Welcome from The National Behavioral Health Network Team!

Alex Hurst, MHA

Director

Youlim Song

Project Manager

Jasmine Feng

Project Coordinator

National Behavioral Health Network for Tobacco & Cancer Control from NATIONAL COUNCIL FOR MENTAL WELLBEING

Housekeeping

This session is being recorded.

For audio access, participants can either dial into the conference line or listen through your computer speakers.

You can ask questions by typing them into the chat box or into the Q&A box.

Closed captioning can be accessed by turning on the closed captioning feature on the zoom dashboard.

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A Note on Language & Terminology

- **Mental wellbeing:** Thriving regardless of a mental health or substance use challenge, which may also be referred to as a mental illness, substance use disorder, addiction or dependence.

- **Commercial tobacco use/tobacco use:** The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDs).*

- ***All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.**

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National Behavioral Health Network for Tobacco & Cancer Control

Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*

Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged

1 of 9 CDC National Networks dedicated to eliminating cancer and tobacco disparities in priority populations

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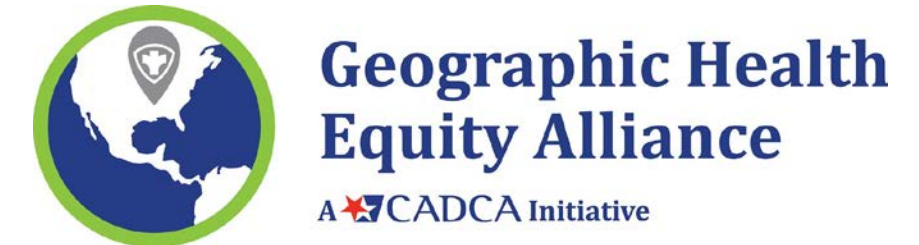
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Networking2Save: A National Network Approach to Promoting Tobacco and Cancer-Related Health Equity in Special Populations

- A consortium of nine national networks sponsored by the CDC's Office on Smoking and Health and Division of Cancer Prevention and Control.

- Our partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer for priority populations on a national, state, tribal and territorial level.

- https://www.cdc.gov/cancer/ncccp/related-programs/Networking2Save.htm

APPEAL

Nuestras Voces (Our Voices)

THE CENTER FOR BLACK HEALTH & EQUITY

Geographic Health Equity Alliance
A CADCA Initiative

national lgbt cancer network
ADVOCATING FOR HEALTH EQUALITY

networking for HEALTH EQUITY

SelfMade Health Network

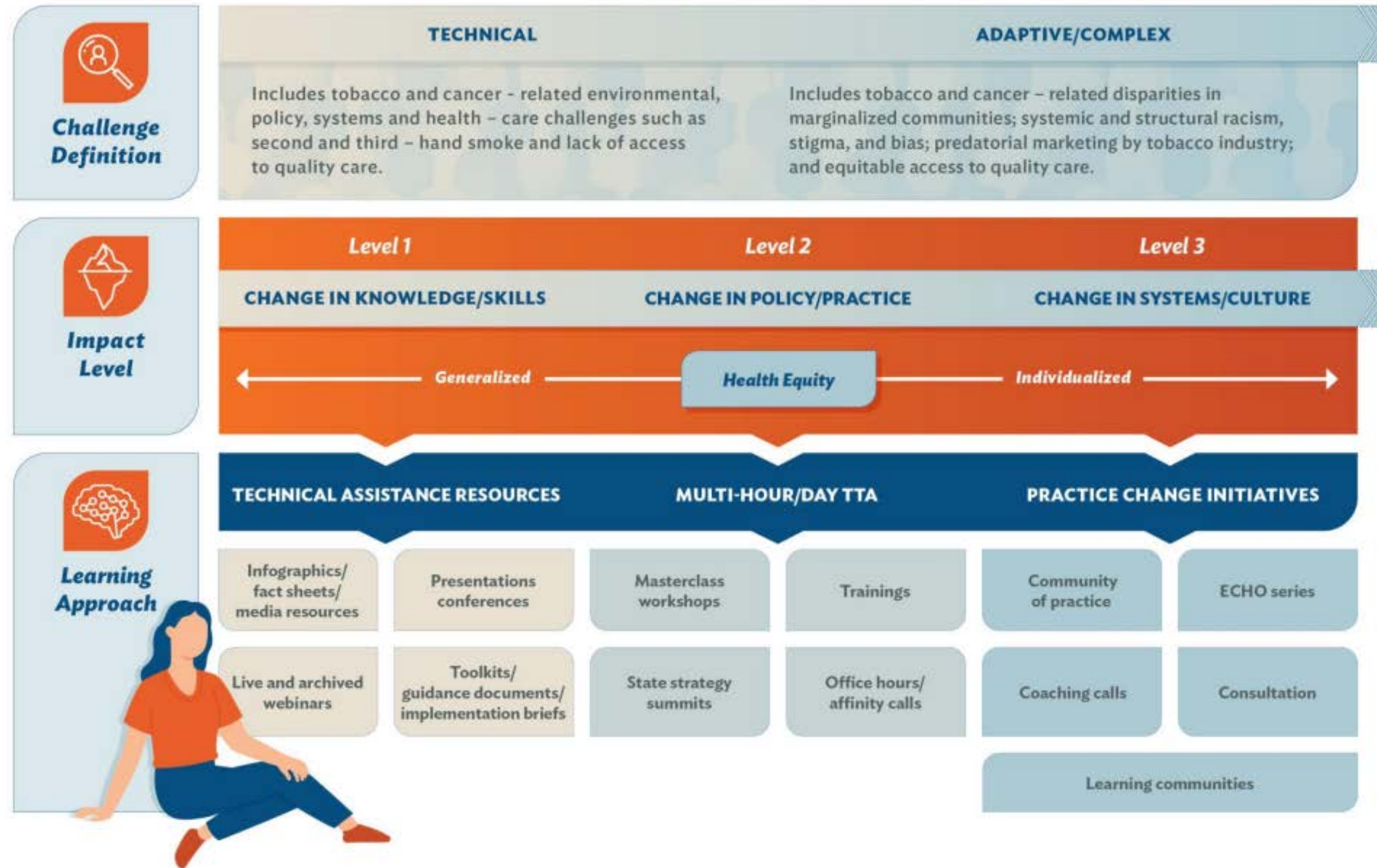National Behavioral Health Network
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National Behavioral Health Network for Tobacco & Cancer Control

Learning Agenda

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Challenge Definition

TECHNICAL	ADAPTIVE/COMPLEX
Includes tobacco and cancer - related environmental, policy, systems and health – care challenges such as second and third – hand smoke and lack of access to quality care.	Includes tobacco and cancer – related disparities in marginalized communities; systemic and structural racism, stigma, and bias; predatorial marketing by tobacco industry; and equitable access to quality care.

Impact Level

Level 1	Level 2	Level 3
CHANGE IN KNOWLEDGE/SKILLS	CHANGE IN POLICY/PRACTICE	CHANGE IN SYSTEMS/CULTURE

← Generalized — **Health Equity** — Individualized →

Learning Approach

TECHNICAL ASSISTANCE RESOURCES		MULTI-HOUR/DAY TTA		PRACTICE CHANGE INITIATIVES	
Infographics/ fact sheets/ media resources	Presentations conferences	Masterclass workshops	Trainings	Community of practice	ECHO series
Live and archived webinars	Toolkits/ guidance documents/ implementation briefs	State strategy summits	Office hours/ affinity calls	Coaching calls	Consultation
				Learning communities	

Learning Objectives

• Increase understanding of the systemic, racialized lens to trauma and its impact.

• Explore opportunities and barriers to integrating trauma-informed and whole person approaches to addressing tobacco-related health disparities.

• Strategize to reduce the disproportionate impact of menthol on Black and African American communities.

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for *Tobacco & Cancer Control*
from NATIONAL COUNCIL FOR MENTAL WELLBEING

Today's Speakers

Alex Hurst
Director
Practice Improvement
National Council for Mental Wellbeing

Terence Fitzgerald, **PhD, Ed.M., MSW**
Consultant
Trauma Informed Services
National Council for Mental Wellbeing

Kimberly Caldwell, MSPH
Tobacco Program Manager
The Center for Black Health & Equity

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Disparities in Tobacco Use and Mental Health

Individuals with MH/SU challenges smoke at a higher rate and intensity than individuals without these challenges

Though only 25% of U.S. adults have some form of MH/SU challenge, individuals with MH/SU challenges account for 40% of all cigarettes smoked by adults

Less than half of all MH/SU treatment facilities offer tobacco treatment counseling (41%) and only 50% have smoke-free campus policies

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Disparities in Tobacco Use and Mental Health

- Individuals with MH/SU challenges can quit successfully at the same rate when given evidence-based tobacco cessation treatment options to support them

- Tobacco cessation can have significant positive impacts on other treatment efforts for individuals with MH/SU challenges

- Quitting tobacco use during substance use treatment is also linked to a 25% increase in long-term recovery

Tobacco & Behavioral Health:
What has caused the disparity?

The overall rate of cigarette smoking among adults has been decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This disparity can be attributed in part to predatorial practices by tobacco companies which included:

- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes

- **High rate of ACEs/Trauma**
- **Limited access to high quality care (delays in care, lower quality of care, and more)**

Current Cigarette Smoking Among Adults (2020)

