Holistic Wellness for African American Families and Communities

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WELLNESS // WELL BEING

- a healthy balance of the mind, body and spirit that results in an overall feeling of well-being

- an active process of becoming aware of and making choices toward a healthy and fulfilling life.

- "...a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."   The World Health Organization.

- "a conscious, self-directed and evolving process of achieving full potential."   The National Wellness Institute

# The Cycle: Wellness Matters

MENTAL HEALTH AS WELL-BEING?

Well-being is a positive state of affairs, brought about by the simultaneous satisfaction of personal, relational, and collective needs of individuals and communities (Prilleltensky)

"and Spiritual" (Grills)

THE SYNERGY AND SCIENCE OF WELL-BEING

- There cannot be well-being but in the combined presence of personal, relational, and collective well-being
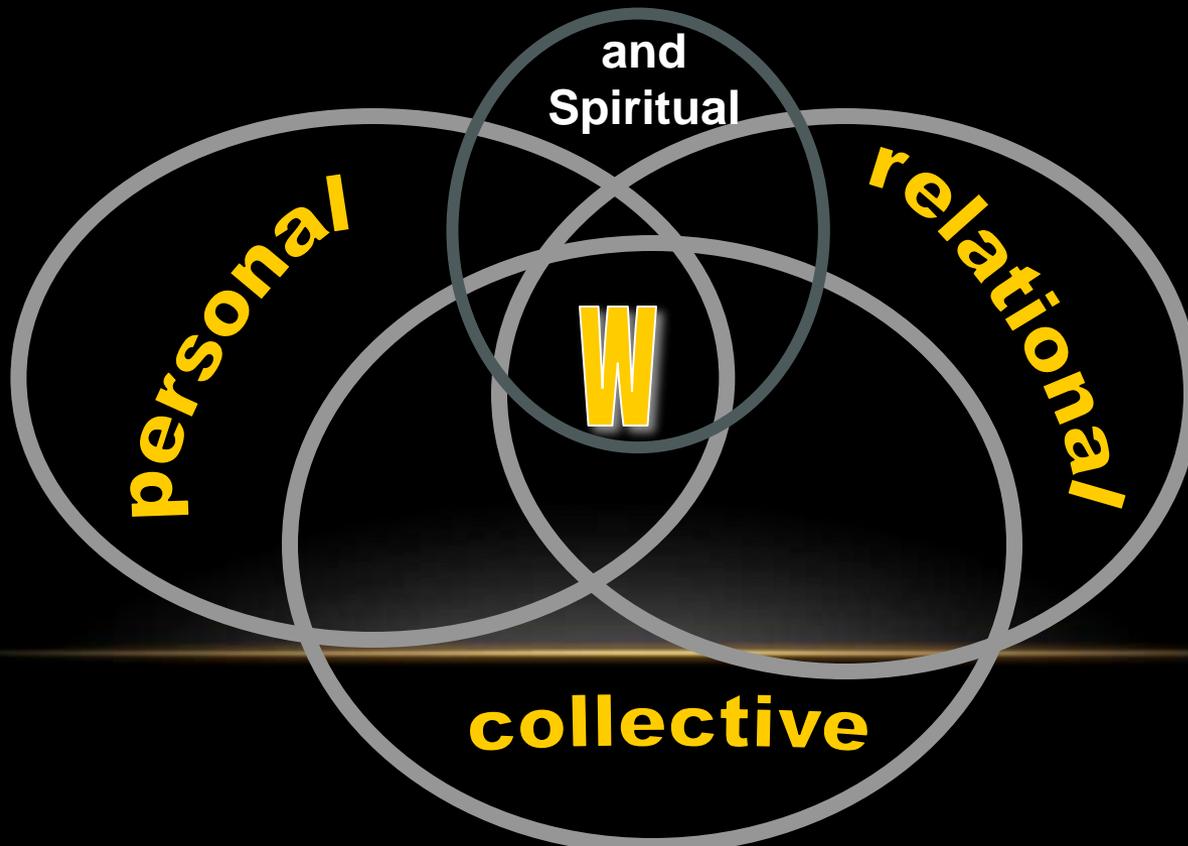
PERSONAL WELL-BEING

- Sense of control
- Physical health
- Love
- Optimism
- Competence
- Growth
- Self-esteem

RELATIONAL WELL-BEING

- Support
- Affection
- Bonding
- Cohesion
- Collaboration
- Respect for diversity
- Democratic participation

COLLECTIVE WELL-BEING

- Social justice and equality

- Liberation from oppressive forces

- Adequate health and social services

- Economic prosperity

- Adequate housing

- Clean environment

- Support for community structures

EIGHT DIMENSIONS OF WELLNESS (UC DAVIS)

- occupational

- emotional

- spiritual

- environmental

- financial

- physical

- social and

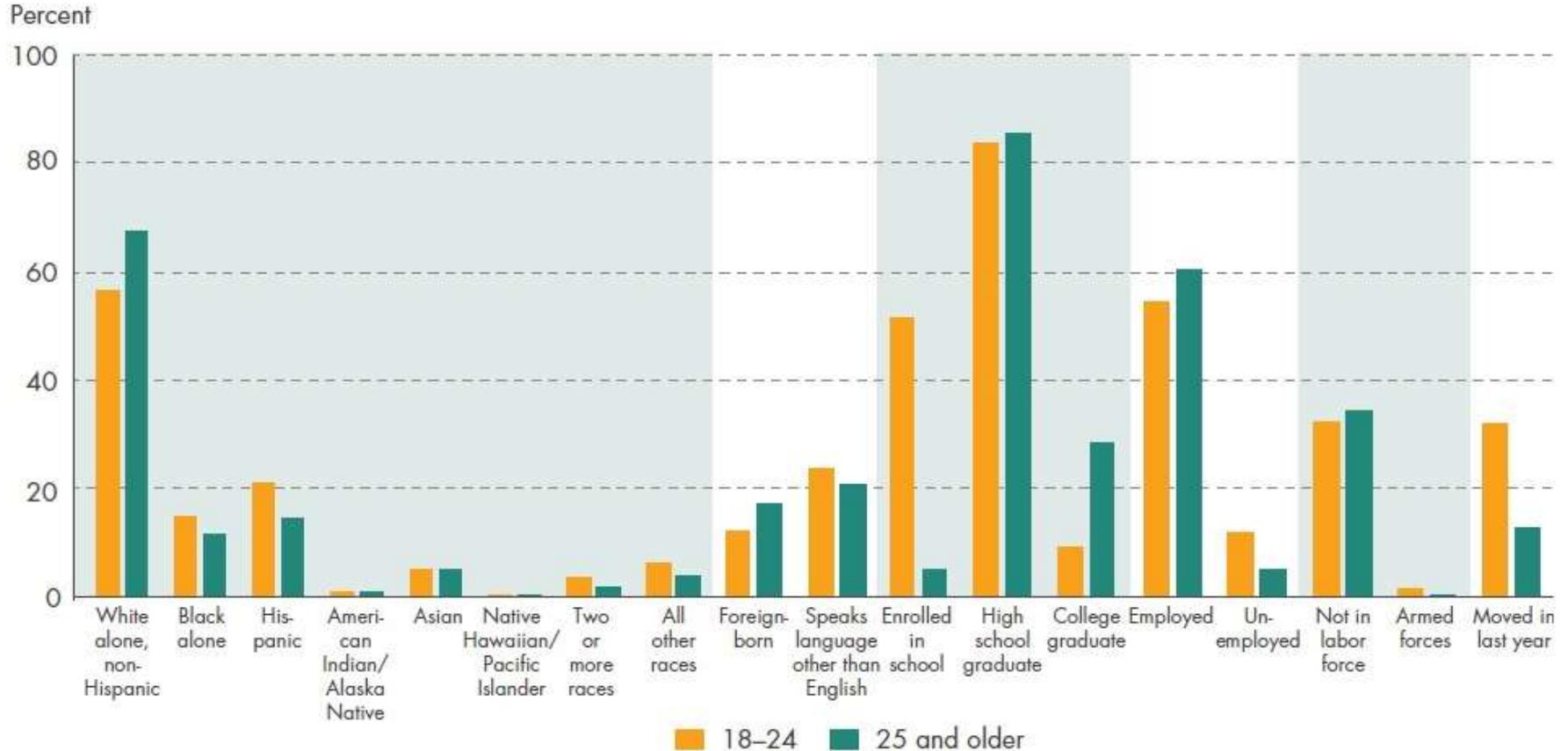- intellectual

CONTEXT MATTERS

⭐

Are we really ready to have a serious conversation about wellness for African Americans?

FIGURE POP1

Select demographic characteristics by age group, 2008–2012

Percent

NOTE: The revised 1997 Office of Management and Budget (OMB) standards for data on race and ethnicity were used to classify persons into racial groups. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, American Community Survey, 5-year weighted estimates.

FIGURE POP4.A

Rate per 100,000 young adult males ages 18–24 imprisoned in adult prison facilities by race and Hispanic origin, 2000–2011

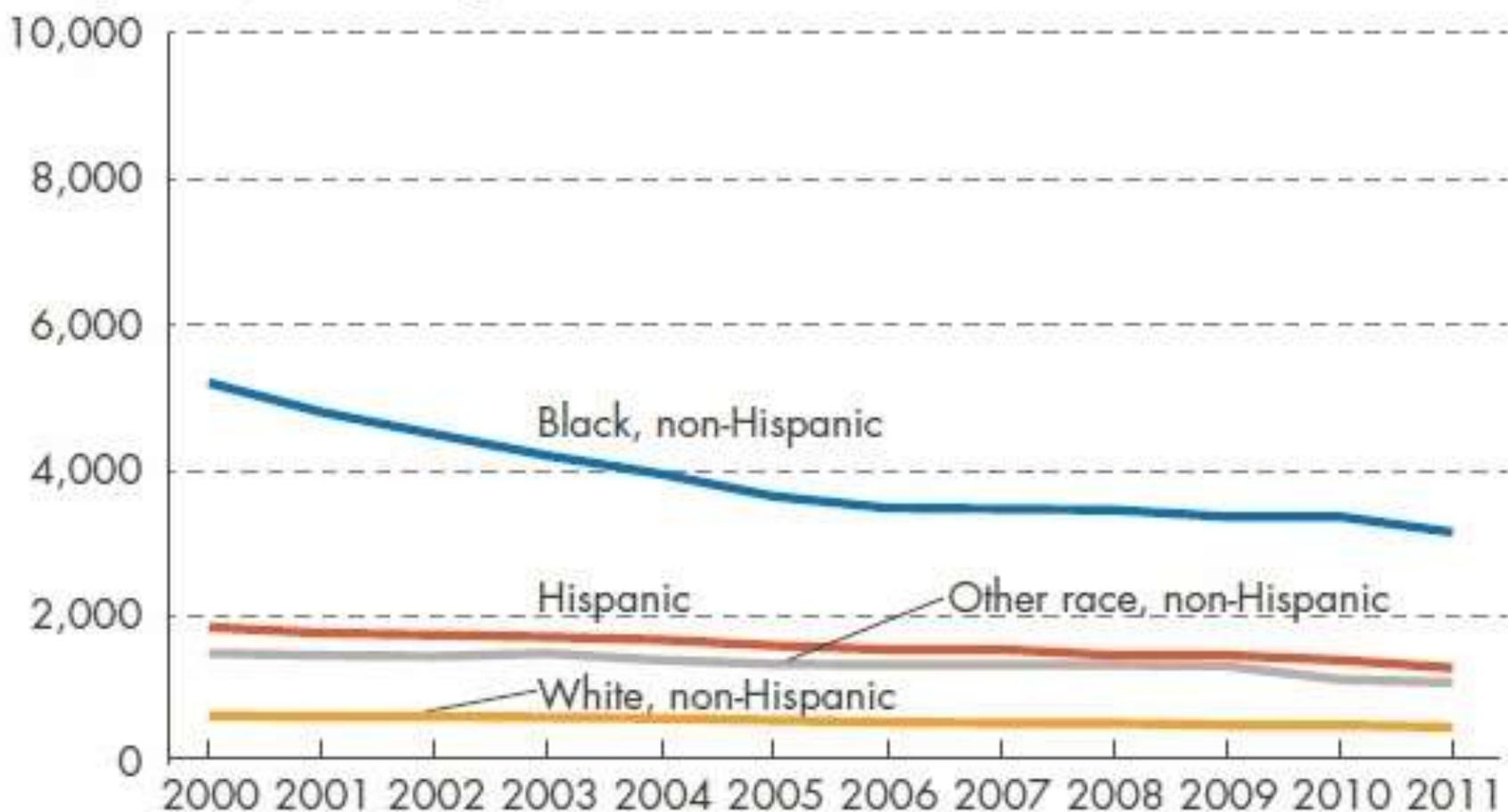**Rate per 100,000 males ages 18–24**

FIGURE POP4.B

Rate per 100,000 young adult females ages 18–24 imprisoned in adult prison facilities by race and Hispanic origin, 2000–2011

