of the world's population in the US account for 25% of the global number of confirmed COVID19 cases
- Disproportionate morbidity and mortality due to COVID19
- 63 million and 1.5 x deaths deaths Globally (John Hopkins Coronavirus Resource center, 2021)

THE US BIPOC CITIZENRY HAVE GREATER SUSCEPTIBILITY TO CONTRACTING COVID19

- Age
- Propensity for Living with Diabetes
- Hypertension
- Underlying respiratory and cardiovascular comorbidity associates with an increased risk to the virus (and COVID19 mutations) resulting in greater mortality (European Respiratory Journal, 55(5), 2020)

LIMITED ACCESS TO MEDICAL CARE, RESOURCES AND SUPPORTIVE SERVICES PLAYS A ROLE FOR BIPOC MORBIDITY AND MORTALITY

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- The global pandemic shines a bright light on racial disparities in health and health care as American BIPOC people suffer and die at rates higher than non BIPOC Americans affirming the preponderance of the disparate mistreatment of POC individuals in the United States
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**US BIPOC RACIAL
HEALTH DISPARITY
PROPAGATES HATE
AND SYSTEMIC
RACISM,
DISCRIMINATING POC**

**RACE-BASED
STRESS AND
EXPERIENCED
HISTORICAL
TRAUMA
OCCURS
FREQUENTLY**

TEACHINGS ON RACE, RACISM AND CULTURAL COMPETENCE MUST ADDRESS

Bias,
resistance, and
cultural
egocentrism of
non BIPOC
practitioners
and providers
during SARS-
COV-2

THE GLOBAL
PANDEMIC
HAS
“RACIALIZED”
HEALTH
INEQUALITY IN
THE US

PEOPLE LIVING IN LOW-
INCOME GEOLOCATIONS
ARE MORE APT TO NOT
BE ABLE TO ACCESS
DESPERATELY NEEDED
MEDICAL ATTENTION,
CARE, SUPPORTS AND
SERVICES



THANK YOU
FOR MORE INFORMATION
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