Race/Ethnicity

27.1% American Indians/Alaskan Natives
13.3% White

Education Level

32% GED
3.5% Graduate degree

Annual Household Income

20.2% Below poverty
14.1% At or above poverty

Health Insurance

22.7% Medicaid
21.2% Uninsured
9.2% Private

U.S. Census Region

15.2% Midwest
14.1% South
10.4% Northeast
9.0% West

Disability/limitation

19.8% Yes
11.8% No

Sex assigned at birth

14.1% Males
11.0% Females

Sexual orientation

16.1% Lesbian/Gay/Bisexual
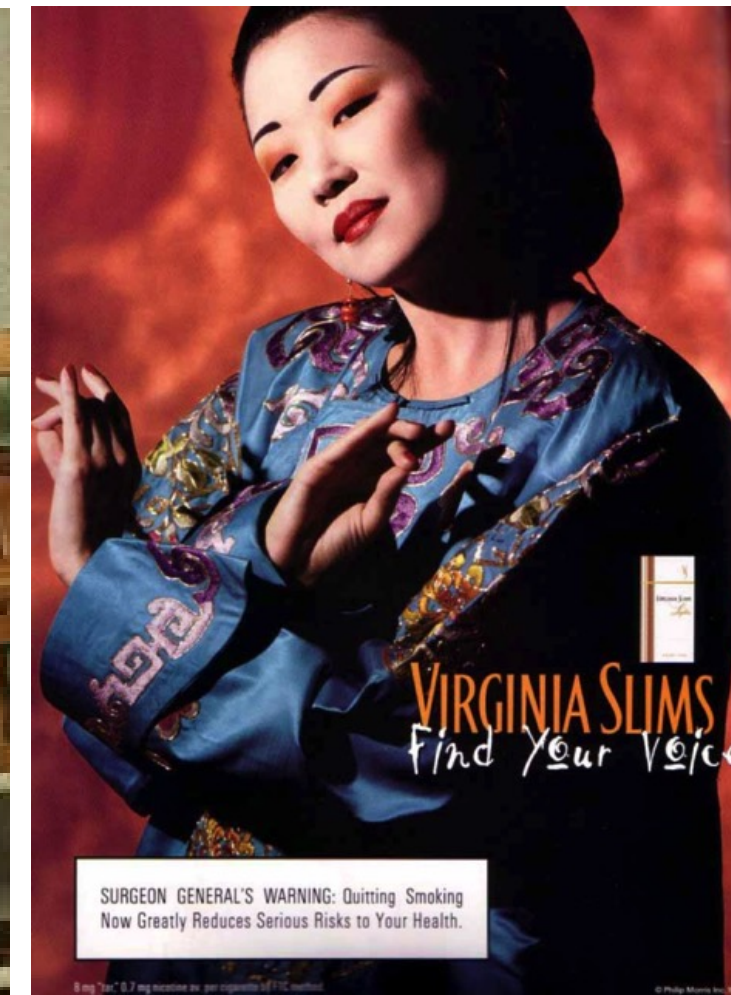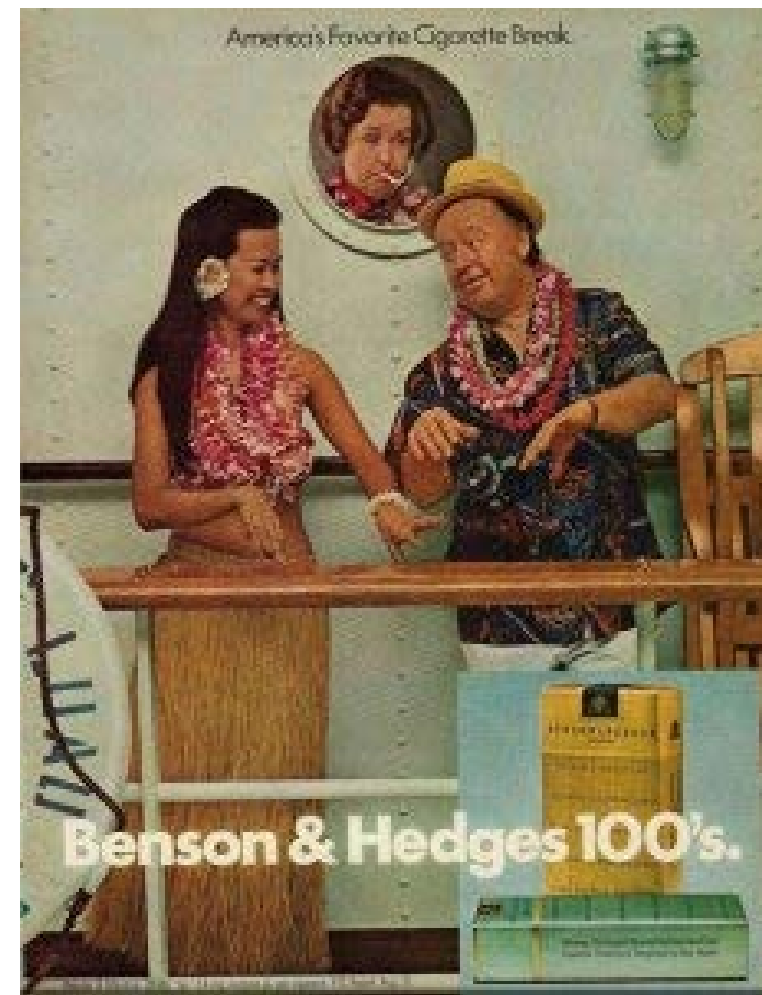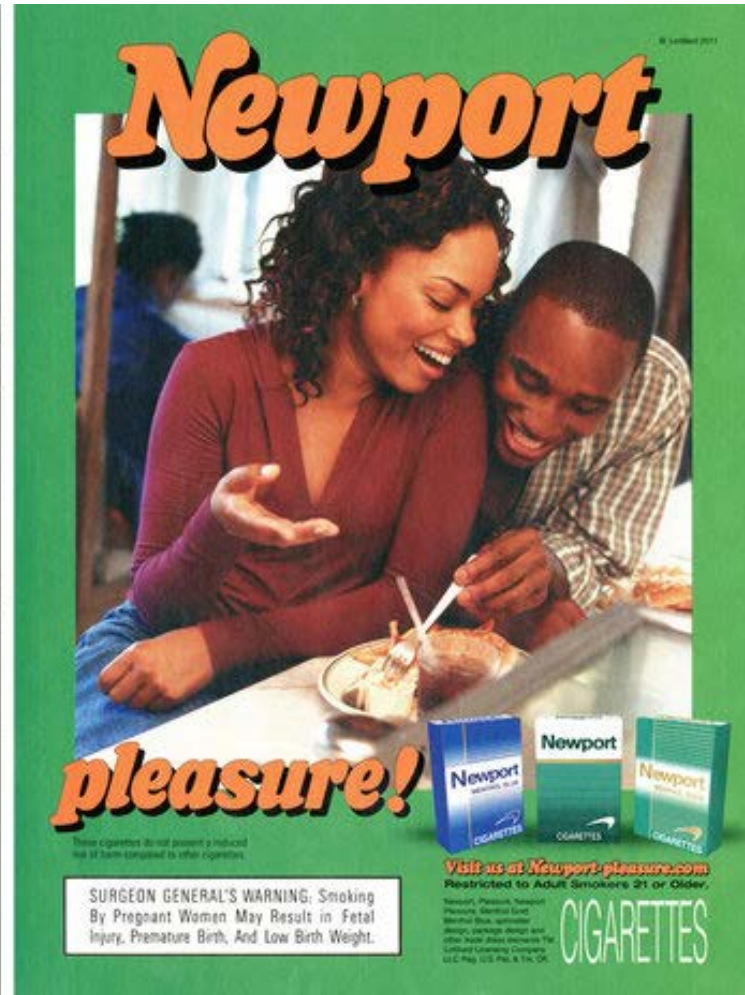**12.3%** Heterosexual

Mental Health Symptoms

26.9% Depression
11.8% No depression
21.4% Anxiety
11.3% No anxiety

## Thinking About Intersectionality and Examining Disparities…

Tobacco Use Disparities Still Persist Among Marginalized Populations

Big Tobacco & Predatorial Marketing

Left: A Kool cigarettes advertisement targeting Black communities for a spons[ored] event, the *Kool Jazz Festival*; Right: A Newport cigarettes ad targeting young B[lack] customers.
Stanford Research into the Impact of Tobacco Advertising
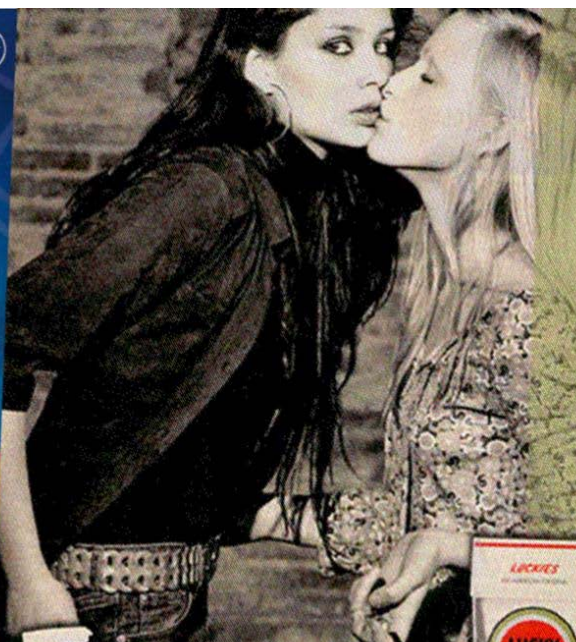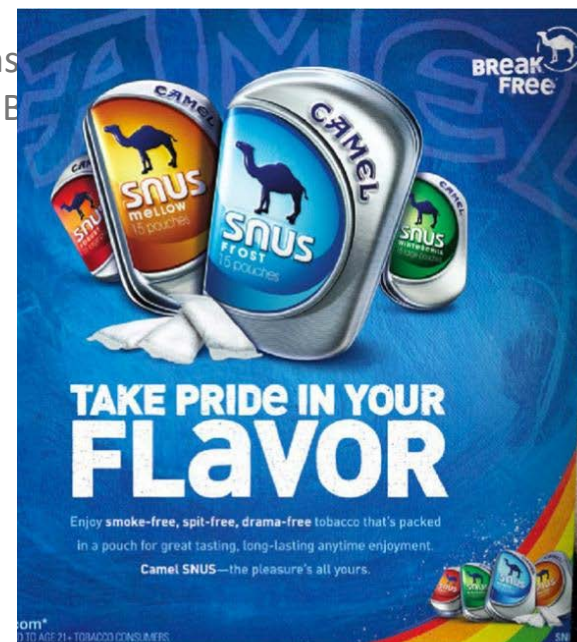
Menthol & Priority Populations

- Menthol cigarette use is more common among certain racial/ethnic groups. Black/ African Americans have the highest prevalence of menthol cigarette use at **80%,** followed by Hispanic/Latinx communities at **50%** use. (Goodwin et al., 2023)

- It is estimated that between 1980 – 2018, 1.5 million African Americans began smoking menthol cigarettes and 157,000 African Americans died prematurely because of menthol cigarettes. (CDC, 2024)

- In 2019, **77%** of non-Hispanic Native Hawaiian and Pacific Islander adults and **41%** of non-Hispanic Asian adults who currently smoked cigarettes used menthol cigarettes, compared to **30%** of non-Hispanic White adults.(SAHMSA, 2019)

- LGBT smokers report higher rates of smoking menthol cigarettes at **36%** compared to **29%** of heterosexual smokers. (CDC, 2024)

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Historical Context

Economic Growth (1920-1943):

- African Americans' annual income increased threefold, from $3 billion to over $10 billion.

Tobacco Industry Targeting:

- The tobacco industry saw African Americans as an economic target during this period of income growth.

Ebony Magazine Launch (1945):

- Ebony Magazine was first published, reflecting Black people's fight for civil rights and celebrating Black culture and communities.

Influence on Black Culture:

- The tobacco industry began targeting influential sources in Black culture, social classes, and the economy.
- Prominent Black community figures became voices for the tobacco industry.

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Disparities in Tobacco Use and Race/Ethnicity, specifically Black Individuals

- Lung cancer is the second most common cancer in Black individuals.

- The higher tobacco use burden faced by Black individuals and the Black community has significant implications for tobacco control programming and interventions

- Black Individuals have the highest rates of tobacco-related cancer out of all racial and ethnic groups possibly due to factors such as:

Racial differences in smoking habits
(e.g., puff patterns; the length of time it takes for nicotine to clear from the body is different for different races, such as differences in the metabolism of tobacco carcinogens)

Income and access to healthcare
(e.g., less access to care, coverage and screening eligibility)

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• Adults with mental health challenges are more likely to smoke menthol cigarettes and to have started smoking with a menthol cigarette.

• Menthol cigarettes are linked to progressing to regular smoking of non-menthol cigarettes and to worse cessation outcomes.

• The cooling sensation of menthol may make quitting more difficult, exacerbating mental health challenges and impacting self-efficacy, especially if smoking is a coping mechanism for stress or anxiety.

Trauma | Tobacco | MH/SU Challenges

- Exposure to trauma **elevates risk for mental health and substance use challenges** throughout adolescence and adulthood (McLaughlin et al., 2020)

- 51% to 90% of public mental health clients report a history of trauma (Mueser et al., 2004)

- More than 70% of individuals in substance use treatment have a history of trauma exposure (Deykin & Buka, 1997)

- Use of substances such as tobacco products can often arise as a **coping mechanism**, a **type of solution** to the emotional, psychological and physical **impact of trauma**.

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Presenter

Terence Fitzgerald, PhD, Ed.M., MSW
Consultant
Trauma Informed Services
National Council for Mental Wellbeing

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In this session, participants will:

1

2

3

In this session, participants will:

1 Increase their understanding of trauma, specifically with the utilization of a systemic and racialized lens.

2 Explore opportunities and barriers to integrating a diversified lens to trauma-informed and intersectional approaches to addressing tobacco-related health disparities.

3 Strategize ways to reduce the disproportionate impact of menthol on Black/African American communities.

What is Trauma?

Definition (SAMHSA Experts 2023) includes

Three key elements

o Trauma results from *an **event, series of events, or a set of circumstances*** that an individual experiences as physically or emotionally harmful or threatening, which may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

o Trauma is associated with widespread health challenges across demographic groups and can have far-reaching implications across individuals, families, and communities.