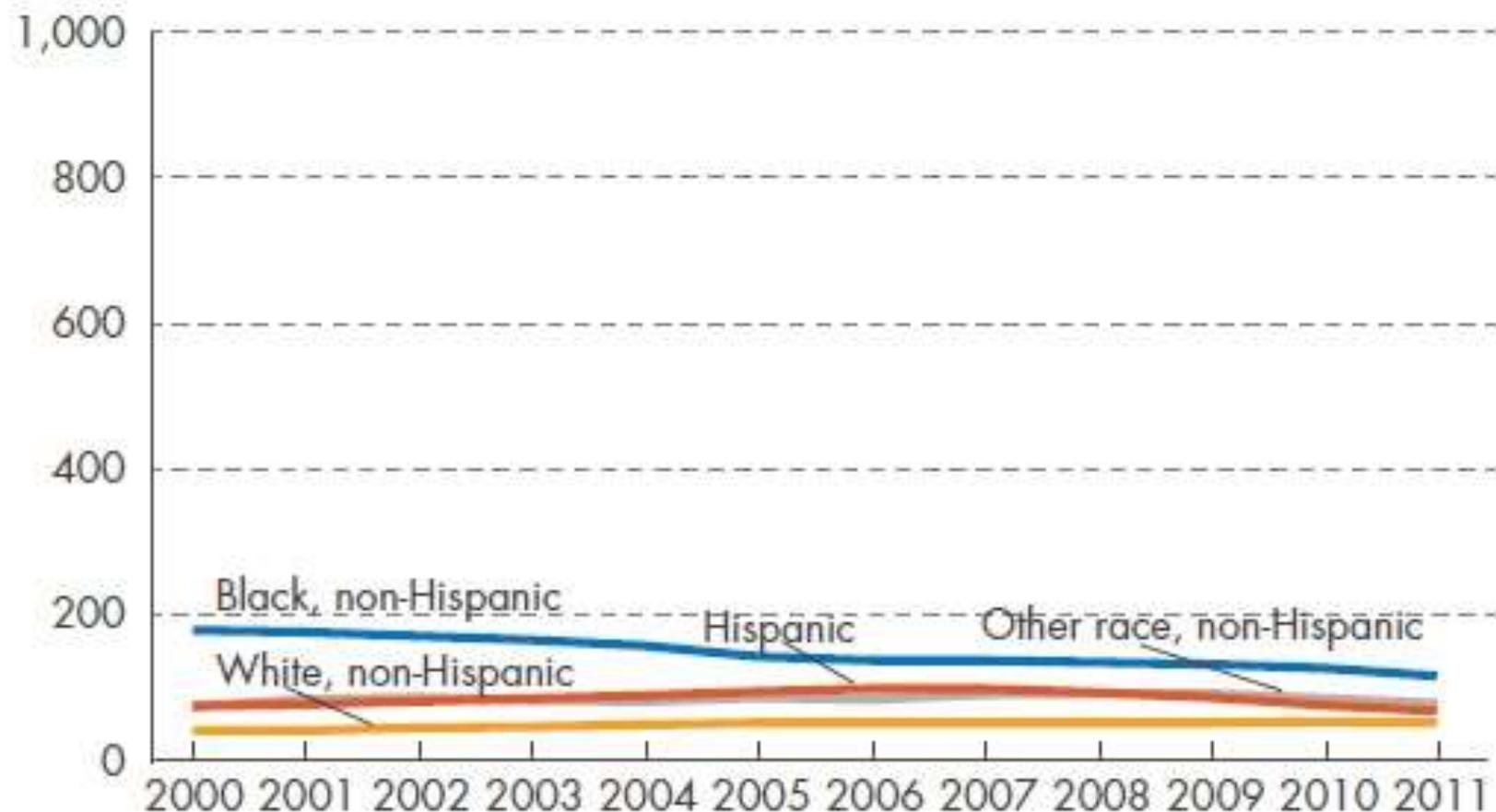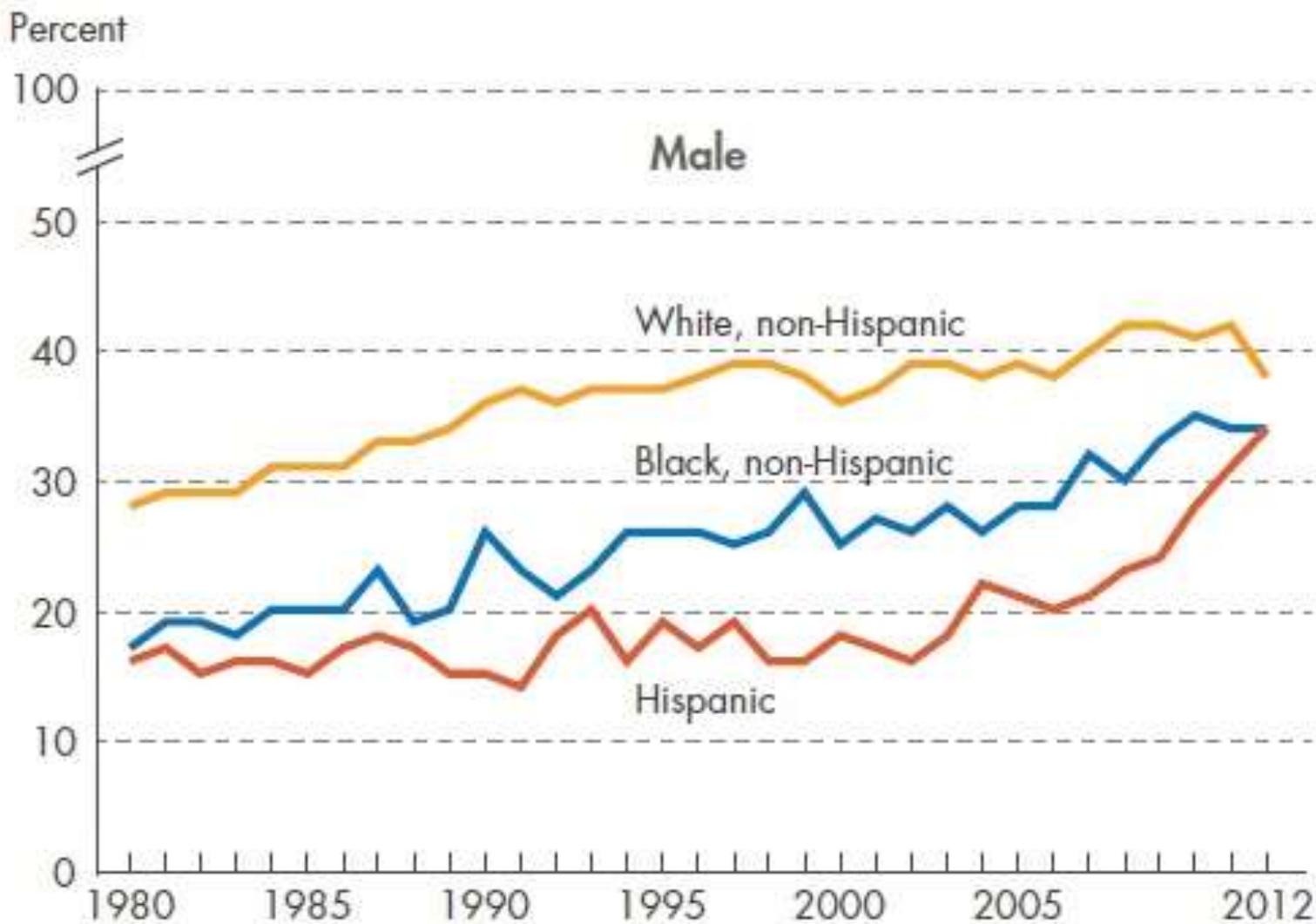**Rate per 100,000 females ages 18–24**

FIGURE ED2

Enrollment rates of young adults ages 18–24 in degree-granting institutions by gender and race and Hispanic origin, 1980–2012

