

Health Policy Brief

Our state's future prosperity and health depends on all Californians having a fair chance to thrive and succeed. Good health is not only the foundation of a productive society and a thriving California; it is also an essential prerequisite for young people to achieve social and economic success. As California becomes increasingly diverse, it will be especially critical to nurture and harness the talent, skills and hope of young people of color – and boys and young men of color in particular.

We use the term “health” globally to capture indicators of physical and mental health status as well as indicators of high-risk behavior. Healthy minds and bodies enable youth to learn, to embark on positive developmental trajectories and to become active and productive citizens. Healthy child and adolescent development is shaped by multiple layers of social factors — from family and neighborhood settings to local, state and federal policies.¹

Americans, as a whole, are living much longer than ever before. Our collective life expectancy rate recently reached a record American high of 77.5 years, up nearly 30 years from 49.2 at the turn of the 20th century. Yet a life expectancy gap between whites and people of color persists.² Simply put, Americans of color are living in worse conditions, suffering worse health and dying younger. African Americans and Mexican Americans are more likely to be obese than whites. The death rate from cancer is 30 percent higher for African Americans than it is for whites, while the death rate from heart disease is 40 percent higher. HIV remains among the top ten causes of death for blacks in the U.S., but not for any other race groups, while homicide ranks among the top ten causes of death for all race groups except whites.³

In California, people of color generally, and males of color specifically, continue to experience worse access to health care and worse health outcomes. The economic and opportunity costs associated with poor health outcomes are shared by all Californians through money spent on preventable medical care and lost productivity in the workplace, among other things. There is a broad consensus that California needs a coordinated, integrated health system that is community-based, trauma-informed and culturally competent. Yet what young men and boys currently experience is limited or no health coverage, limited access to health services or a health home and no access to trauma-informed care. Communities of color disproportionately lack access to health services—due to lack of insurance coverage or even lack of access to services which do not require such coverage—and this situation is particularly intense for boys and young men of color.

Building on the Affordable Care Act

The implementation of the Affordable Care Act (ACA) in California presents a unique and unprecedented opportunity to increase access to health benefits for boys and young men of color.⁴ Despite the

¹ Bronfenbrenner, U. 1979. *The Ecology of Human Development*. Cambridge, Mass.: Harvard University Press.

² Shrestha, Laura B. *Life Expectancy in the United States*. Domestic Social Policy Division, Congressional Research Service, The Library of Congress. Updated 2006. <http://aging.senate.gov/crs/aging1.pdf>

³ Centers for Disease Control and Prevention, <http://www.cdc.gov/men/lcod/index.htm>

⁴ For example, through the several mechanisms to increase the access points for care, there will be opportunities to increase the awareness about eligibility requirements and processes for enrollment for health services benefits, as well as other public benefits. This process will also generate an opportunity to identify and address potential and real administrative hurdles for enrollment of these individuals. Additional benefits of the reform will include denial of coverage due to pre-existing conditions no longer being applied to children, community health clinics receiving new funding and both recipients of government-sponsored programs as well as the privately-insured seeing expanded access to preventive care.

Claiming the Promise of Health & Success for Boys and Men of Color

possibility presented by ACA, several challenges still exist to improve health benefits for boys and young men in areas such as disproportionate representation in the juvenile justice and foster care systems that hit these boys and young men especially hard with disruptions in coverage.⁵

Implementation of ACA will pose its own set of challenges, and it will be important for communities of color to be educated about what the reforms will concretely mean on the ground. As noted, many boys and young men of color have difficulty accessing appropriate primary care because they live in areas with shortages of health professionals and/or medical services. Additionally, the delivery of health services to boys and young men in low-wealth and geographically isolated communities typically fail to address and overcome cultural and linguistic barriers to care.