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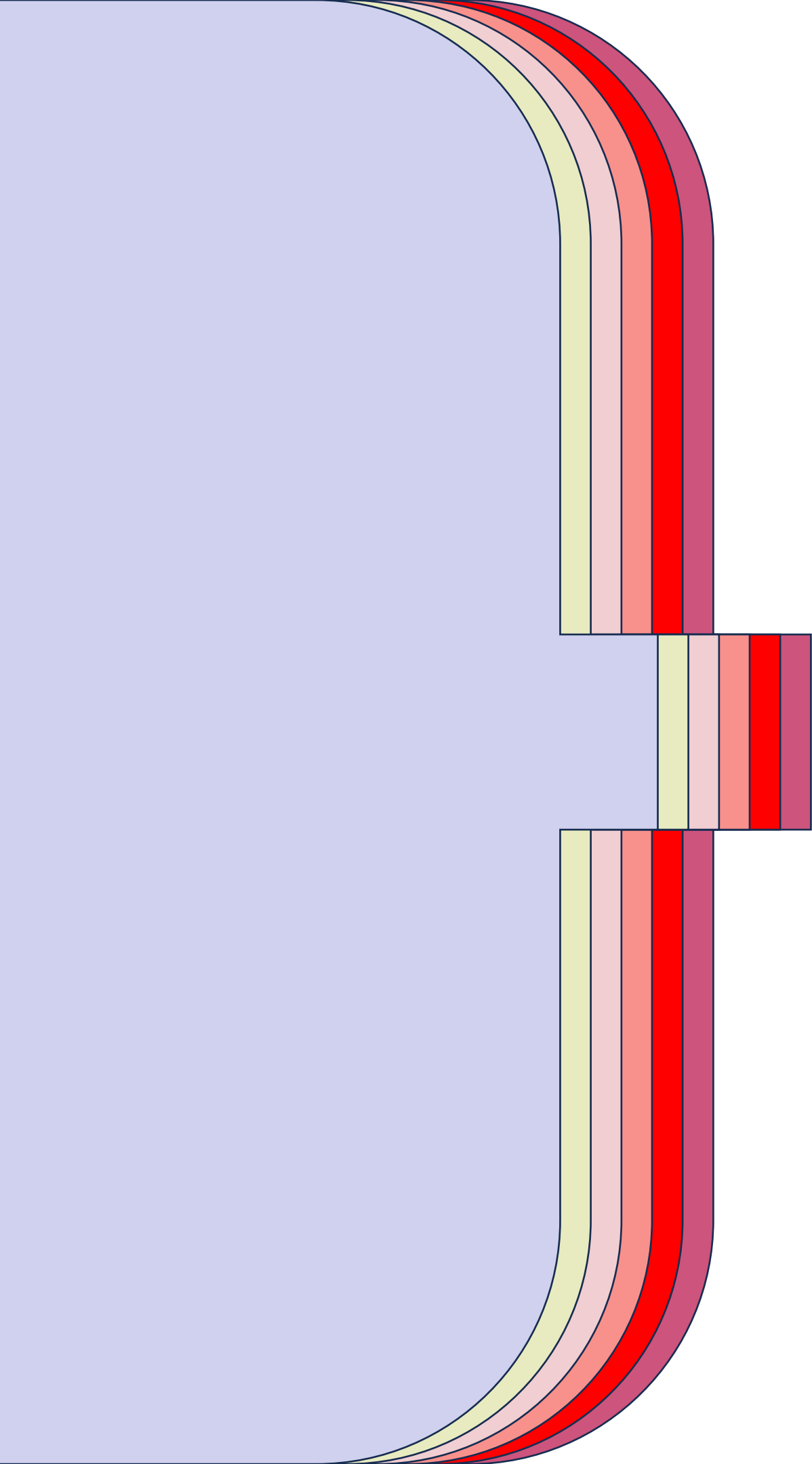
Impact of Trauma
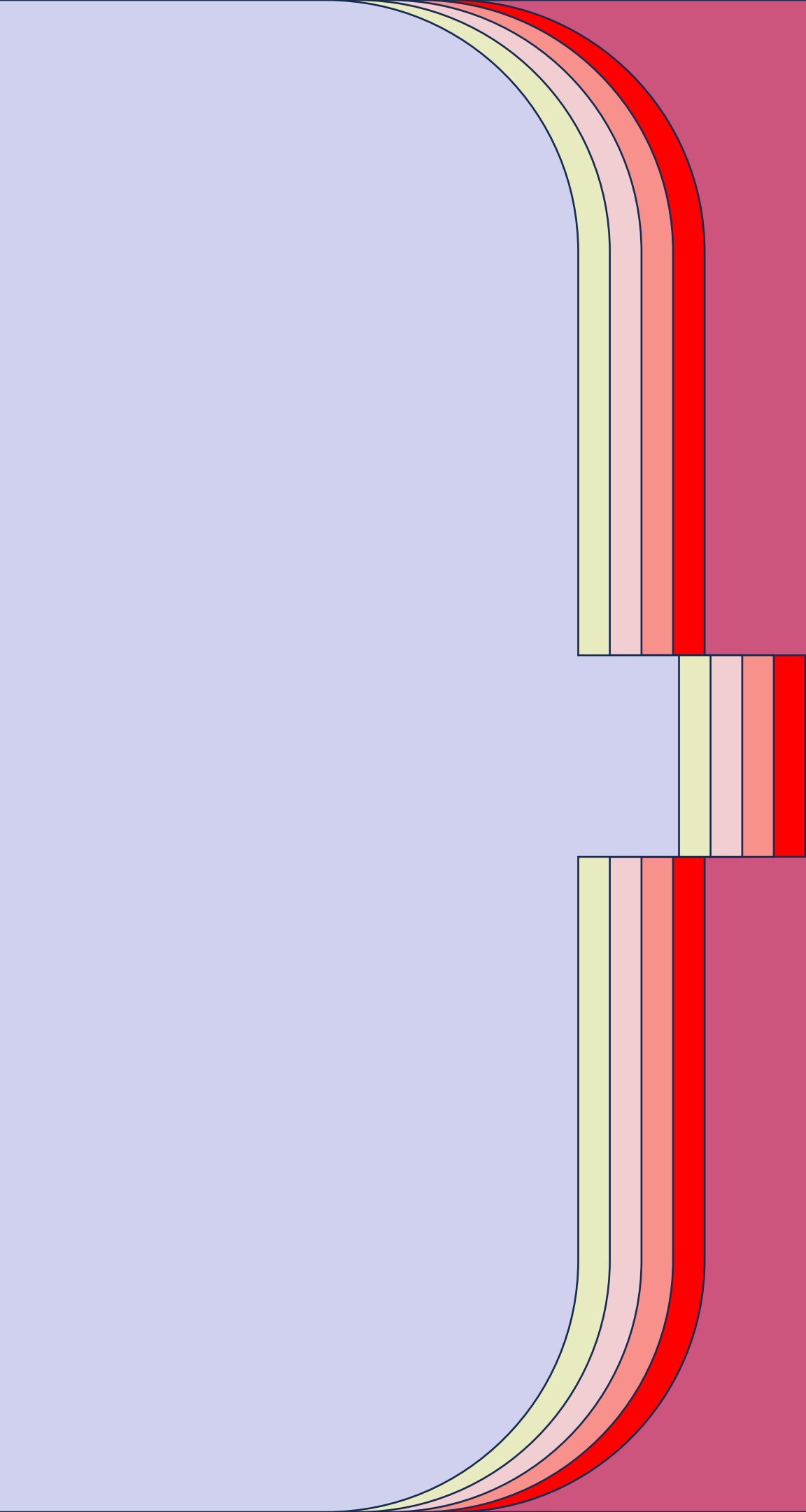
Trauma is something that overwhelms our coping capacity affecting our:

- *Whole Selves*

Trauma is something that overwhelms our coping capacity affecting our:

- *Physical-Being*

Trauma is something that overwhelms our coping capacity affecting our:

- *Emotional-Being*

Trauma is something that overwhelms our coping capacity affecting our:

- *Intellectual-Being*

Trauma is something that overwhelms our coping capacity affecting our:

- *Spiritual-Being*

Trauma is something that overwhelms our coping capacity affecting our:

- *Academic-Being*

Responses to Traumatic Events
(in the moment)

Physical

- Aches and pains such as headaches, backaches, etc.
- Weakness, dizziness, and fatigue most of the time.
- Heart palpitations, profuse sweating, and chills
- Changes in sleep patterns
- Changes in appetite and digestive problems
- Being easily startled by noises and/or unexpected touch.
- Increased susceptibility to allergies, colds, and illnesses.
- Increased alcohol consumption and/or substance use.

Emotional

- Anxiety, depression, mood swings, self-destructive behavior, flashbacks, numbness, and phobias

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Complex Trauma

o   Unresolved trauma = often feeling hopeless and ashamed

o   Failure of interventions can lead to desperate measures

o   Desperate measures = unwanted consequences

o   People begin to blame themselves

…This is a picture of Complex Trauma

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Complex Trauma

o Complex trauma is defined as exposure to multiple, often interrelated forms of traumatic experiences AND the difficulties that arise as a result of adapting to or surviving these experiences.

o Begins typically in childhood.

o Most often, they are perpetrated within a person's formative attachment relationships.

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Impact of Trauma

Although trauma exposure is a global phenomenon, trauma reactions vary considerably between and across cultures.

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Intersectionality

o Dr. Patricia Collins defined it as …"is a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking."

o Kimberlé Crenshaw argues it is "a way of thinking about identity and its relationship to power."

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Intersectionality

o Originally, it was used to described a specific experience of marginalization that Black women face because of being part of two marginalized groups.

o "Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated."

Image: First Book

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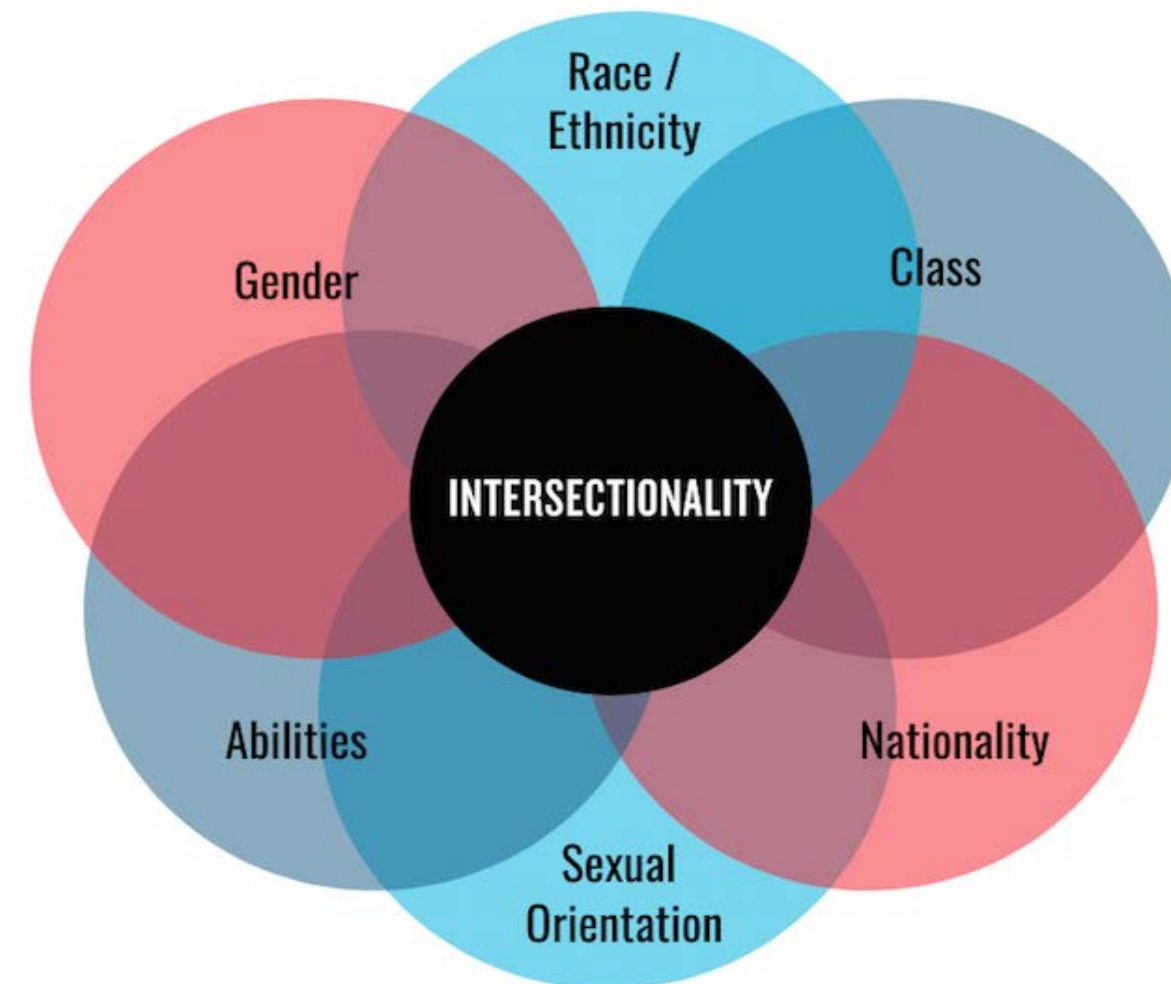
How Does Trauma Look Through a Diversified Lens?