Percent

Male

White, non-Hispanic

Black, non-Hispanic

Hispanic

Percent

Female

White, non-Hispanic
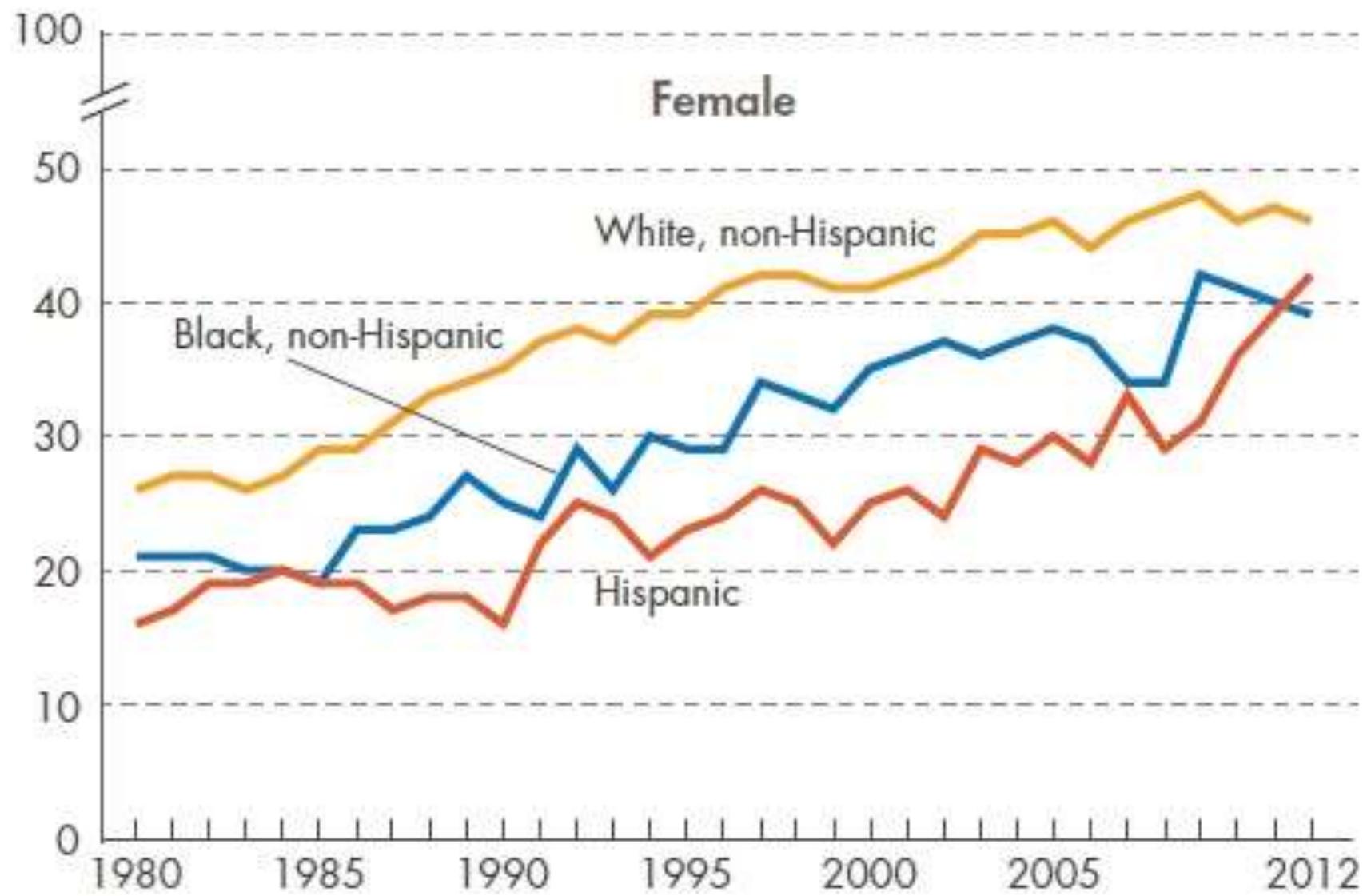
Black, non-Hispanic

Hispanic

FIGURE ED4.B

Percentage of young adults ages 18–24 who were neither enrolled in school nor working by gender, race and Hispanic origin, and age group, 2013
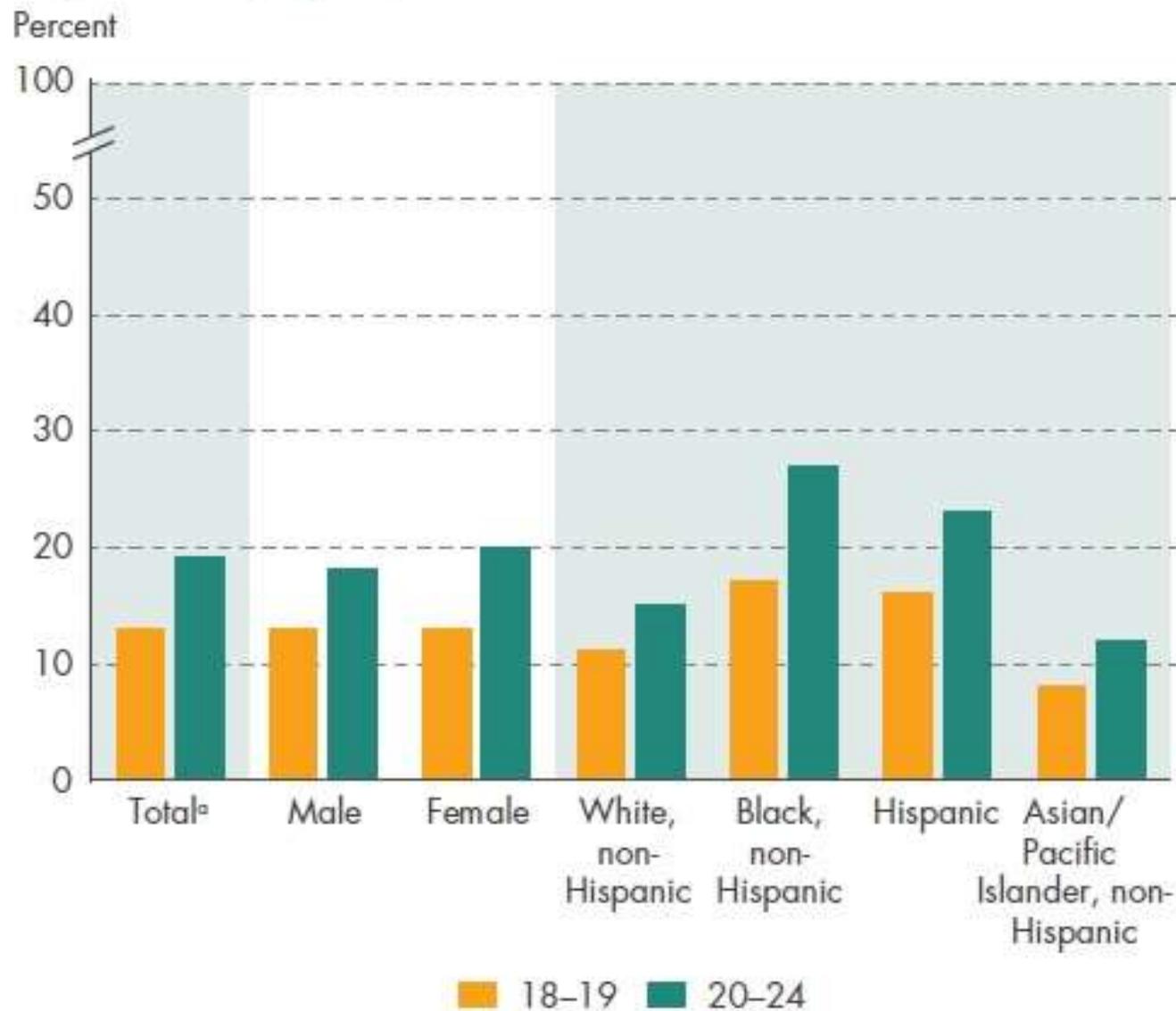

Percent

18–19   20–24

FIGURE ECON1.B

Unemployment rates for young adults ages 18–24 by race and Hispanic origin, annual averages 1980–2013
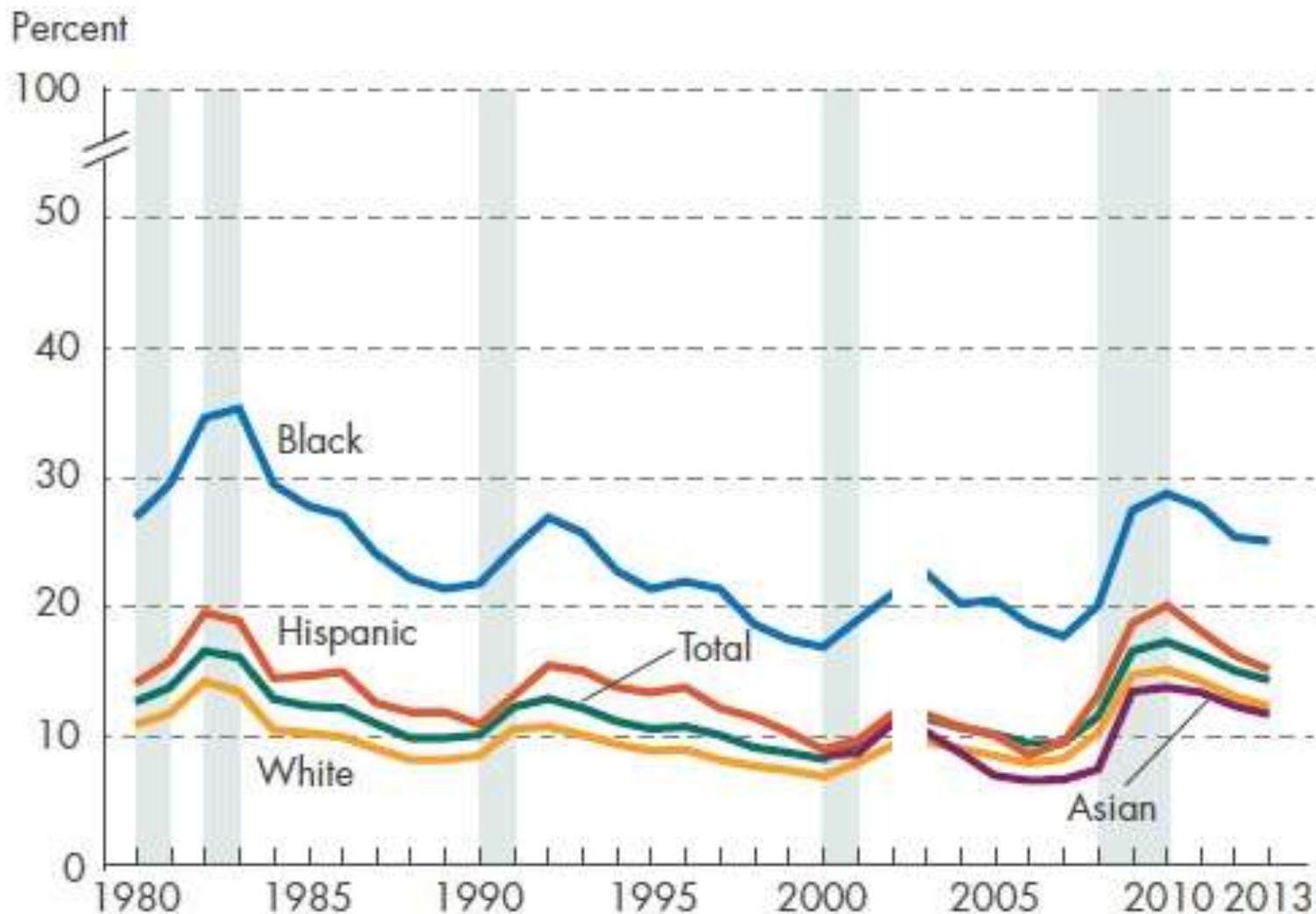
Percent

FIGURE BEH3

Percentage of young adults ages 18–24 who participated in both leisure-time aerobic and muscle-strengthening physical activities meeting the federal *2008 Physical Activity Guidelines for Americans* by race and Hispanic origin, selected years 2005–2006 to 2011–2012
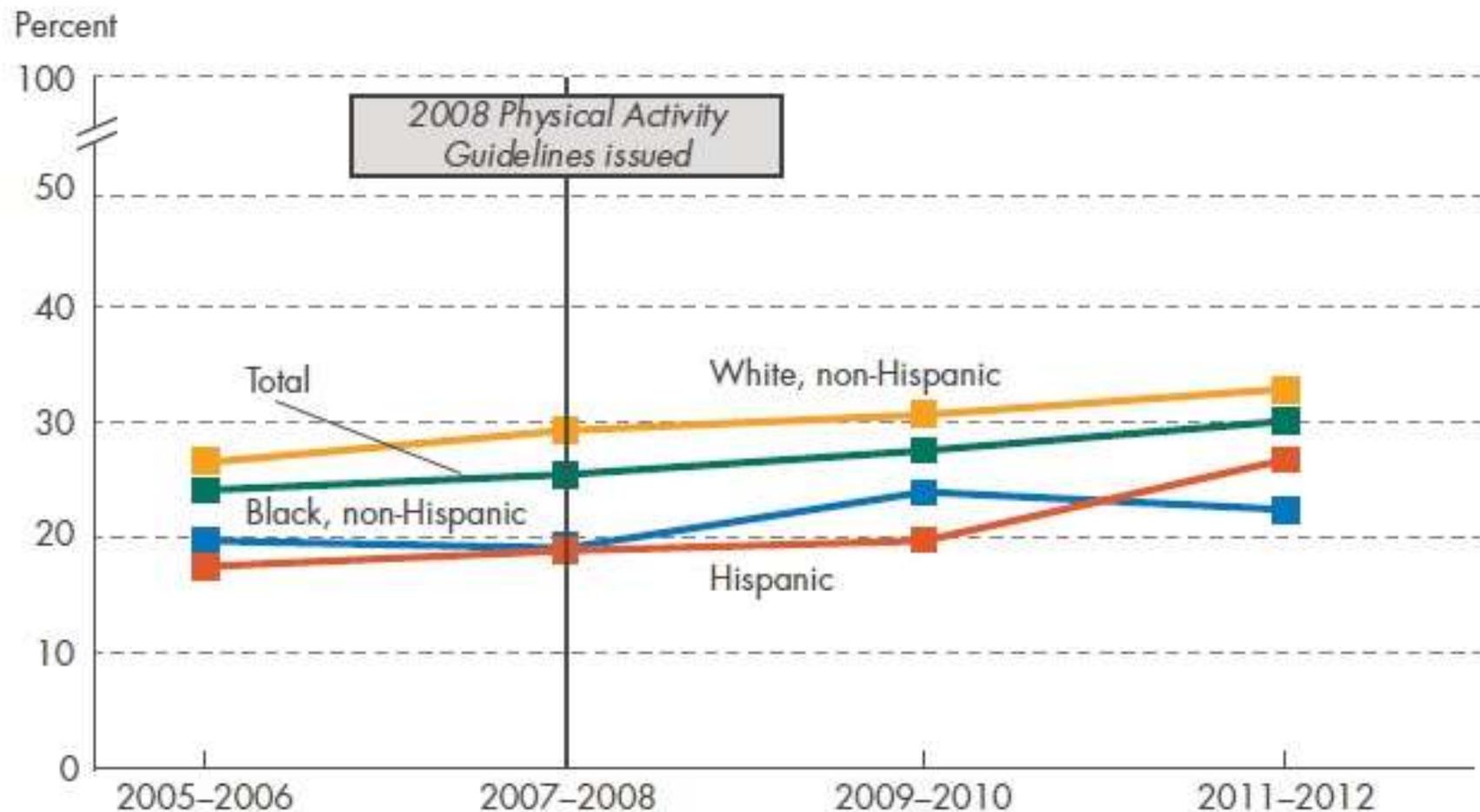
FIGURE HEALTH2