Improving Access to Health Homes

The end result of this restricted access to health services is the lack of access to health homes, or usual sources of care. Additional factors that contribute to this lack of health homes include lack of insurance, low number of parents having a health home, inadequate physician coverage by low-income and rural communities due in part to physicians who do not accept Medi-Cal, stigma attached to utilizing health services even with insurance coverage and paperwork and eligibility barriers. Health homes are a concept for health services in which providers partner with the consumers to provide accessible, comprehensive, coordinated, family-centered, culturally competent and prevention-oriented care.⁶

Research indicates that having a health home and/or usual source of primary care is a stronger predictor of receiving care than insurance alone and is associated with more accurate diagnoses, reduced emergency room use, fewer hospitalizations, lower costs, better prevention and increased patient satisfaction.⁷

Even when young men and boys do obtain health care, they encounter health providers or other community health institutions that lack an understanding of the trauma they have experienced.

Addressing Trauma

Boys and young men of color are disproportionately affected by various forms of trauma and adversity including violence, poverty, unemployment, incarceration, lack of access to health care, marginalization and low social status. In California, African American children are 2.5 times and Latino children 1.3 times more likely to suffer from abuse than white children. Studies have shown that maltreated children are more likely to be incarcerated in either state or local correctional facilities. This chronic adversity creates deep emotional pain and distress, and overwhelms an individual's ability to cope.

Economic and social insecurity coupled with violence are additional harsh realities. In California, African American children are four times more likely to be in the foster care system. Nationally, African American and Latino children are three and two times more likely, respectively, than white children to have been exposed to shootings, or other forms of violence. And both African American and Latino children are more than seven times more likely to have someone close to them murdered.

⁵ Disconnected Youth (Youth Law Center).

⁶ TCE Building Healthy Homes Resource Guide, Outcome Two: Families Have Improved Access to Health Homes that Promote Healthy Behavior (p.1).

⁷ Starfield, B., & Shi, L. (2004, May), The Medical Home, Access to Care, and Insurance: A Review of Evidence. *Pediatrics* 113(5), 1493-1498.

Claiming the Promise of Health & Success for Boys and Men of Color

Given the high incidence of trauma and chronic adversity that boys and young men of color experience, the Center for Nonviolence and Social Justice at Drexel University examined whether the institutions engaged with boys and young men of color are being responsive to those who have experienced trauma. They unfortunately found that trauma is seldom explored by the array of systems—schools, juvenile justice, courts, health care, mental health—assigned to help boys and young men of color. Those institutions often take a punitive rather than a healing approach to these young men, interpreting their symptoms and experiences as a sign that they are delinquents or sociopaths rather than a sign of both physical and emotional traumatic injury.

Toward Improved Health Policy

Access to appropriate health services is a crucial part of improving health outcomes for boys and young men of color. Public policy must be sensitive to the way health—good or poor—manifests in specific populations of boys and men of color such as gay, bisexual, transgender and questioning young men, immigrants and those involved with our court and justice systems

Many factors contribute to an individual's chances for living a long, fulfilling, rewarding, happy and productive life—none so greatly and fundamentally as good health.

Claiming the Promise of Health & Success for Boys and Men of Color

Fast Facts

- Lack of health insurance remains a significant barrier to good health outcomes for boys and men of color. California is home to 1.1 million uninsured children. The odds of children being uninsured in California are higher than in 34 other states and the District of Columbia. Nationally, Latino children are more than twice as likely as white children to be uninsured; one out of every six Latino children is uninsured compared to one in 14 white children.⁸ Latino children are less likely than white or African American children to have health insurance.⁹ In California, Latino boys and adolescents (0-17) are about five times as likely as their white counterparts to be currently uninsured. And, among uninsured children eligible for public insurance, Latino children were least likely to be enrolled.¹⁰
- Nationally, homicide is the leading cause of death for African American males 10-29, and the second leading cause of death for Latino males 10-29. Black males' murder victimization rates are approximately 18 times higher than those of white males, while the rate for Latino males is six times that of white males.¹¹
- Nationally, African American and Latino children are three and two times more likely, respectively, than white children to have been exposed to shootings or other forms of violence, and both African American and Latino children are more than seven times more likely to have someone close to them murdered.¹²
- Economic and social insecurity combined with violence, limited opportunity, and trauma equates to a harsh reality for boys and young men of color. In California, African American children are 2.5 times and Latino children 1.3 times more likely to suffer from abuse than white children. Studies have shown that maltreated children are more likely to be incarcerated. In California, African American children are disproportionately represented in the foster care system by four times.
- The neighborhood in which a child grows up and his family background are strongly linked to his well-being and, later, his health as an adult and the health of his children. The impact that growing up in a neighborhood of concentrated disadvantage has on a child's cognitive verbal development and ability is equivalent to missing one or two entire years of schooling. Also, communities with high levels of concentrated poverty lack basic amenities many of us take for granted such as access to fresh and healthy foods, parks and green space, and safe and walkable streets.¹³ The absence of these critical community supports contributes to high levels of obesity and chronic disease in boys and men of color. Furthermore, the strongest effects of growing up amid profound disadvantage are felt by children and young people several years after they no longer live in such neighborhoods.¹⁴
- Chronic stress and trauma inflict profound mental, emotional, physiological and developmental damage on children. Repeated trauma during childhood¹⁵ can result in improper brain and