Institutional Racism in Academic Health Centers (AHCs)

The impact of people such as James Marion (father of gynecology) can be seen today within the role AHCs have played in maintaining systemic racism.

He and others created a system that promoted White superiority and inferiority toward those of color—operating on an:

Individual level (clinical encounters where people of color face attitudes, microaggressions, and other discriminatory behaviors).

- Clinicians, in part due to large patient caseloads, rely upon historical stereotypes and false narratives of Non-White populations
- Implicit bias
- Lack of time spent with patients of color
- Inequity regarding conversational pace, tone, and volume (dismissiveness, poor body language, etc.)
- Lack of sharing important information and available resources
- Inequity concerning decision-sharing

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Conti.

Intra-Organizational Level

- Implicit bias affects how clinicians and practitioners are educated and trained.
- A disproportionate number of AHCs lack discussions and training related to the following:
  - Absence of penalties for clinician bias
  - Competent reporting mechanisms
  - Culturally/Racially responsive training
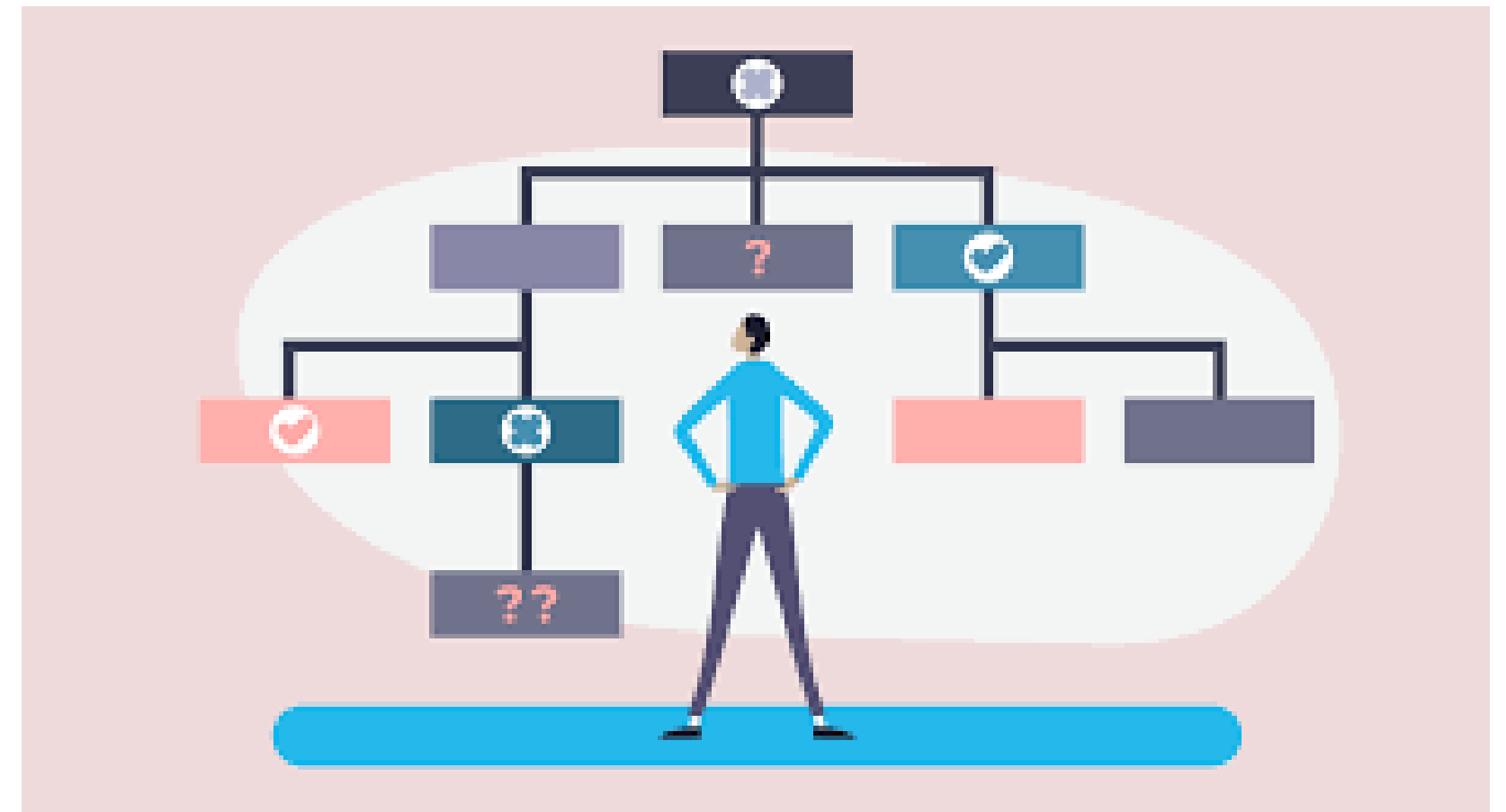
Conti.

Extra-Organizational Level

AHCs interact with government agencies (e.g., local, county, state) and institutions such as the Department of Health and Human Services.

These interactions can consequently shape policies, facilities, resources, and technology infrastructure research.

Institutional racism like this can disproportionately affect marginalized people of color (e.g., the number of allotted facilities, resources, and practices that legitimize biological differences in races, research, etc.).

- Graduate and professional schools worsen the state of health equity.

- The curriculum in most of their schools does not address systemic racism.

- The curriculum mainly spotlights the issue of implicit bias.

- Few programs and professional schools, like the *University of Buffalo's Jacobs School of Medicine and Biomedical Sciences*, have a curriculum with anti-racism at its core.

Professional Schools & Health Inequity

o 2016, the US National Academy of Sciences found that 29 percent of white first-year American medical students thought that Black people's blood coagulates more quickly than white people's.

Professional Schools & Health Inequity

o Twenty-one percent believed that Black people have stronger immune systems.

o Whites, often in positions of power within professional programs, are cited as often in fear that their ignorance will be exposed and or they might offend others.

o Consequently, enriching conversations are almost impossible to occur. Instead, the conversations had are uncomfortable.

o When those in power perceive being challenged, they internalize the challenge as an assault on their identity.

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o In response, marginalized people of color attempt to lessen that discomfort by softening their racialized regarding individuals to the current systems in place.

o Consequently, the softening of a message enables the racial status quo, anger, and frustration to continue.

o It also enables the reproduction of dominant power relations.

Intergenerational (Historical) Trauma

"Cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences."

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Intergenerational/ Historical Trauma Events

Genocides

Slavery

Pandemics

Massacres

Prohibition/destruction of cultural practices
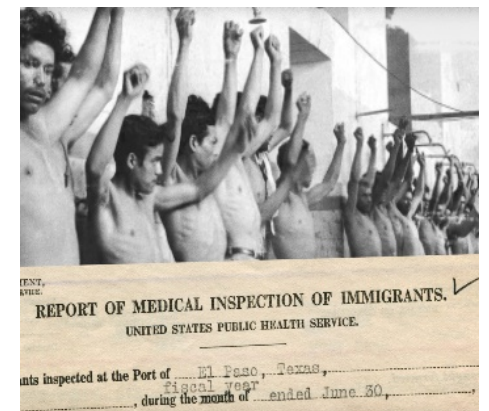
Racial Humiliation

Discrimination/Systemic prejudice

Forced relocation

Forced Detainment

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History is not about the past. It's about the present!" – Dr. El-Kati
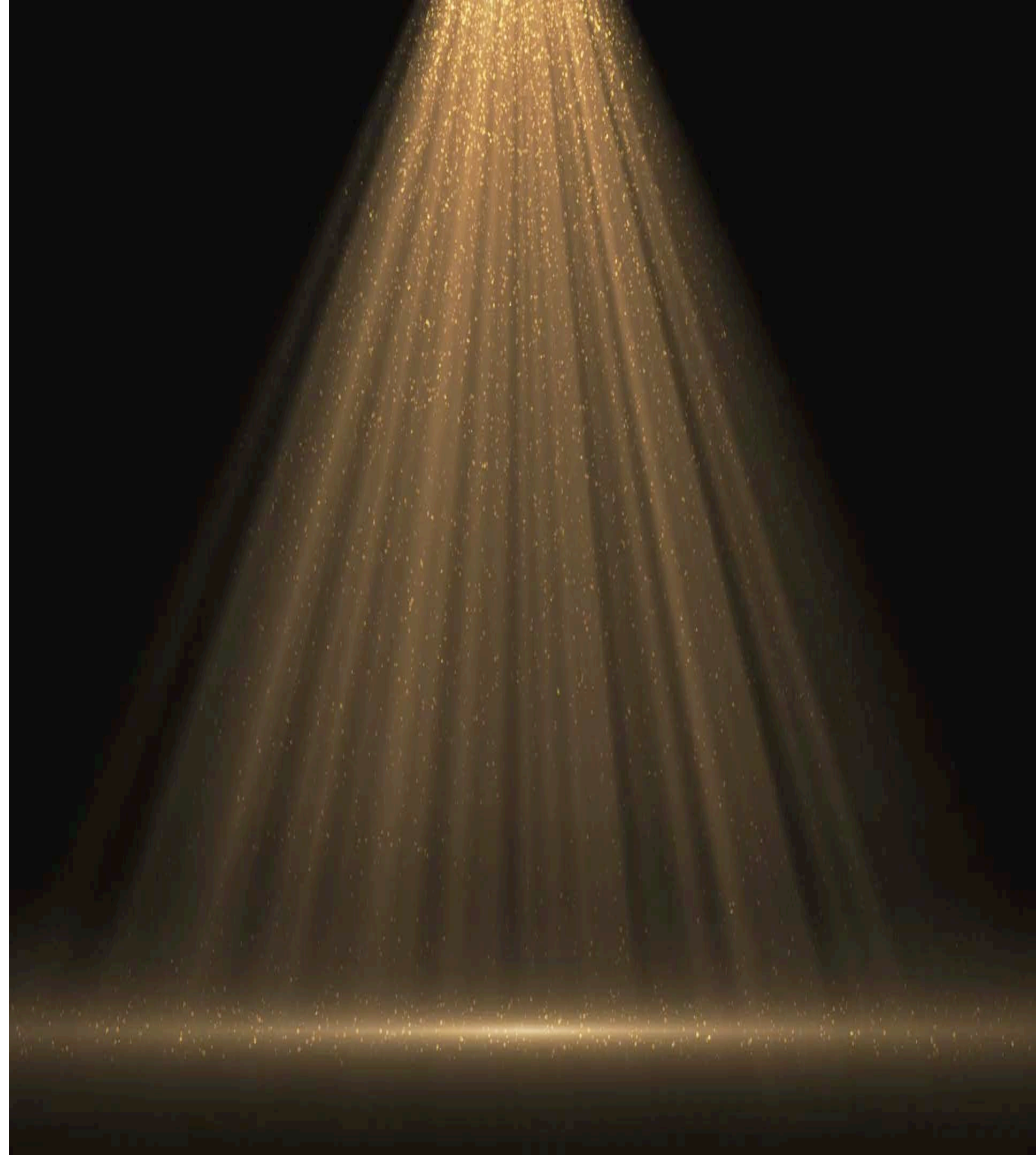
Inherited Trauma & Health

- National Bureau of Economic Research argues that sons of Union Army soldiers (U.S. Civil War) who had exposure to punishing circumstances (prisoners of war) were more likely to die young than the sons of their counterparts who were not imprisoned.