Percentage of young adults ages 18–24 who are obese by race and Hispanic origin, selected years 1988–2010

Percent

Mexican-American

Black, non-Hispanic

Total

White, non-Hispanic
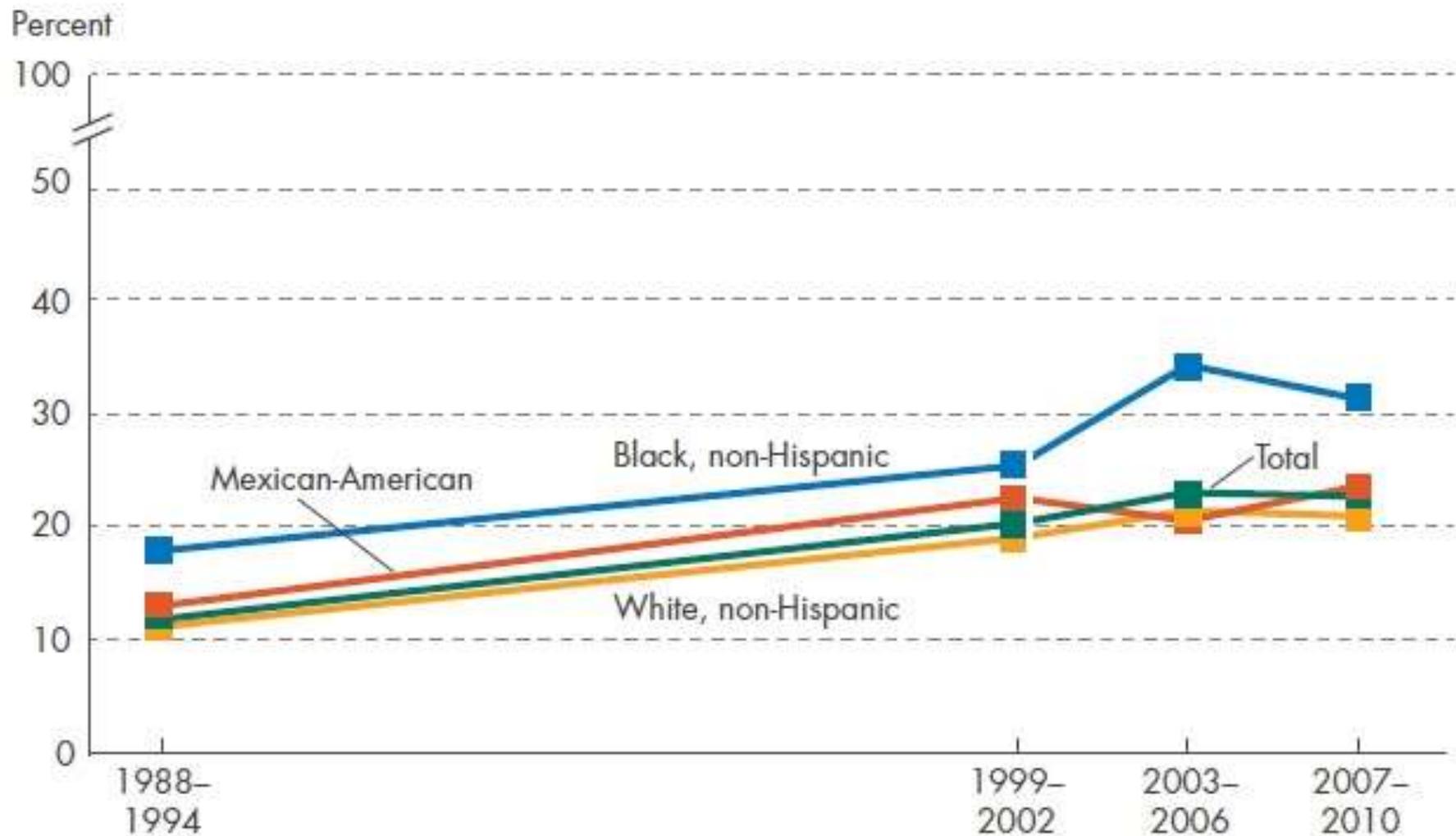
FIGURE HEALTH3

Percentage of young adults ages 18–24 who reported they had illicit drug or alcohol dependence or abuse in the past year by gender and race and Hispanic origin, 2002–2012

Percent
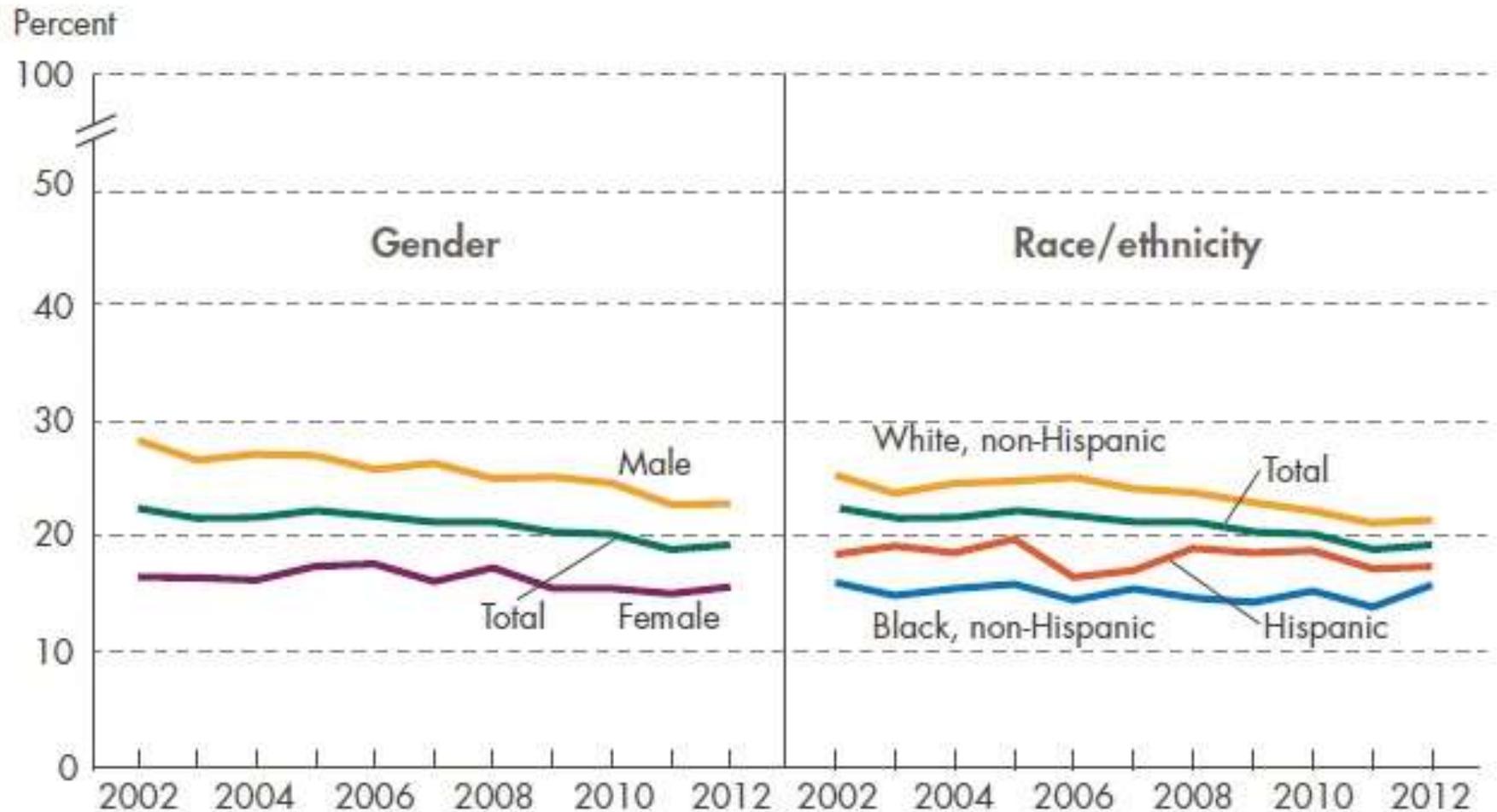
FIGURE HEALTH6.B

Homicide and suicide rates among young adults ages 18–24 by race and Hispanic origin, and gender, 2010

Deaths per 100,000 young adults
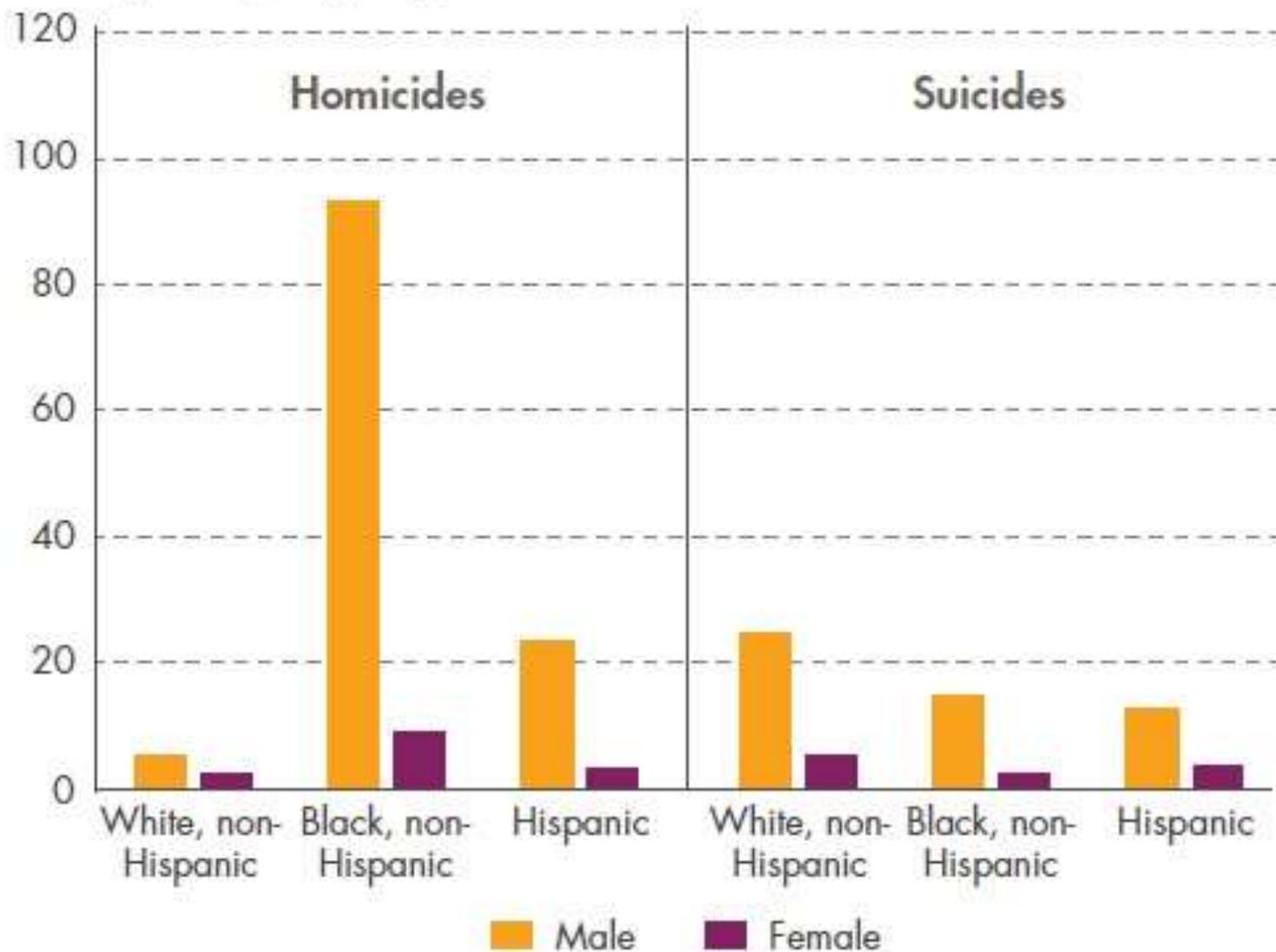
FIGURE HEALTH7