⁸ State of America's Children, 2011, The Children's Defense Fund. Available at <http://www.childrensdefense.org/child-research-data-publications/state-of-americas-children-2011/>

⁹ (Federal Interagency Forum on Child and Family Statistics, 2007)

¹⁰ (RAND, *Reparable Harm*, 2009)

¹¹ (National Center for Injury Prevention and Control, 2006)

¹² (Finkelhor et al. 2005)

¹³ Bell and Lee. *Why Place and Race Matter*. p.16. April 2011, PolicyLink.

¹⁴ Acevedo-Garcia, Dolores, et. al., "The Geography of Opportunity: A Framework of Child Development." *Changing Places*. 2010

¹⁵ Such as witnessing violence, a threat to a caregiver or loved one or experiencing neglect or abuse

Claiming the Promise of Health & Success for Boys and Men of Color

emotional development as well as loss of direction, the ability to regulate emotions, and the ability to detect or respond appropriately to danger cues.¹⁶ Children who are exposed to violence are more likely to suffer from Post-Traumatic Stress Disorder (PTSD) and depression, become victims of violence, exhibit a range of behavioral problems, abuse substances and engage in risky behavior and criminal activity.¹⁷

- For males of color in California, access to a usual source of health care declines as they grow older. While 6.9% of boys of color don't have access to a usual source of care, fully 21.6% percent of young men of color, aged 15-21, do not. Latino boys in California are two and a half times more likely than white boys to lack a usual source of medical care. Nationally, 10.9 percent of Latino children lacked a usual source of medical care in 2006 compared with 5.1 percent of white children.^{18 19 20}
- Approximately 71 percent of all HIV/AIDS cases diagnosed in 2007 were among racial and ethnic minorities and persons of color living with HIV/AIDS are more likely to experience a myriad of social and economic challenges that inevitably exacerbate the conditions known to be associated with this disease. Moreover, gay and bisexual men and racial/ethnic minorities comprise the greatest proportion of HIV cases in the United States.²¹

¹⁶ (National Scientific Council on the Developing Child 2007)

¹⁷ (Peled, Jaffe, and Edleson, 1995) (Family Violence Prevention Fund, 2002) (RAND, Repairable Harm, 2009)

¹⁸ 2007 California Health Interview Survey

¹⁹ (Bloom and Cohen, 2007)

²⁰ (RAND, Repairable Harm, 2009)

²¹ *Community Ideas for Improving the Response to the Domestic HIV Epidemic, A Report on a National Dialogue on HIV/AIDS*, White House Office of National AIDS Policy, April 2010.

http://www.whitehouse.gov/sites/default/files/microsites/ONAP_rpt.pdf

Strategic Intervention Points

Developing Health Homes

Research indicates that having a health home and/or usual source of primary care is a stronger predictor of receiving care than insurance alone and is associated with more accurate diagnoses, reduced emergency room use, fewer hospitalizations, lower costs, better prevention and increased patient satisfaction.²² The health home model involves providers partnering with the patient and family to provide accessible, prevention-oriented care. Boys and young men of color currently have limited access to either health homes or any usual source of care.