- This is despite being born after the war. Therefore, they could not have experienced its effects.

- Even though criticized due to sample size (32 people), 2016, a Mount Sinai study found that Holocaust survivors and their offspring had "evidence of methylation on a region of a gene associated with stress."

- Overall, evidence is indicating that genetic changes stemming from trauma suffered by survivors are capable of passing the effects on to their children.

To make mental **wellbeing**, including recovery from substance use challenges, **a reality for everyone.**

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Racial Disparities/Inequality in Mental Health Diagnosis—

o By 2044, more than half of all Americans are predicted to belong to a historically marginalized group (Blacks with schizophrenia are overrepresented in state psychiatric facilities).

Disparities Continue…

o *People from marginalized groups are less likely to receive mental health care*

o *Black are 2.4 times more likely to be diagnosed with schizophrenia*

o *Other research studies have argued that three and four times the rate of White people*

o *Limited access*

o *Poor care*

o *The effects of racial discrimination are often overlooked (leads to misunderstanding of mental health needs)*

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Figure 3

Most Black Adults Report Experiencing Race-Based Discrimination In Past Year

Percent who say there was a time in the last 12 months where they felt **they were treated unfairly** in the following places **because of their race or ethnic background**:
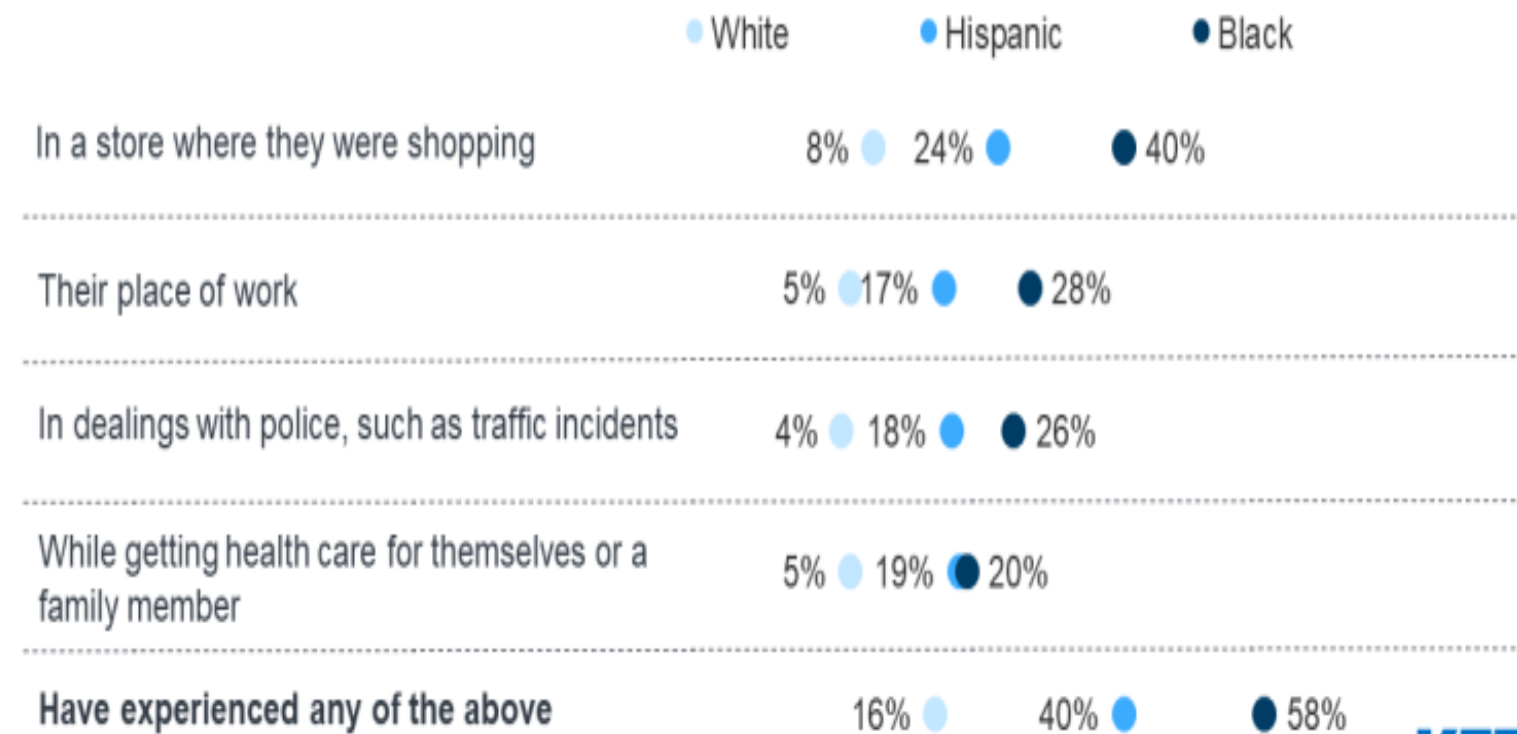
	● White	● Hispanic	● Black
In a store where they were shopping	8% ●	24% ●	● 40%
Their place of work	5% ●	17% ●	● 28%
In dealings with police, such as traffic incidents	4% ●	18% ●	● 26%
While getting health care for themselves or a family member	5% ●	19% ●	● 20%
Have experienced any of the above	16% ●	40% ●	● 58%

KFF

Figure 6

Most Black Adults Who Have Faced Discrimination Feel It Was Intentional Rather Than Unconscious

AMONG THE 58% OF BLACK ADULTS WHO SAY THEY WERE TREATED UNFAIRLY DUE TO THEIR RACE IN THE PAST 12 MONTHS: When people treat you unfairly based on your race, do you think they are usually…

Discriminating against you on purpose 70%

No answer 3%

Unaware that they are being unfair 27%

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Adversity, Trauma & Toxic Stress

- **Race-Based Traumatic Stress (RBTS)**
  - The cumulative impact of race-based traumatic experiences that occur at the:
    - individual level,
    - Systemic level,
    - Institutional level institutional

It has a significant effect on victims' lives as seen with their:
-- Health (physical & mental)
-- Social lives
-- Economic lives

Racial Trauma

Racial trauma defines experiences related to:
- o Threats
- o Prejudices
- o Harm
- o Shame
- o Humiliation
- o Guilt

All are associated with various types of racial discrimination, either for direct victims or witnesses.

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Video: Racial Trauma

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Racial Trauma

Complex Racial Trauma (CoRT)

Mental Health Impacts

Historical trauma

Developmental hindrance

Intergenerational trauma

Life span impacts

Social & Economic Impacts

Physical Health Impacts

Constant · Repetitive · Cumulative · Inevitable

Internalized Racism

Racial Trauma quadrant:
- Raced-based stress
- Racial profiling
- Raced-based extreme violence
- Interpersonal racism
- Raced-based murders
- Microaggressions
- Everyday Racial Discrimination
- Major racial discrimination
- Institutional racism
- Systemic racism

Mental Health Impacts quadrant:
- Anxiety
- Dissociation
- PTSD
- Chronic stress
- Insecure attachment
- Depression
- Spiritual distress
- Self-regulatory impairments
- Personality disorder
- Cognitive alterations
- Substance abuse
- Emotional distress
- Suicidal ideation and behaviours
- Low self-esteem
- Sleep disturbances

Social & Economic Impacts quadrant:
- Risky sex behaviors
- Poverty
- Wealth inequality
- Lack of safe & affordable housing
- Employment
- Food insecurity
- Low income
- Interpersonal & relational impairments
- Low education & High school dropout
- Incarceration
- Difficulty maintaining a job

Physical Health Impacts quadrant:
- Heart conditions/illnesses
- Chronic headache
- Endocrine illnesses
- High cholesterol
- Genetic effects
- Somatization
- Blood pressure & Hypertension
- Other chronic diseases
- Increased body mass index
- Diabetes
- Premature death

Adopting a Critical Racialized Trauma Lens

The Benefit

o It enables transformation and healing personally and within the institutional structure.

o It equitably shifts decision-making processes.

o It helps institutions not only identify and actively support solutions about work concerning racial equity but also helps to decrease current institutional injustices.

o It increases effectiveness in analyzing what is and is not working around equity and equality.

o It highlights the lived experiences and voices of people of color who have been historically marginalized.