Nonfatal violent victimization rate per 1,000 persons ages 18–24 by gender and race and Hispanic origin, 1993–2012

Rate per 1,000 persons
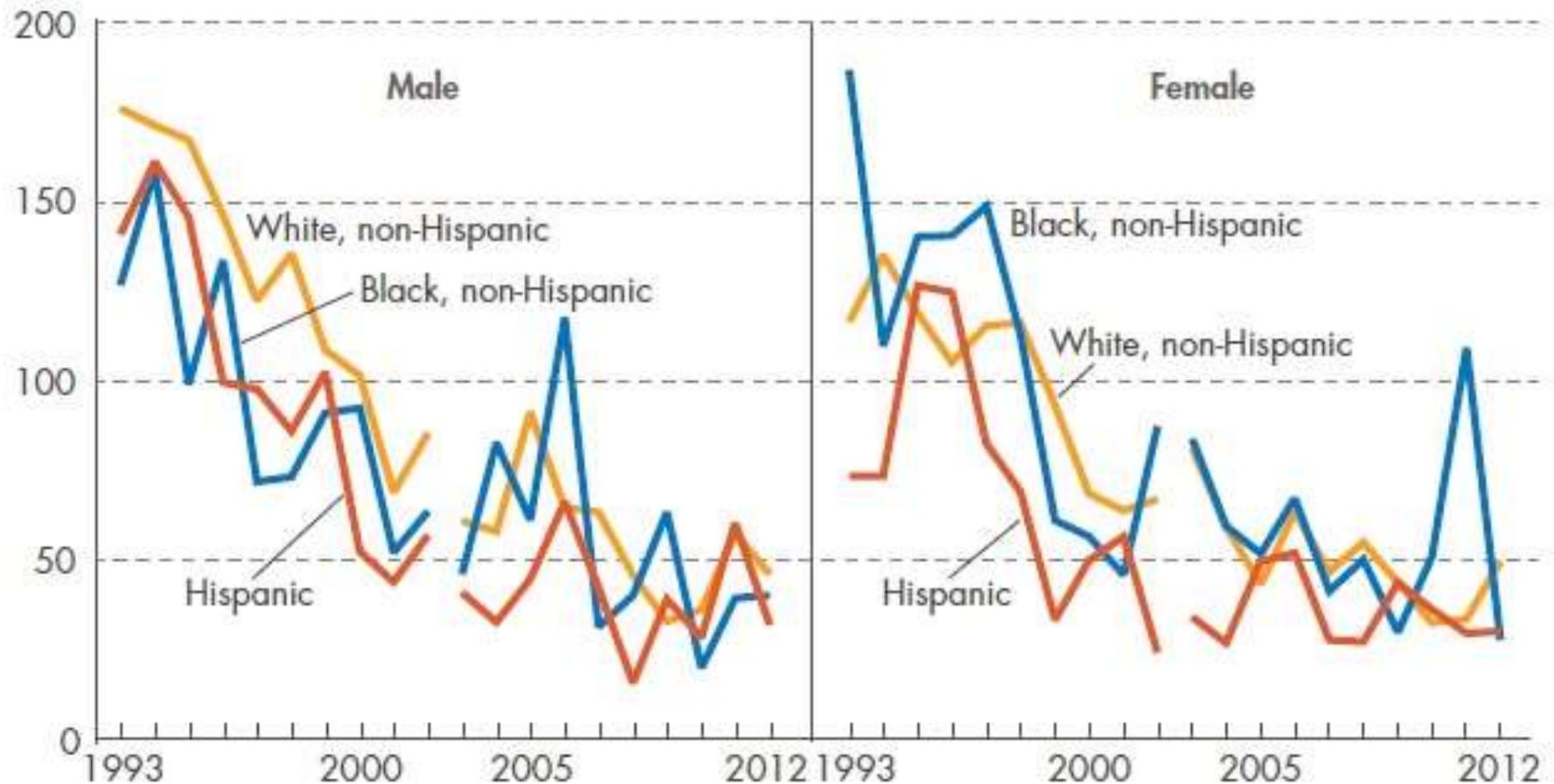
REFRAME WELLNESS FOR AFRICAN AMERICANS

→ CULTURE

→ CONTEXT

"PSYCHE IS NOT INDEPENDENT OF CULTURE, THEY MAKE EACH OTHER UP."

(HOLDSTOCK, 2000, P.6).

"INTERGENERATIONAL CULTURAL TRANSMISSION IS AS VITAL AS THE BASICS OF FOOD, CLOTHING AND SHELTER.

WITHOUT INTERGENERATIONAL CULTURAL TRANSMISSION, ALL ELSE HAS LITTLE MEANING."

ASA HILLIARD

PSYCHOLOGY AND THE WORLD
DEEPENING THE CULTURAL DIVIDE

PSYCHOLOGY AND THE WORLD

CULTURAL INOCULATION

- Culturecology (King, Nobles, and James (1995)

  - cultural realignment (e.g. shift from "individualism and selfishness" to "collective worth and mutual responsibility" (Nobles, et al., 2010)

CULTURAL INOCULATION

- Attend to a myriad of issues affecting African people

  - cultural identity and affinity, cultural mistrust, exposure to racial microaggressions and other forms of racial stress, superwoman syndrome, invisibility syndrome to name a few

CULTURAL INOCULATION

- Artfully weave in cultural values, experiences and realities consistent with the African American experience such as

  - spirituality, communalism, harmony, sensitivity to emotional cues, oral communication, relationship to time, the special role of elders, interest in one's history and culture, sense of humor, resilience, critically addressing race and class oppression and more

- Reinforce sense of personhood and self-identity

CULTURE AND CONTEXT SHAPE THE ENVIRONMENT IN WHICH PROCESSES ASSOCIATED WITH RESILIENCE OCCUR

 (UNGER, 2012)

- Resilience can be better understood when it is studied across cultures (where culture is understood as a socially constructed pattern of mutual identification with a set of values and everyday practices that are privileged) and the different physical and social contexts in which people live (e.g., rich vs. poor, safe vs. dangerous) (Unger, 2012)

WHEN WE USE CULTURE AND CONTEXT

"We make it possible to identify hidden and socially marginalized coping strategies which may not come to the notice of those who typically define resilience from a Eurocentric and middle-class perspective (e.g., resilience has been associated with having a hobby vs. resilience as a child's paid or unpaid contribution to her family's welfare when living in poverty)."

UNGER, 2012

MIXED METHODS STUDY, 1500 YOUTH, 11 COUNTRIES

Seven common aspects of resilience found:

- nurturing relationships;

- a positive identity;

- efficacy;

- social justice;

- access to material resources;

- a sense of cohesion and belonging in one's family, school, and community; and

- cultural adherence.

ALL EXPRESSED THESE DIFFERENTLY
3 PRINCIPLES RE: HOW CULTURE & CONTEXT INTEGRAL TO RESILIENCE (& WELLNESS)

1. Facilitative environments can be more influential than individual-level variables to the processes associated with resilience

2. The characteristics of environments most facilitative of resilience reflect the ease with which individuals, families, and communities can navigate resources, the availability and accessibility of resources, and the meaningfulness of the resources provided.

3. The greater the exposure to risk, the more likely an individual is to benefit from protective factors that respond to the specific risks faced:

E.g., smaller class sizes and a caring teacher may be a benefit for all children, but their impact is disproportionately greater for children with the most complex needs or coming from the most stressed homes (Shernoff and Schmidt, 2008)

IMPLICATIONS FOR
Praxis → Wellness

A reality that does not promote the principles, values and behavior for both individual and community welfare is distorted reality.

What's the balance between individual vs community in the strategies used with African Americans here in LA?

Ultimately, treatment must be attentive to

- the importance of community context

- the relational needs of the client

- the building of community infrastructure to support and nurture health and wellness

This is where current evidenced-based practice falls short.

Doing Community

The capacity to "think well" — our intelligence — resides not just in our heads but is distributed throughout the physical, social, and symbolic environment (Perkins, 1994, p. 105).

BLACK WALL STREET HAD:
600 / BUSINESSES
21 / CHURCHES
21 / RESTAURANTS
30 / GROCERY STORES
2 / MOVIE THEATERS
6 / PRIVATE AIRPLANES
1 / HOSPITAL
1 / BANK
ITS OWN SCHOOL SYSTEM

COMMUNITIES PLAY A HUGE ROLE IN FOSTERING WELL BEING AND RESILIENCE

- Resilient communities have three 3 characteristics:

1) the availability of social organizations that provide an array of resources to community members;

2) a consistent expression of social norms so that community members understand what constitutes desirable behavior; and

3) opportunities for children and youth to participate in the life of the community as valued members (Benard, 2004).

WHAT INTERVENTIONS DO WE USE TO FOSTER SENSE OF COMMUNITY?
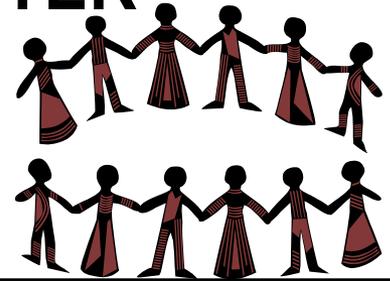
- A readily available, mutually supportive network of relationships on which one could depend (Sarason).

- The strength of the bonds between people; a feeling that members have of belongingness; a feeling that members matter to one another and the to the group; a shared sense of faith that members' needs will be met through their commitment together (McMillan & Chavis).

TO WHAT EXTENT ARE WE FOSTERING PSYCHOLOGICAL SENSE OF COMMUNITY?

4 elements of psychological sense of community
(McMillan & Chavis)

- **Membership** (boundaries, common symbols, emotional safety, personal investment, sense of belonging, identification with community)

- **Influence** (mutual influence of individuals on community, community on individuals)

- **Integration and fulfillment of needs** (shared values, satisfying needs, exchanging resources)

- **Shared emotional connection** (shared dramatic moments, celebrations, rituals)

AND COMMUNITY, PARENT, & YOUTH ENGAGEMENT?