This also requires a reorientation of the conventional workforce recruitment, training, and retention model. This will be needed to build and retain a workforce of health service providers that can meet the demands of a shifting patient demographic. This includes the cultivation of a workforce that understands the key role of culture and patient values in the ability to develop an appropriately responsive and effective care delivery system that truly connects to the patients it serves. This would be accomplished by:

- **Creating coordinated care networks that integrate health care providers (hospitals, clinics, school-based health centers) to comprehensive care networks;**
 - Expanding number of school-based health centers linked to an integrated delivery network;
 - Improving the primary health care workforce development system and expanding capacity for these providers to address communities' health needs; and
 - Establishing integrated health care services for juvenile offenders that maximize the use of community clinics, county behavioral health departments and county probation agencies and existing funding streams.
- **Prototyping delivery system reforms targeted to boys and men of color in the public safety net system to model for the private sector; and**
- **Identifying and creating financial incentives to emphasize prevention within the health systems as well as inclusion of community health approaches aimed at primary prevention.**

Increasing Access to Health and Other Benefits

The changes being made to the overall health system through the Affordable Care Act (ACA) in California will require proper implementation to be effective. Beyond this, additional policy reforms need to be made to ensure that broader benefits extend to boys and young men of color. Enrollment and eligibility in health coverage, social services and other programs that contribute to health need to be simplified. Transition plans for young adults aging out of coverage through a parent's plan or foster care need to be developed. Large-scale culturally and linguistically appropriate education campaigns about coverage options, targeted to the newly eligible but underserved populations, should be implemented. Investments must be made in technology to expand access and eligibility. Enrollment in job-based coverage should be maximized. Seamless coverage must be there for life transitions. Benefits should be

²² Starfield, B., & Shi, L. (2004, May), The Medical Home, Access to Care, and Insurance: A review of Evidence. *Pediatrics* 113(5), 1493-1498.

Claiming the Promise of Health & Success for Boys and Men of Color

enabled for access to all Californians, regardless of immigration status. Realizing this would be achieved through:

- **Supporting outreach, enrollment, retention and utilization efforts targeting low-income and low-wealth communities:**
 - Improving the policies, practices and systems that manage enrollment in and utilization of health and other resources (e.g., simplifying the processes, utilizing technology to improve public access, etc);
 - Developing efforts to ensure seamless health coverage that responds to changing life circumstances and transitions; and
 - Implementing large scale education campaigns on coverage options.
- **Crafting local coverage/care programs to cover all of California:**
 - Comprehensive coverage programs; and
 - Supporting efforts to provide “Gap” coverage programs.
- **Supporting efforts to connect individuals and families to a bundle of public benefits (nutrition, income security, etc.) and services that families need to thrive economically.**

Developing Trauma-Informed Care and Services

To address the realities of trauma and chronic adversity experienced by boys and young men of color, community institutions, beginning with health providers, need to incorporate this experience into their approach to these boys and young men. Specific solutions include creation of a professional development institute for education and leadership in trauma-informed principles and practices, support for and expansion of community-based efforts that are consistent with a trauma-informed approach, and support for trauma-informed prevention activities. This can be undertaken by:

- **Incorporating trauma-informed practices into professional development of health and human services system practitioners; and**
- **Prototyping community-based efforts consistent with a trauma-informed approach;**
 - Creating trauma-informed care in community health centers and medical centers that serve the community; and
 - Supporting trauma-informed prevention activities that understand the influence of race and gender in health seeking behavior.
- **Intervening early to promote children’s health, supporting early child development and parent skill-building and education programs targeted at children of color in disadvantaged neighborhoods.** Ensuring enriching day care, pre-school, and at-home environments that bolster young children’s cognitive and verbal ability. Teaching the parents of young children how to provide stable attachment and nurturing interactions and how to provide enrichment at home.
- **Filling the gap: transforming the way health care is provided by integrating other key services into health homes that provide consistent care with minimal barriers (i.e. health insurance coverage).** Establishing or expanding health services at schools and in community settings, especially those

Claiming the Promise of Health & Success for Boys and Men of Color

primarily serving low-income children of color. Alternative services should be provided as needed and/or coordinated through a broader support network. Expand health insurance coverage for low-income people of color. Education and outreach efforts can alert residents to existing low-cost or free clinics, health services and health insurance they may access.