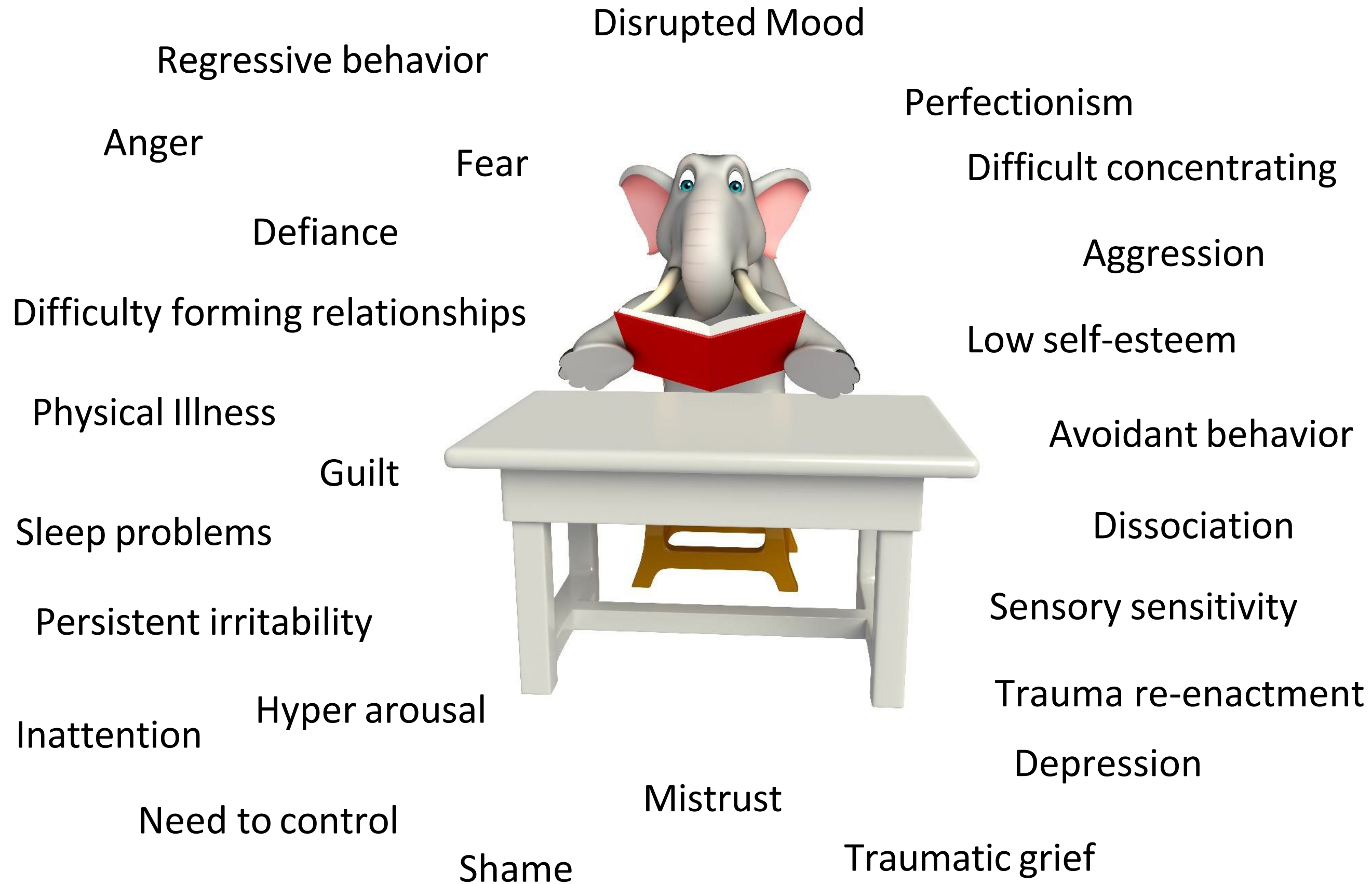## The Pendulum

Trauma does not *occur across the full spectrum* of racial, cultural, religious, and ethnic groups; it also dramatically diverges between and within ethnicities and cultures.
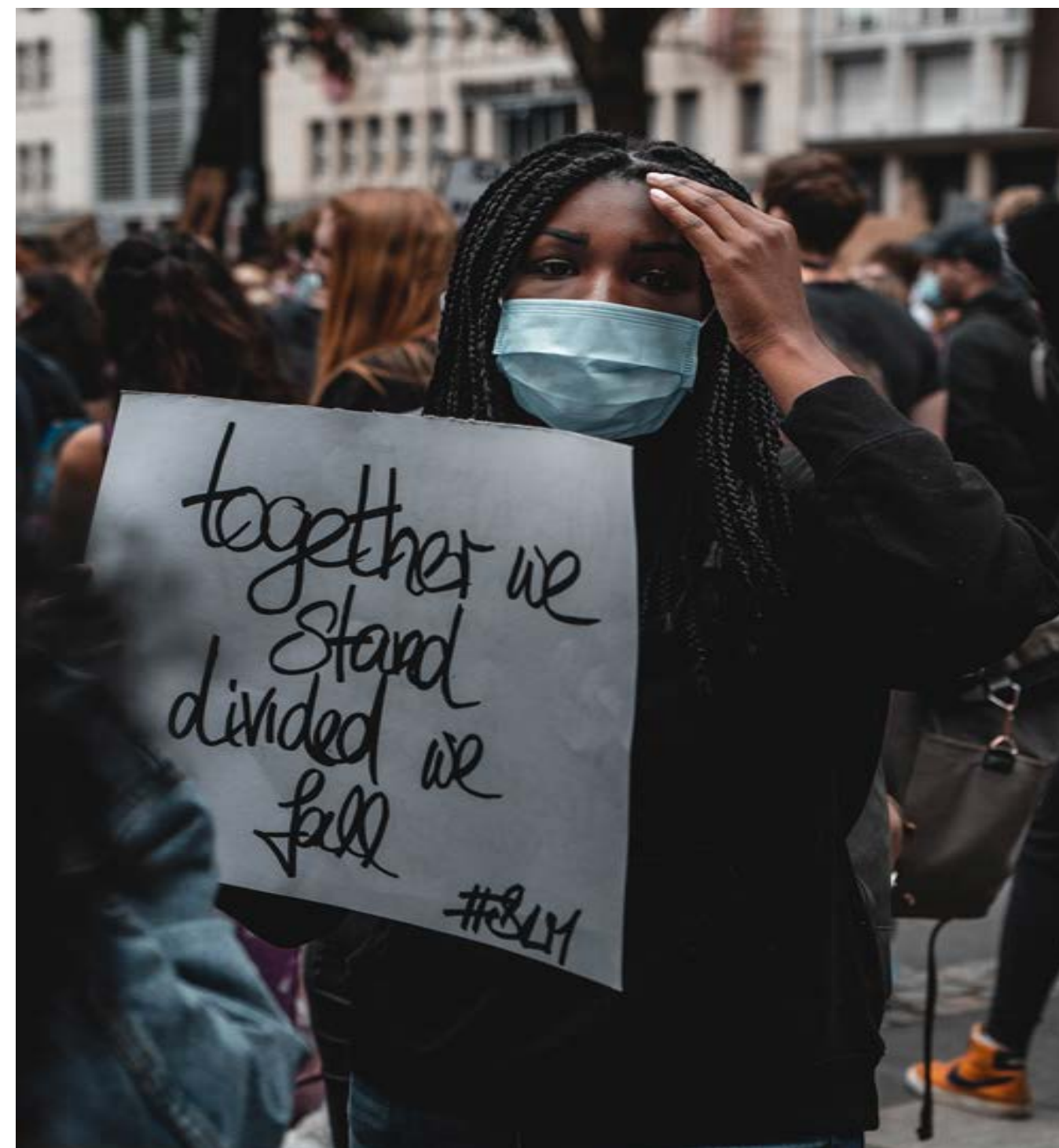
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- Mislabeled
- Not feeling seen or understood
- People feel devalued in their common humanity.
- Making oneself invisible
- Presenting oneself as "racially innocuous" to avoid further racial trauma.
- Parallels how other child trauma survivors learn to deny their own needs to survive and placate the needs of their aggressor.

- Experiencing chronic shame or internalized racism (impacts ed, etc.): implicitly or explicitly identifying with negative self-beliefs and stigma resulting from the chronic societal devaluation.
- Experiencing life as unprotected by those in power.
- Blending in to minimize further trauma (adopting and utilizing racialized ideology toward other people of color).
- Rebellion

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Otherized People & the Room from Trauma

- State of *hypervigilance*

- On-guard to react to people and their potential threats.

- High level of anxiety (Looks like...hyperarousal or hypoarousal)

  - **Hyperarousal-** (agitated, panicked, reactive, aggressive, or high-risk behavior)

  - **Hypoarousal-** (low energy, withdrawal or disconnection from others, or behavior that seems numb or muted.
    -- misinterpreted and pejoratively labeled as *laziness or lack of motivation.*
.

Racialized Lens & Survival Mode Response

Fight, Flight, Freeze Responses

- Crying
- Flex/tight jaw, grinding teeth, snarl
- Fight in voice and eyes
- Homicidal/suicidal feelings
- Nausea, burning stomach
- Desire to stomp, kick, etc.

- Feeling stuck in some part of body
- Feeling cold/frozen, numb, pale skin
- Holding breath/restricted breathing
- Decreased heart rate/sometimes increase
- Sense of dread

- Big/darting eyes, leg/foot movement
- Restless legs, feet/numbness in legs
- Excessive exercise
- Fidgety, restless, feeling trapped

Racialized Lens & Survival Mode Response

For racially marginalized people, "survival adaptations examples in day-to-day life might include:

❑ **Fight:** A Latino young adult takes an aggressive stance when encountered by a white authority figure, after continual experiences of racially-targeted bullying by a supervisor on his job site.

❑ **Flight:** A Black parent requires her middle school son to avoid the community park where his friends hang out, after a recent event in which a preteen was erroneously arrested due to racial profiling.

❑ **Collapse:** a young woman of color becomes demoralized and withdrawn after several weeks of microaggressions in a new workforce team meeting. She eventually stops attending contributing.

Source: The Complex Trauma Resources, 2023

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Racialized Lens & Survival Mode Response

Adapting to the ongoing stressors of racial trauma **requires an endless awareness of one's body and the response of their body** by others who have historically held power and privilege.

The **natural reflexive reactions** their counterparts can demonstrate regarding adverse experiences are **suppressed.**

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GROUP EXERCISE

What are the barriers for you to utilize a racialized lens?

What do you need to make this effort successful?

Where in your org. could you first use the lens?

QUESTIONS?

Thank You!

Contact Information:

Terence Fitzgerald, Ph.D., M.Ed., M.S.W.
TerenceF@thenationalcouncil.org

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Resources

- Tervalon M, Murray-Garcia J. Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. Journal of Health Care for the Poor and Underserved. 1998;9(2):117–125. http://dx.doi.org/10.1353/hpu.2010.0233

- Brown, B. (2018). Dare to lead. New York. Penguin Random House.

- Eible, L. M. Jack B. Lewis, J. B. Cultural Humility and Empathy — Steps on the Journey of Cultural Competence. Retrieved from https://www.socialworktoday.com/news/pp_031519.shtml

- Gleiser, Ford, & Fosha, 2008; Kira et al., 2006

- Yehuda, Daskalakis, N. P., Bierer, L. M., Bader, H. N., Klengel, T., Holsboer, F., & Binder, E. B. (2016). Holocaust Exposure Induced Intergenerational Effects on FKBP5 Methylation. Biological Psychiatry (1969), 80(5), 372–380. https://doi.org/10.1016/j.biopsych.2015.08.005

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Resources (cont'd)
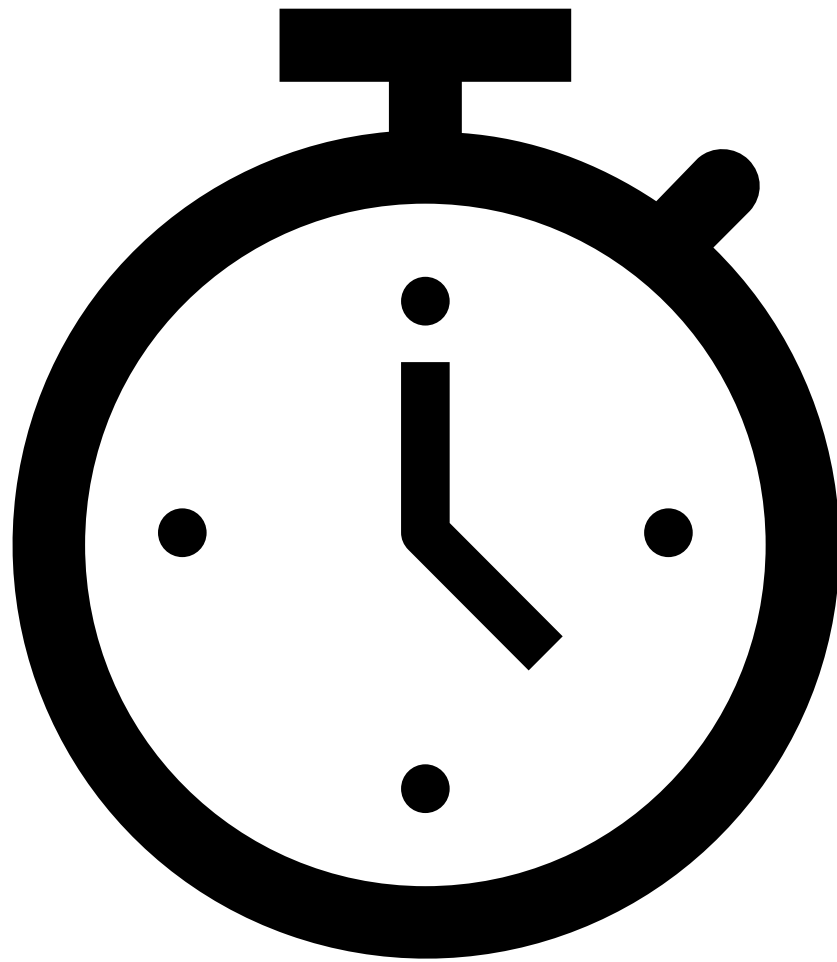
- Organizational Self-Care Training Activity Worksheet
- TI-ROC Climate of Equity Assessment
- National Council's Cultural Humility Scale
- Health & Racial Equity List of Definitions

Health Equity and Racial Justice Webpage

National Council for Behavioral Health

See our page for more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice

Break Time!