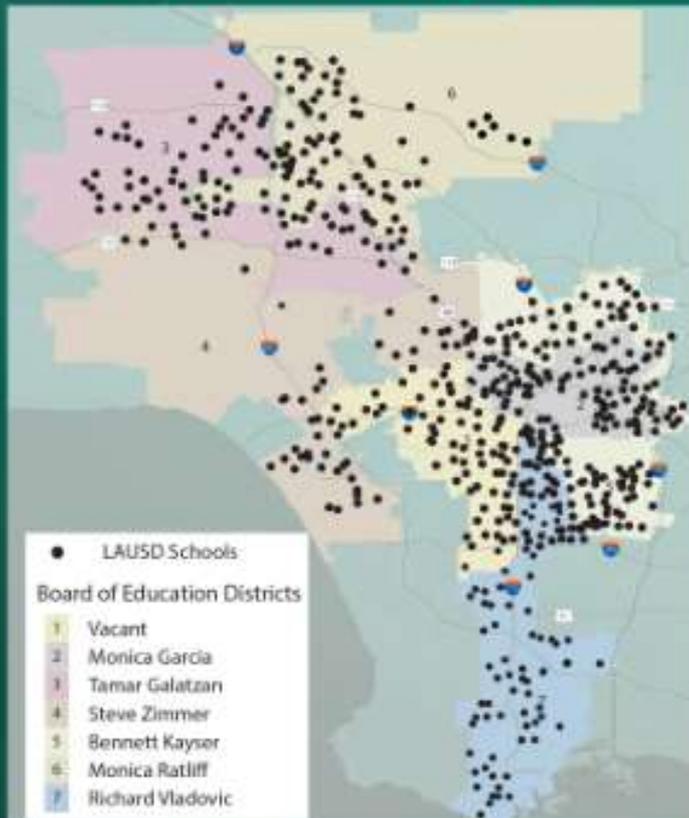The Community Coalition – SCYEA

Local Control Funding Formula Campaign

Not All Schools Are Created Equal
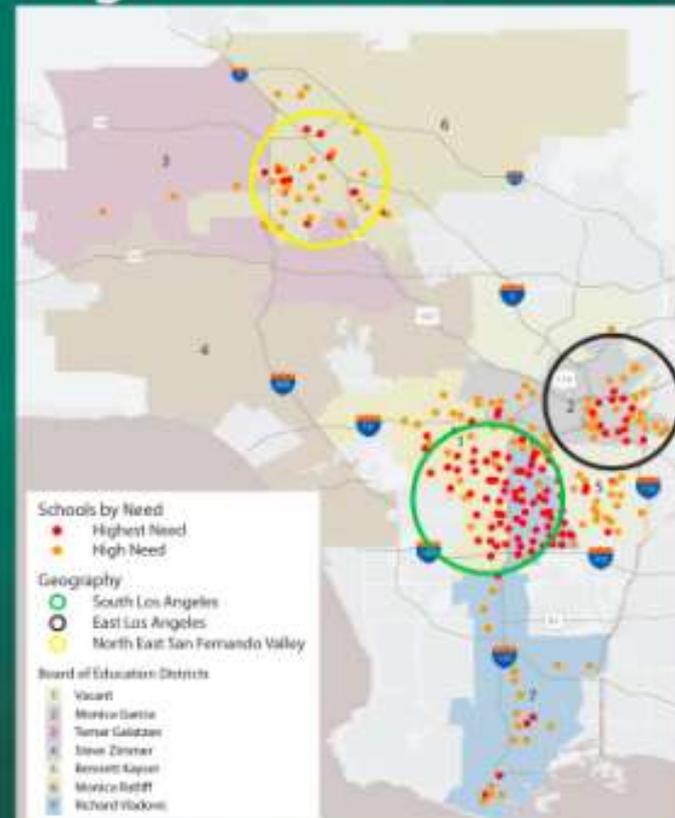
Not All Schools Are Equal

Students in the highest need schools:

- Are almost **5 TIMES** as likely to be exposed to **gun violence**
- Have **3.5 TIMES** the number of classmates that are in **foster care**
- Have nearly **4 TIMES** the number of your classmates **drop-out**

SLA youth led a fierce campaign to push the L.A. School Board to invest more resources in the highest need schools.

Students collected thousands of petitions, staged rallies, and told their stories.

On June 10, 2014 The School Board voted 5-1 to pass the resolution.

"To handicap a student by teaching him that his Black face is a curse and that his struggle to change his condition is hopeless is the worst sort of lynching. It kills one's aspirations and dooms him to vagabondage and crime. It is strange, then that the friends of truth and the promoters of freedom have not risen up against the present propaganda in the schools and crushed it. This crusade is much more important than the anti-lynching movement, because there would be no lynching if it did not start in the classroom."

(Dr. Carter G. Woodson, early 1900s)

AFRICAN AMERICANS MUST CLAIM

THE AUTHORITY TO RE-DEFINE
FOR **AFRICAN AMERICANS**
WHAT CONSTITUTES:

→ PREVENTION

→ INTERVENTION

→ EVIDENCED BASED PRACTICE

RECOMMENDATIONS

1. Interventions should ignite and utilize the ancestral and cultural affinities of people's ancestral wisdom – contextualized to their historical trajectory and context.

2. Culturally tailored and syntonic theory, practice, and evaluation of efficacy should serve as the first order of utilization.

The conceptualization of issues, problematics, human behavior, health and wellness, trauma and the resulting strategies to address these should be grounded in the cultural world view, principles, customs and practices of our people's daily and historical lived experience.

3. Community-based, community-building strategies should assume a significant role in the theory, research, and praxis.

4. New research methods must be developed to incorporate preter-rational knowledge and spiritually endowed phenomena.

5. Greater use of Positive Psychology and Resilience frame.

Medical Model approaches will have <u>limited efficacy</u> on a broad scale – for two reasons:
1) basic resource capacity and
2) such an approach does not speak the role of community in the establishment and maintenance of well-being and health in African descended populations.

"THE ELEPHANT NEVER TIRES OF CARRYING ITS OWN TUSKS." - VAI PROVERB

Community capacity-building efforts can, over time, lead to improvements in outcomes of well-being for communities and their members and lead to less reliance on professionally driven models.

COMMUNITY BUILDING STRATEGIES COULD INCLUDE

- creating an integrated change effort that focuses on <u>multiple dimensions</u> of <u>change</u>
- <u>overcoming a bias</u> towards professionalism that can undercut efforts to build a more comprehensive approach to prevention & treatment
- committing to <u>results</u> that are <u>defined</u> and <u>owned</u> by <u>community</u> members;
- focusing on creating <u>emotional</u> and <u>behavioral well being</u>, not just avoiding or mitigating mental illness;
- making a commitment to <u>on-going relationship building</u> in communities.

NOT ALL INTERVENTIONS MUST LOOK LIKE PSYCHOTHERAPY

Example→ *cultural armoring*

• Townsend and Thomas (2013): role of community armoring through the influence of "othermothers" in the socialization process of African American girls.

• Equate the roles of *othermothers* to those of biological or "bloodmothers"

• *Othermothers* and sister circles can be important vehicles for sharing critical lessons about confronting oppression with the younger generation.

NATURAL ACTIVITIES CAN SERVE AS BONDING TIME AND TEACHABLE MOMENTS.

- Example: the racial context that permeates the lives of African American women in their role as mothers (Lewis, 2013)

- The hair-combing ritual between African American mothers and their daughters is a strategy that can influence the quality of the *attachment* between mother and daughter and shape the daughter's attitudes about her racial features.

TEACHING CHILDREN ABOUT THEIR HISTORY AND CULTURAL HERITAGE

- An important way to promote resilience and offset the negative effects of things like colorism and racial stress.

- Teaching Black history (a global history and a history that includes the pre-enslavement period) can build a sense of ethnic identity and self-concept that serves a protective function.

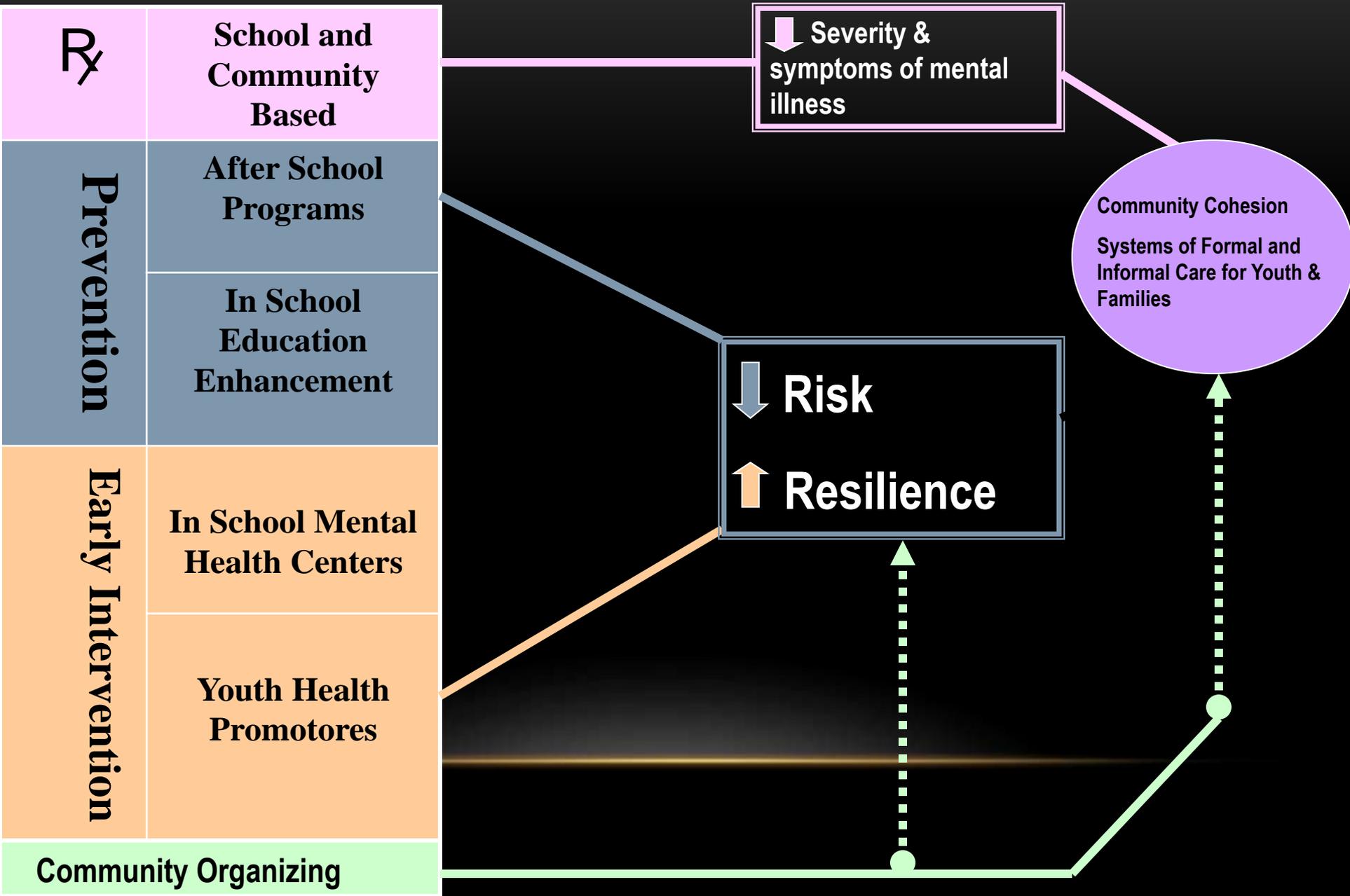(Townsend et al., 2010; Wallace et al., 2012)

RECLAIMING A ROLE FOR ELDERS TO PLAY IN COMMUNITIES AS PART OF A MENTAL HEALTH STRATEGY

- Teacher

- Mentor

- Surrogate Family member (i.e., grandfather)

- Wisdom Bearer

- Traditional healer

- Role model

CA REDUCING DISPARITIES PROJECT (CIMH, 2012) CA AFRICAN AMERICAN COMMUNITIES RECOMMENDATIONS TO MENTAL HEALTH SYSTEM TO INCREASE RESILIENCE.