Policy and Systems Reforms that Can Make a Difference

Support and expand early childhood intervention programs that increase access and exposure to enriching, stimulating environments and stable, nurturing relationships to improve the health and well-being of the child's entire family. Support and expand preschool programs that provide such environments and serve low-income children in disadvantaged neighborhoods.²³ Within the medical care system, support and expand programs²⁴ that take a holistic care approach that improves health outcomes for low-income mothers and young children by addressing the links between physical, emotional and financial health and stability.²⁵ Investment in early childhood intervention programs for disadvantaged children is “a rare public policy initiative that promotes fairness and social justice and at the same time promotes productivity in the economy and in society at large.”²⁶

Change the way that systems and institutions (school, juvenile justice, court, health care, mental health, etc.) respond to traumatized males of color by encouraging them to adopt and expand trauma-informed care programs. One such skill-building intervention program, developed specifically for low-income ethnic minority and immigrant youth in California, teaches children skills for relaxation, challenging detrimental thought patterns, solving conflicts, processing grief and recovering from trauma. The school-based program, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), has significantly reduced PTSD and depression in participants.²⁷ Health care institutions' and systems' have also partnered with social service providers to provide holistic intervention programs that address health and trauma issues while reducing circumstantial and behavioral predictors of those issues. The University of Maryland's holistic, multi-step Violence Intervention Program, for example, connects social workers to victims of violence who have formerly been incarcerated. Recovery plans include substance abuse rehabilitation, conflict resolution, workforce training and more, and result in significantly fewer future arrests and convictions.²⁸

Mental illness has been little understood, widely stigmatized and often untreated in this country. It has been linked with substance abuse, homelessness and violent behavior. **Preventive care, early diagnosis and intervention and other mental health programs and services—especially for the presently underserved adolescent population—are sorely needed. The California Mental Health Services Act's (MHSA) Prevention and Early Intervention (PEI) programs can dramatically improve mental health services for youth and health outcomes for us all.** More than half of PEI funds—over \$156M in 2008-09—must go toward services for young people 25 and under. PEI funds support, among other things, programs that reduce the factors that contribute to mental health disorders.

Increase access to regular, quality health care for underserved children and youth by increasing the number of school-based health centers (SBHCs) in California and across the nation. Communities facing SBHCs are supported by a wide variety of funding sources and can break down barriers to care that typically face low-income youth of color, such as lack of transportation, lack of insurance and health

²³ (Barnett and Masse 2007)

²⁴ (NFP) (Olds 2006)

²⁵ (Karoly, Kilburn, and Cannon 2005)

²⁶ (Heckman 2006: 1,902)

²⁷ (Source: Ngo et al, 2008)

²⁸ University of Maryland Medical Center, R. Adams Cowley Shock Trauma Center, Violence Prevention Program. Available at http://www.umm.edu/shocktrauma/special_programs/violence_prevention_program.htm

Claiming the Promise of Health & Success for Boys and Men of Color

care provider shortages. Access to SBHCs has been shown to improve academic, as well as health outcomes for underserved youth.²⁹

Increasing the numbers of men of color in the health field will improve health outcomes for this population. Access to and availability of primary care increases chances for early detection of illnesses, saves money and improves health equity on a large scale. Recruitment of and support for more providers and health professionals is needed, as well as culturally appropriate training to cultivate leaders of color in the field who can proactively identify and address health issues facing underserved communities.³⁰

California's efforts to reform federal health care—via implementation of the Medicaid waiver and the Affordable Care Act—could be amplified as well as studied for future improvement. Grant money from the Act should be channeled to community and home health providers. Data collection and analysis related to this funding should occur, in order to test the success of and improve upon payment reform strategies. In addition, assistance programs should be established and implemented to serve patients who need help navigating the system and those who are moving from pediatric to adult health care.

²⁹ (Allison et al. 2007), (Gustafson 2005), (National Assembly on School-Based Health Care 2010), (Walker et al. 2010), (Slopen and Williams)

³⁰ (Starfield, Shi, and Macinko 2005), (Komaromy et al. 1996), (Schlueter 2006), (Drake 2009), (Manetta et al. 2007)