5 minute break

To make mental **wellbeing**, including recovery from
substance use challenges, **a reality for everyone.**

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Presenter

Kimberly Caldwell, MSPH
Tobacco Program Manager
The Center for Black
Health & Equity

The Community Model & Addressing Menthol Strategies to Impact Change

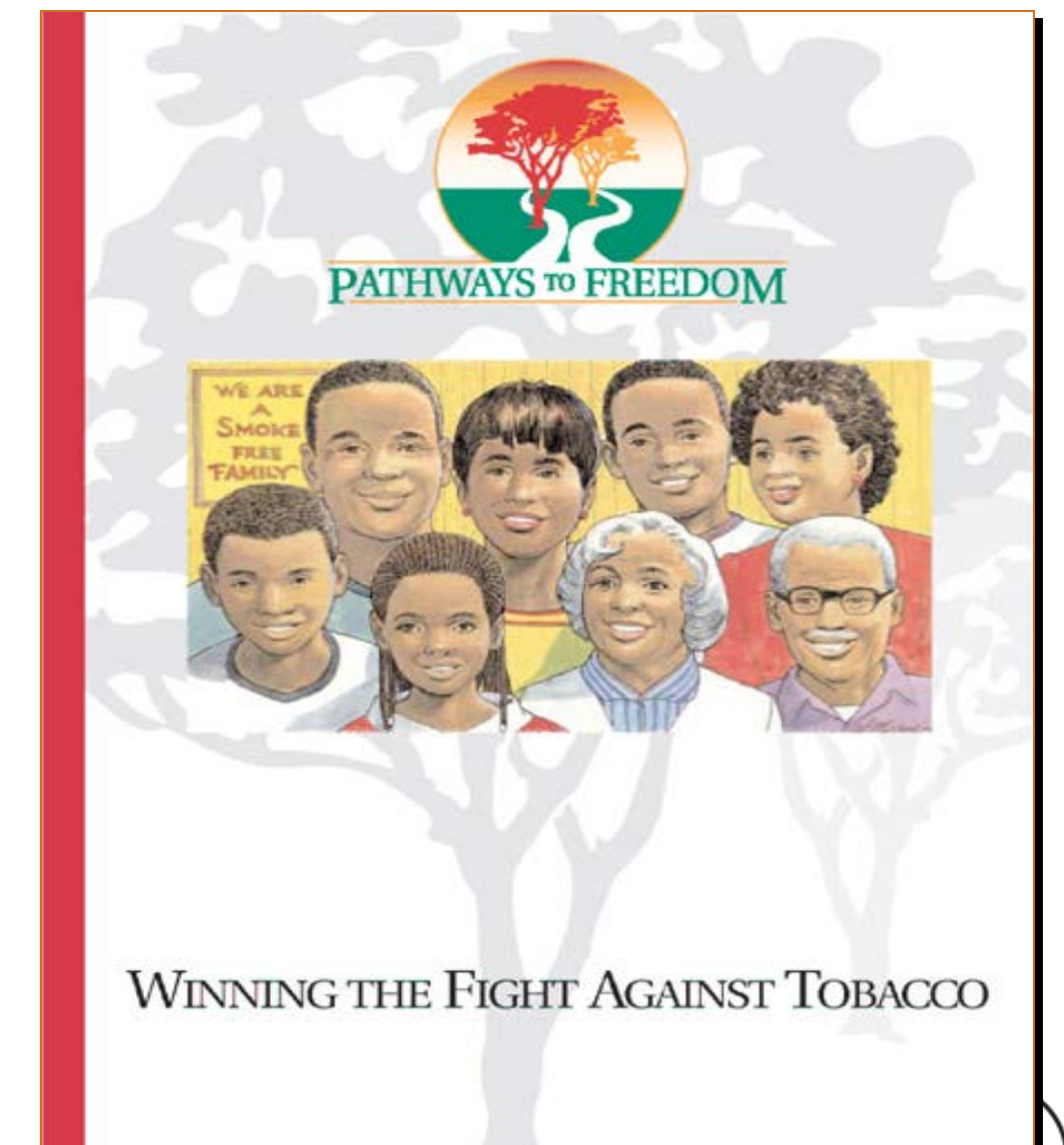**Our framework for building community capacity**
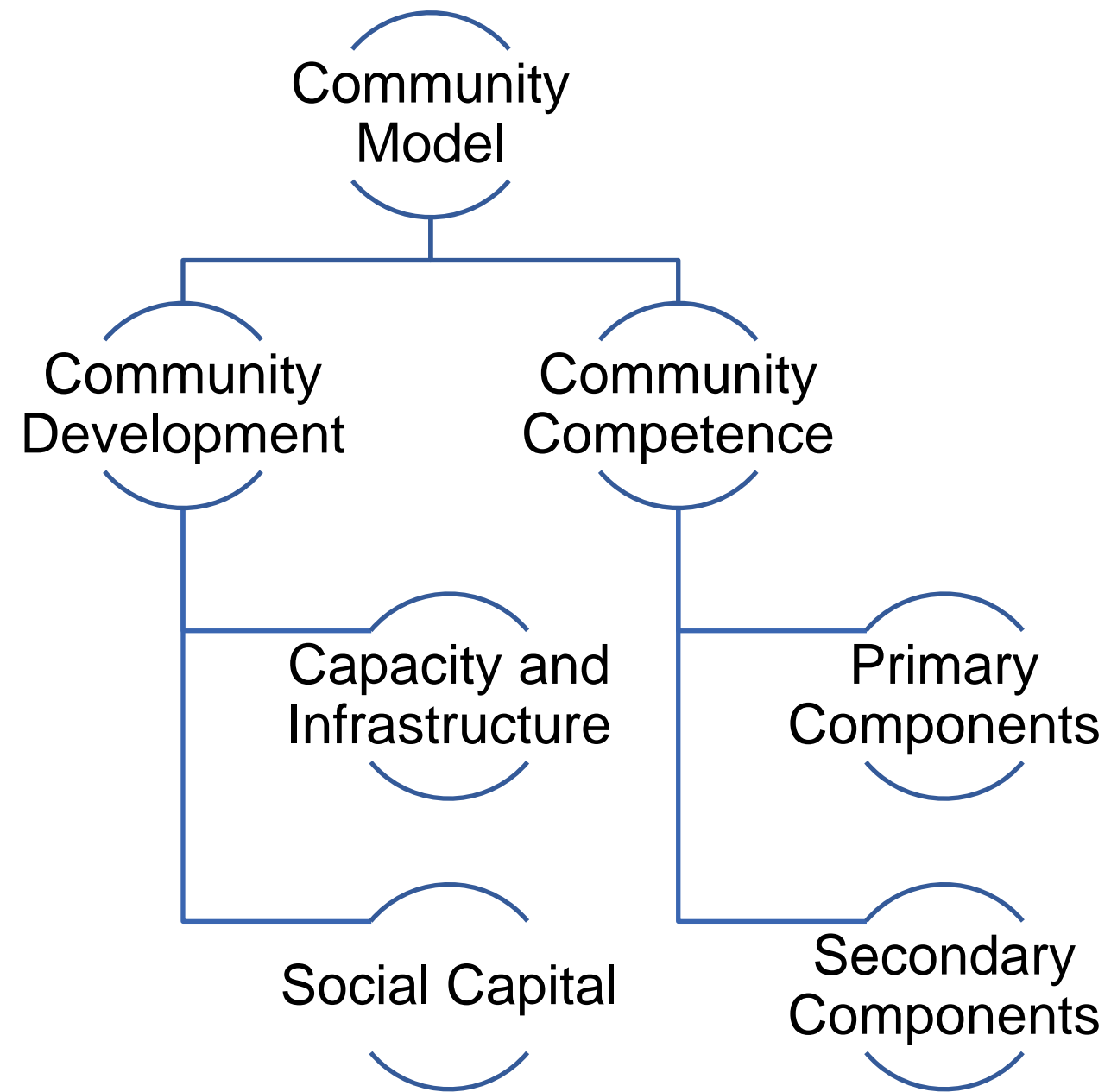
What is the Community Model?

- The model was developed by Robert G. Robinson, Dr. PH, former Associate Director for Program Development, CDC Office on Smoking and Health

- One of the founding members of the National African American Tobacco Control Network (AATCLC).

What is the Community Model?

Community Model
- Community Development
  - Capacity and Infrastructure
  - Social Capital
- Community Competence
  - Primary Components
  - Secondary Components
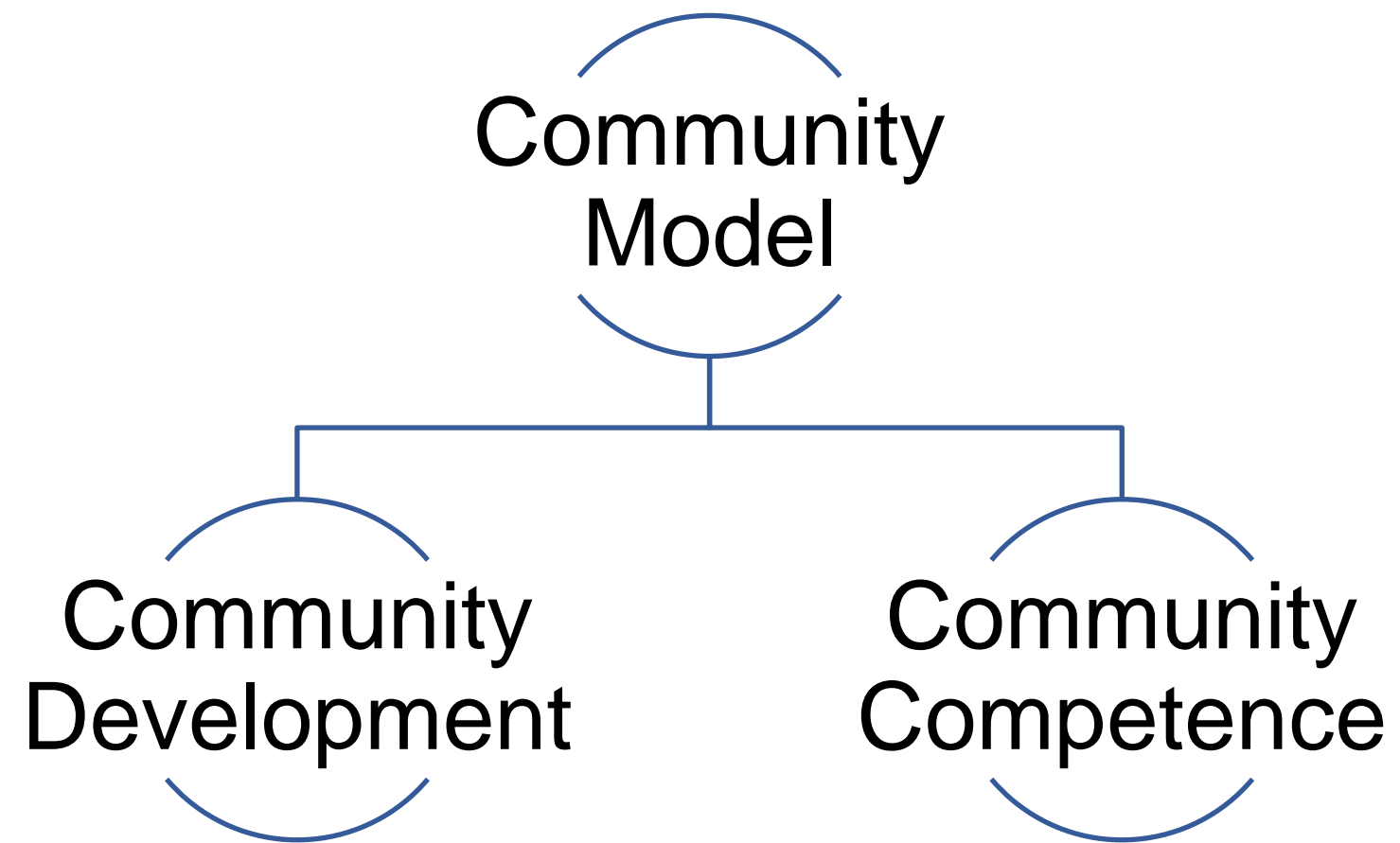
The Community Model is an asset-based framework that builds on existing community strengths and enables communities to develop and utilize the capacity, infrastructure and competency to assess problems and implement solutions.

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What is the Community Model?