- Skills that Lead to Resilience

- Positive Racial Identity

- Critical Mindedness

- Active Engagement

- Flexibility

- Communalism

- Emotional Regulation

REBUILDING THE VILLAGE

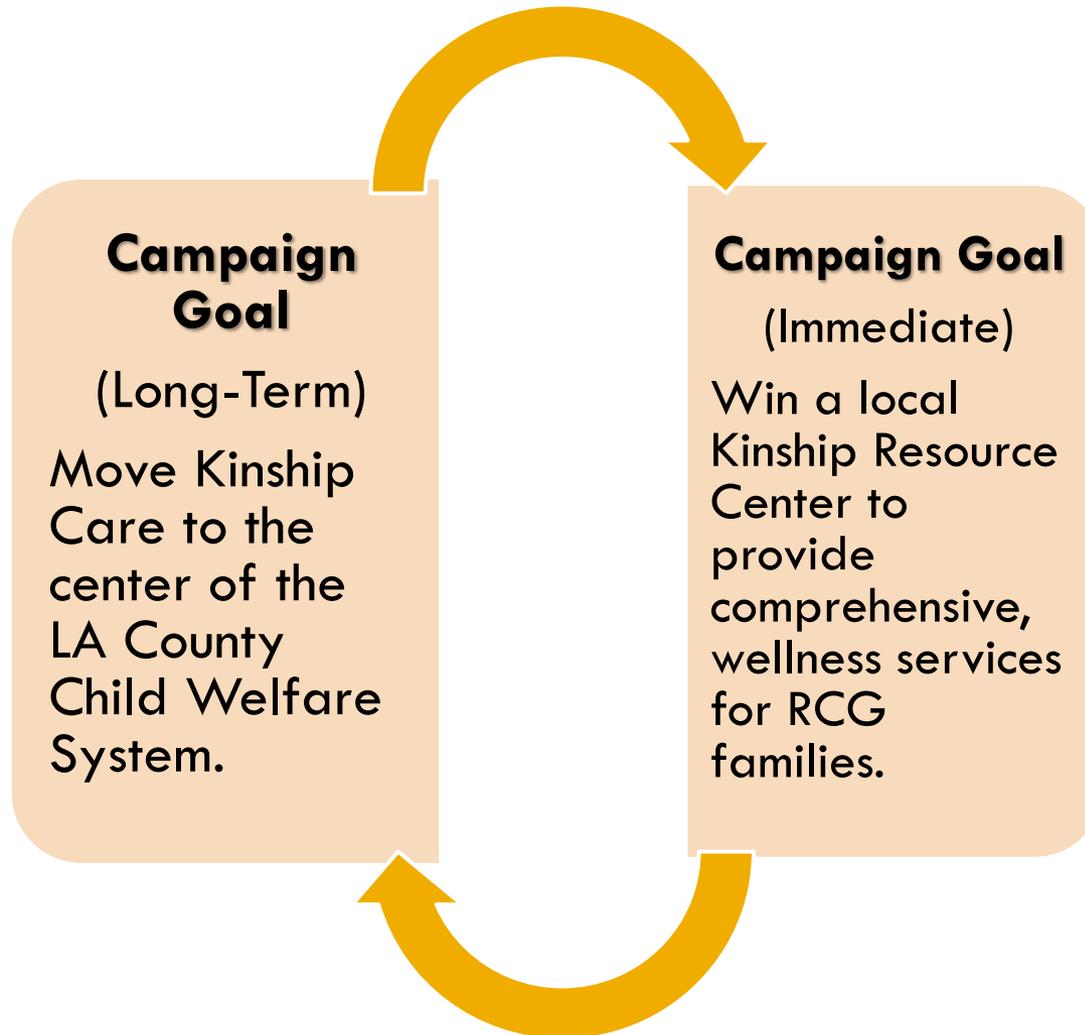|			↓ Risk ↑ Protective/Resiliency	Potential Impact
Prevention		**After School Programs** **Relative Caregiver Programs** **(Community and School-Based)**	•Recreational •Fitness •Cultural & Identity Dev. •Social Skills and Social Networks •Information •Culturally anchored after school programs	•Healthy coping & stress (exercise, yoga, boxing, existential reflection – aka spirituality) •Relational ties strengthened •Child rearing skills enhanced •Stress reduced •Identity Development
		In School Education Enhancement	•School Climate •Teacher Student Relationships •Culturally Inclusive Curriculum •College Prep Academic Support •Violence Prevention	•Social Competence •Educational Attainment •Emotional Well-Being •Increased Self-Efficacy
Early Intervention		**In School Mental Health Centers**	•Family loss and disruption grief •Stress, anxiety, depression symptom amelioration (youth) •Parenting skills support (family)	•Coping skills •Family Support for Relative Care Givers •Mental Health
		Youth Health Promotors	•Outreach •Education/information •Building Support Systems •Mentoring •Referral	•School Bonding •Improved Peer Relations •Access to Resources •Functioning Network of Support

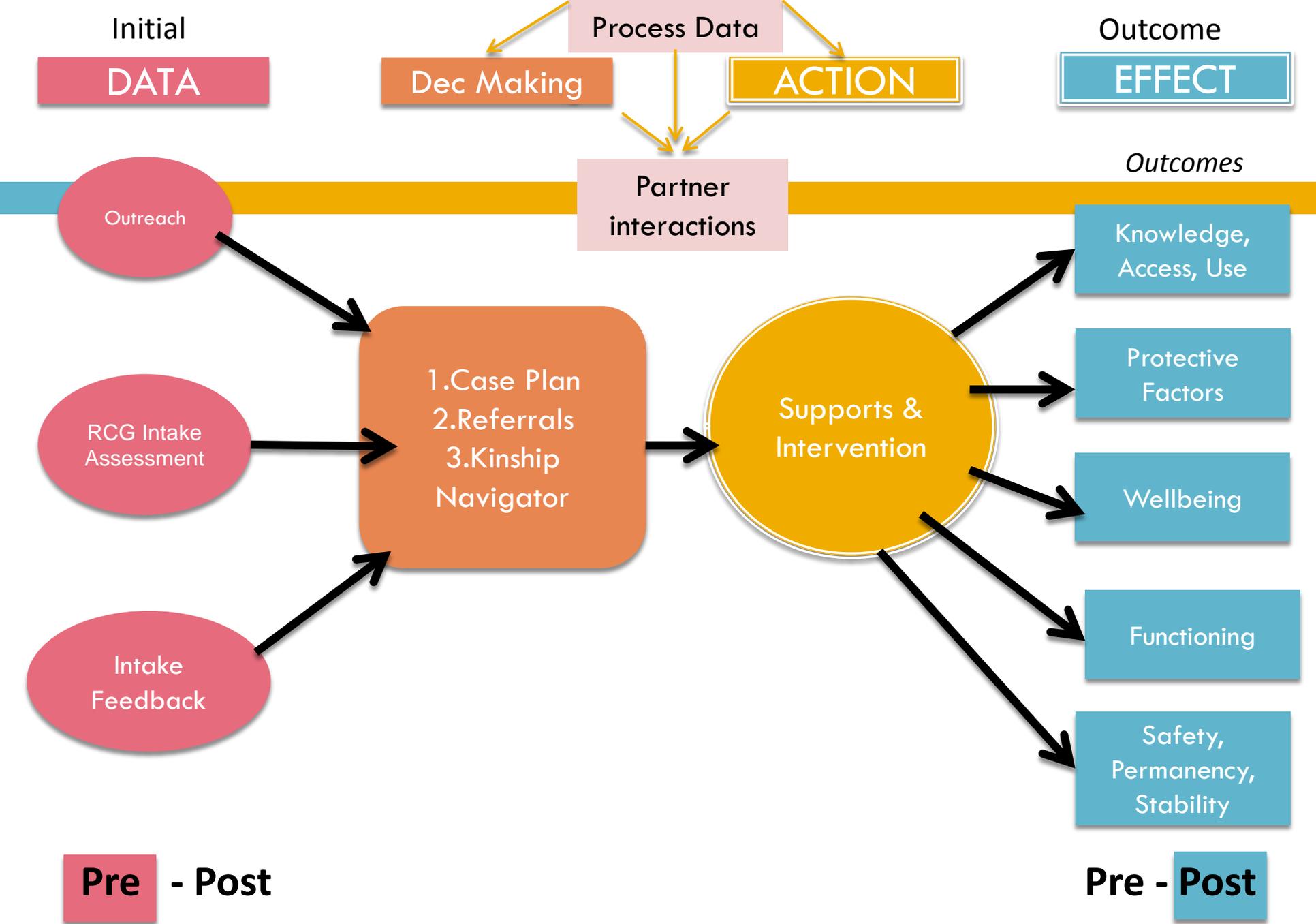|		↓ Symptom Severity ↑ Periods of Remission	Potential Impact
Treatment	**Community and School-Based** **(Visible Accessible High Quality)**	•Individual Therapy •Group Therapy •Family Therapy •Education and Information	•Increased resilience •Healthy coping & stress management •Relational ties strengthened •Child rearing skills enhanced •Stress reduced •Identity Development
	In School Education Enhancement	•Linkages to school and community support systems established in the prevention and early intervention strategies	•Social Competence •School Bonding •Improved Peer Relations •Educational Attainment •Emotional Well-Being •Increased Self-Efficacy
Community Organizing	**School and Community**	•Promote change and monitor root causes challenging the community's of mental health, well being, and cohesion	•Reduction of threats to community well being •Family Support for Relative Care Givers •Enhanced Mental Health in school, community and home environments
	Public Policy Focus	•Outreach •Leadership Development •Investigative Actions •Education/Information/ Referral •Building Support Systems	•Access to Resources •Functioning Network of Support and Social Action

Treatment Intervention- Revisited

Community Centers as Wellness Spaces

- An environment where "everyone is expected to be the keeper and protector of the interests of others which are, by extension, their own too"

  (Gbadegesin, 1991, pg. 132).

ACYF Kinship Navigator Grant 2012

Campaign Goal

(Long-Term)

Move Kinship Care to the center of the LA County Child Welfare System.

Campaign Goal

(Immediate)

Win a local Kinship Resource Center to provide comprehensive, wellness services for RCG families.
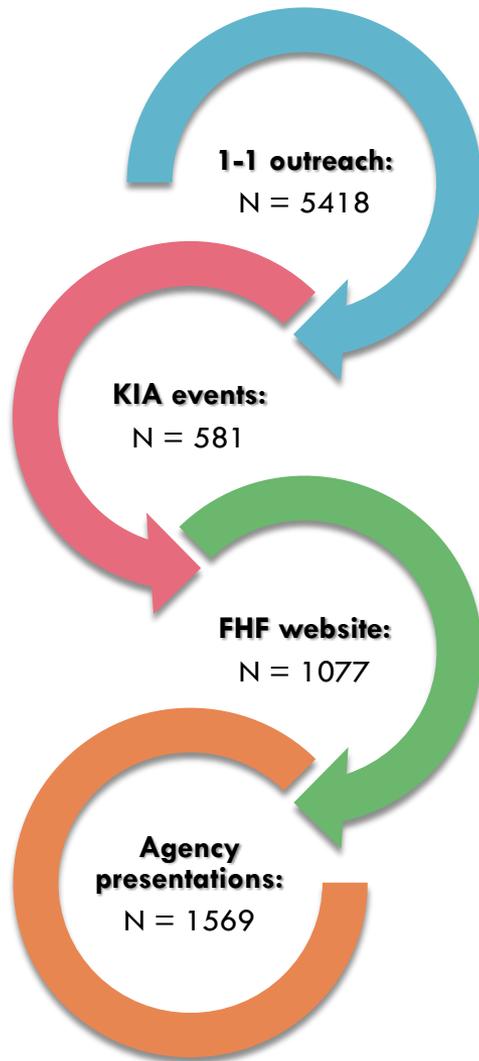
KEY VICTORIES #1

Consistent Engagement of South La Relative Caregivers Through Large-Scale Programming, Outreach, & Referrals To Services.

KEY VICTORY #1:
REGULAR COCO PROGRAMMING

	Workshops ($N = 12$)	Recreation ($N = 6$)	Support Groups ($N = 74$)
Treatment	$n = 44$	$n = 35$	**$n = 70$**
Control	$n = 13$	$n = 7$	**$n = 42$**
Community	$n = 47$	$n = 74$	**$n = 123$**

KEY VICTORY #1:
OUTREACH AND REFERRALS

1-1 outreach:
N = 5418

KIA events:
N = 581

FHF website:
N = 1077

Agency presentations:
N = 1569

Treatment Group
592 referrals to 193 RCGs and children

- *Top 2 Services Referred:*
  - Basic Living Needs (i.e. food, clothing)
  - CoCo Kinship Support Groups

Walk-in/Call-in/Control
307 referrals to 201 RCGs and children

- *Top 2 Services Referred*
  - Legal Advocacy
  - CoCo Kinship Support Group

KEY VICTORIES #2

Systems-Level Changes To Increase Access to Benefits and Resources for Relative Caregiver Families.

KEY VICTORIES #2:
SYSTEMS

Department of Children & Family Services (DCFS)

Department of Public Social Services (DPSS)

Advancement Project/Healthy Cities

Alliance for Children's Rights

KEY VICTORY #2:
SYSTEMS

Building Interagency Support
- Key information is shared about RCG needs and concerns through monthly Steering Committee meetings.
- Agencies discuss ways to better serve RCGs within their organizations.

Creating Partnerships
- DPSS enrolls RCGs in services each week at the KIA house.
- CoCo has partnered with DCFS on educational programs for new RCGs.

Influencing Policy
- The partner agencies collaborated with ACR on an initiative to increase state funding for RCG families.
- DPSS collaborated with CoCo to strengthen their internal procedures for serving RCG families.

"…it (change) starts with building communication and trust across agencies in a safe space…"
- Steering Committee Partner
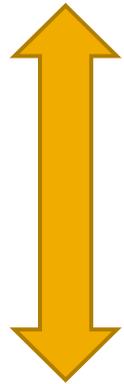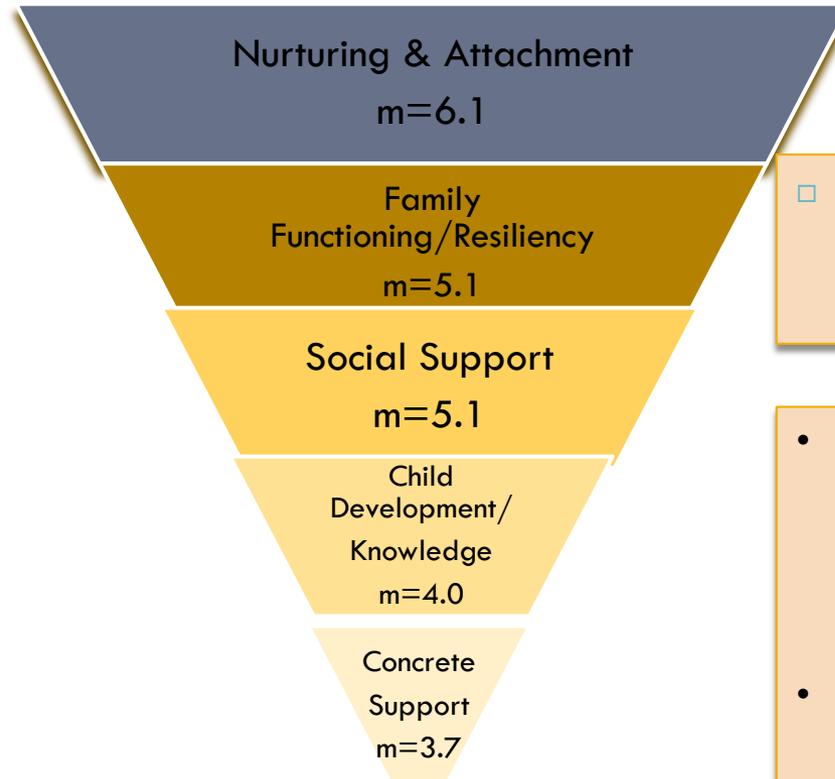
Intersecting Systems
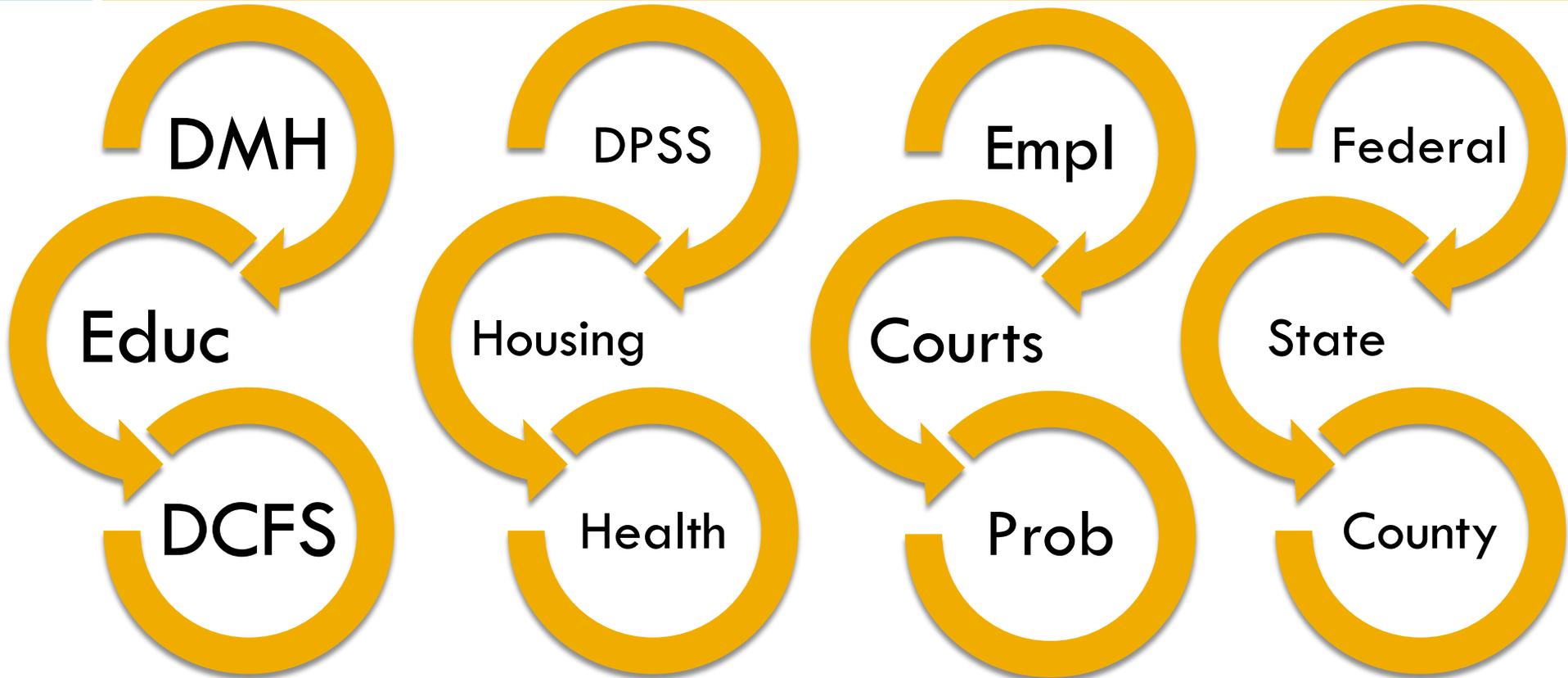
KEY VICTORY #3

Building a Profile of Relative Caregiver Families To Better Understand Their Key Strengths & Needs.

RCG Protective Factors (within the family system)
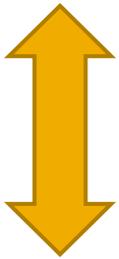
7 = Higher Strengths

1 = Lower Strengths

Nurturing & Attachment
m=6.1

Family Functioning/Resiliency
m=5.1

Social Support
m=5.1

Child Development/Knowledge
m=4.0

Concrete Support
m=3.7

Total scale score: m=3.2

☐ Caregivers are hardy and able to cope with life challenges and stressors.
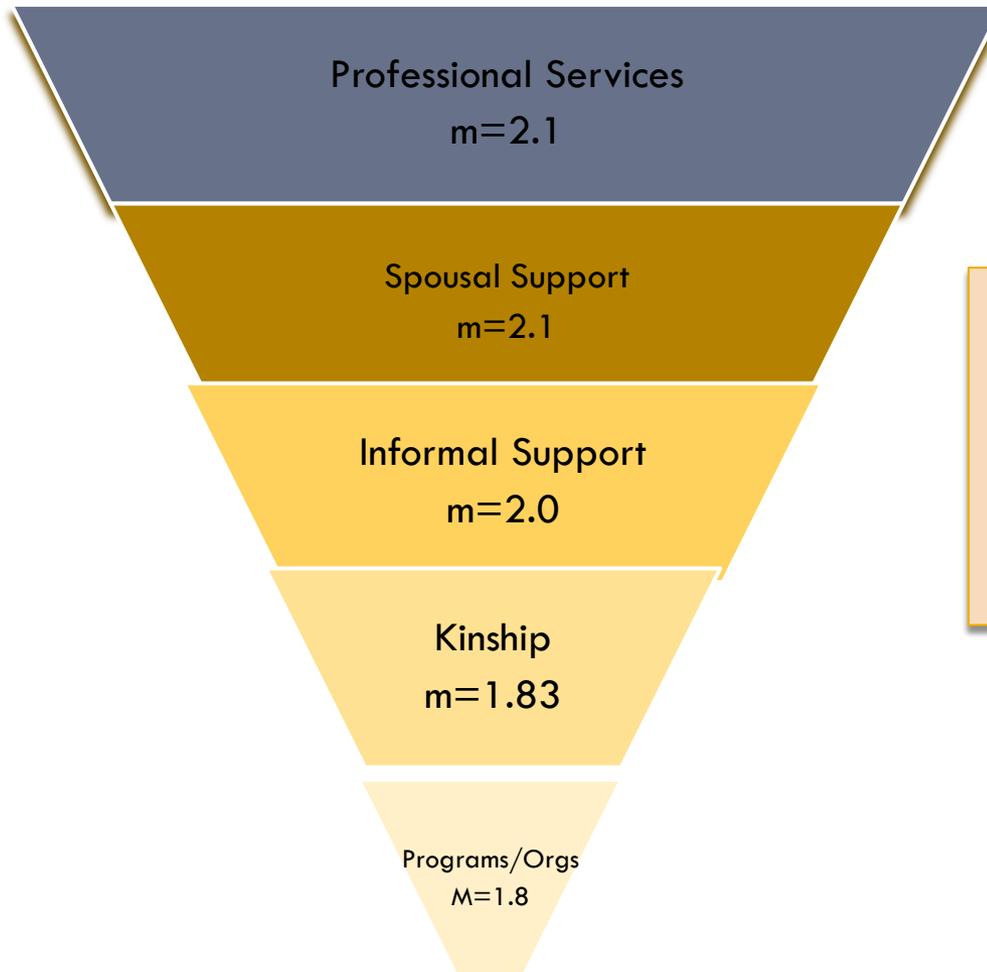
- **Their greatest strengths include *(nurt/attach) family bonding,**

  ***resiliency, and**

  ***supporting one another.**

- **Areas of further support or improvement are:**

  ***child dev/knowledge**

  ***concrete support**

RCG Support – External to Family

5 = Feel most supported by

↕

1 = Feel least supported by

Professional Services
m=2.1

Spousal Support
m=2.1

Informal Support
m=2.0

Kinship
m=1.83

Programs/Orgs
M=1.8

☐ Caregivers feel unsupported by people and places around them. They felt the least amount of support from programs and organizations.

Total scale: m=1.5

"It's easier to raise strong boys than to fix broken men"

Frederick Douglas

"If you are building for a year, grow rice; if you are building for a decade, grow trees; if you are building for centuries, grow women." African Proverb

Thank You!