Community Model

Community Development

Community Competence

The Community Model is centered around the relationship of two overarching components, Community Development and Community Competence. Together, they establish a comprehensive platform and achieve Community Prevention.

Let's about it: History, Culture, Context, & Geography

Community Competence - History

History is the long journey taken by a community to reach its present state of being. Shared experiences such as slavery, Jim Crow, segregation and predatory marketing have created a unique bond among Black people.

Community Competence

- Community Competence refers to primary and secondary components tha[t] ensure that any initiative developed reflect the community they seek to serve.

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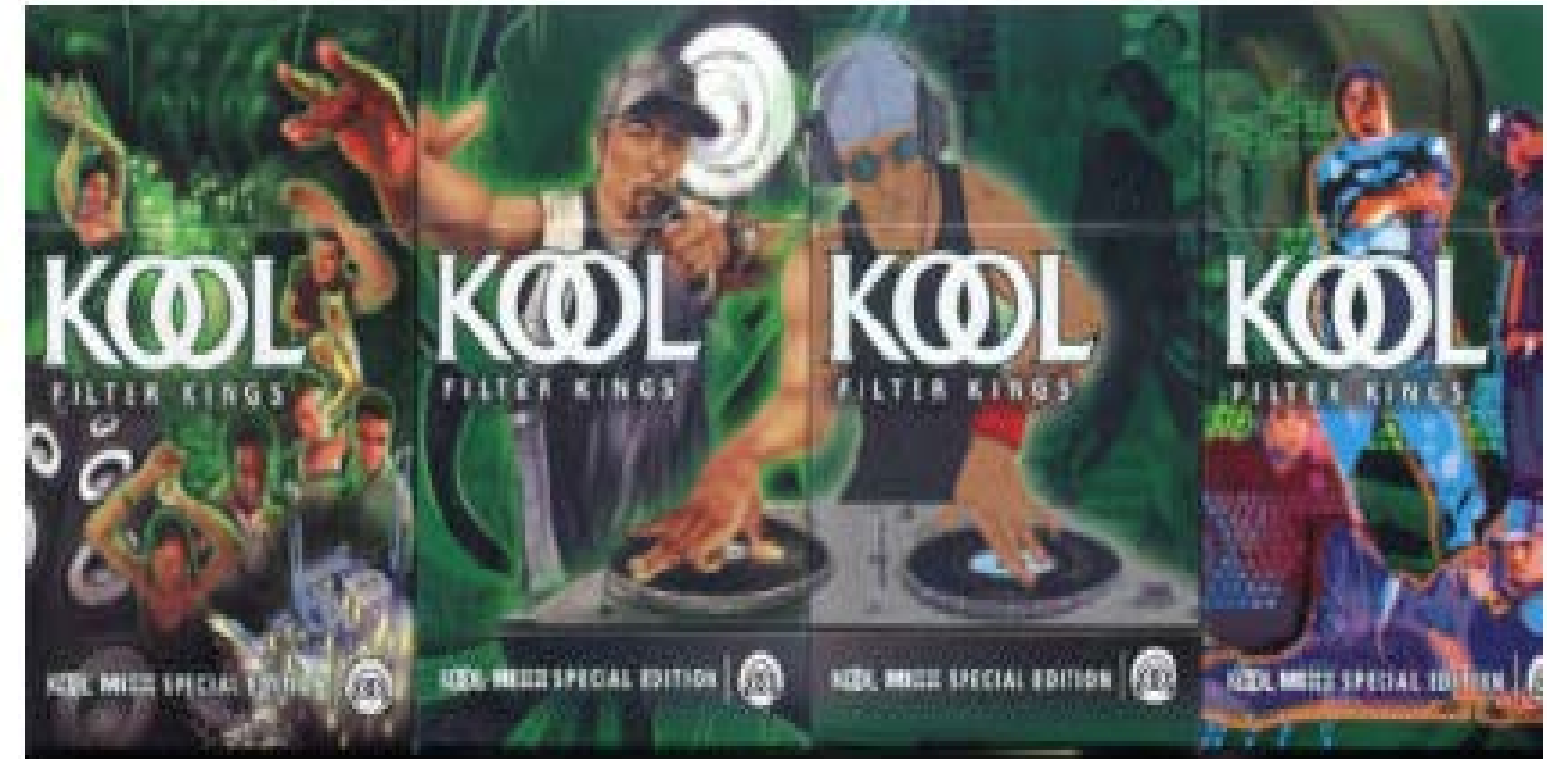
Community Competence - Culture

Culture are the norms, customs and values that shape the lifestyle of a community and its residents. Faith-based initiatives such as No Menthol Sunday resonate well with communities that have a strong faith presence.

Community Competence - Context

Context is our shared lived experience. It is the material reality, both social and psychological which shapes daily life and profoundly impacts wellbeing.

Community Competence - Geography

Geography is the range of living circumstances based upon place that impact the health and wellness of a community. The overarching diversity within communities varies from inner cities to rural areas, mountain to coastal areas and wealthy to impoverished areas.

The Community Model Helps to Dismantle Systemic Injustices that Perpetuate Health In-Equities

Menthol Strategies and Delays

Your Policy, System and Environmental Change Approach

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- **Policy, System and Environmental Change**
- **Outcomes**

  - ○ **Short Term**
    - ■ Establish the local coalition with defined roles and responsibilities
    - ■ Develop a unified plan
    - ■ Passage of a model clean indoor air ordinance

  - ○ **Intermediate Term**
    - ■ Enforcement of model clean indoor air ordinance

  - ○ **Long Term**
    - ■ **Reduction of the morbidity and mortality that comes with using tobacco products in African American adults and youth (from baseline to desired outcome)**

Key Steps Towards Menthol Education & Strategy

Step	Description
Know	Know your history between tobacco use, African Americans and racism
Develop	Develop a multi-cultural, multi-ethnic coalition consisting of key elements of the population
Train	Train the coalition to fight for the community
Develop	Develop an action plan
Collect	Collect data
Develop	Develop an education campaign
Determine	Determine resources in hand and resources needed
Execute	Execute the plan
Celebrate	Celebrate the success of educating the community and strategy implementation
Contribute	Contribute to the implementation of the strategies

What is Community Mobilization?

Who is willing to lead this movement in your community?
A discussion of who is at the table and who needs to be at the table?

Community Leadership
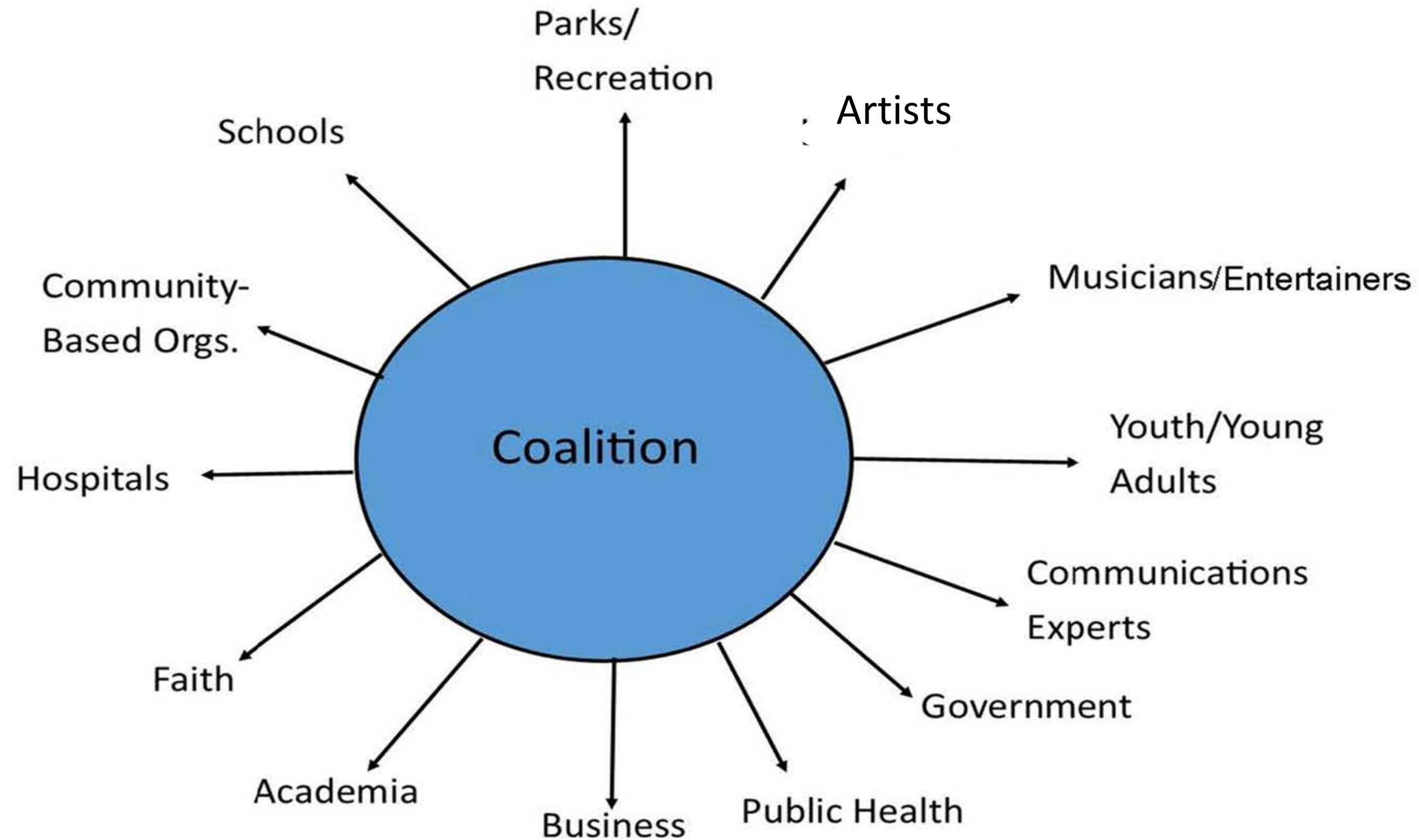
Developing Key Messages & Engagement for Messengers

An example from the field: Applying Strategy

Henry McNeil "Mandrake" Brown Jr

- Born in 1935 Mandrake witness many changes in his community.

- Whitewashed billboards promoting tobacco and alcohol products in Chicago's African American community.

- In 1990 he used the power of the paint roller to become an anti-tobacco advocate using the name Mandrake.

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An example from the field: Applying Strategy

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Henry McNeil "Mandrake" Brown Jr

- Mandrake's grassroots efforts assisted in eliminating tobacco and alcohol billboards that specifically targeted African Americans and Latino children.

- 700 illegal billboards were removed in Chicago

- He also founded the Citywide Coalition Against Tobacco and Alcohol Billboards and the National Association for Positive Imagery.

Systems Change Due to the Menthol Advocacy Movement

➢ Government will adopt and enforce a health equity policy

➢ The healthcare provider system will need to provide equitable cessation support services to potentially thousands of menthol/flavor users

➢ The media will potentially educate the public on the adoption of the model ordinance and feel compelled to promote prevention and cessation. A post adoption education campaign by the coalition could provide earned media that the local media outlets could pick up

➢ The former vendors of menthol/flavors will have to pivot to other products and will have to remove the menthol/flavor advertising from their windows and doors

Additional strategies that will impact change

THANK YOU

Kimberly Caldwell
Tobacco Program Manager

kcaldwell@centerforblackhealth.org

The Center's website

CenterForBlackHealth.org

Questions?

Thank You for Joining Us!

A recording of this presentation and a copy of the slide deck will be sent to all participants in an email, and posted to our website, within 48 hours after the event.

Visit **Bhthechange.org** and Become a FREE Member Today!

For any questions, please email Jasmine Feng at JasmineF@thenationalcouncil.org

Upcoming NBHN Events:

Join us on **Tuesday, July 30th** for our next masterclass: *Transformative Strategies for Person-centered Care: Bridging Health Disparities for Justice-involved Individuals*

Register here

More information to come!

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