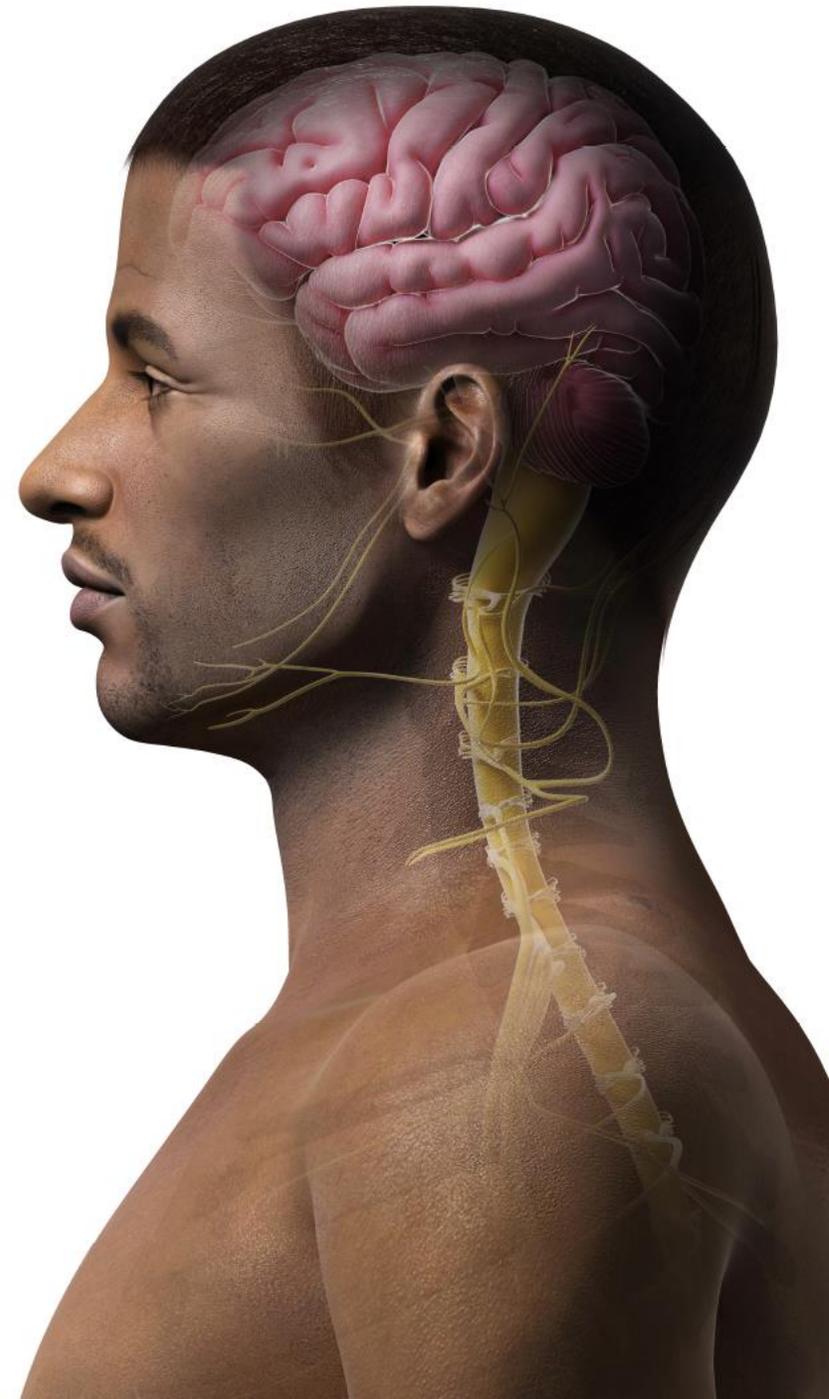


TRAUMATIC BRAIN INJURY and the
AFRICAN AMERICAN MALE

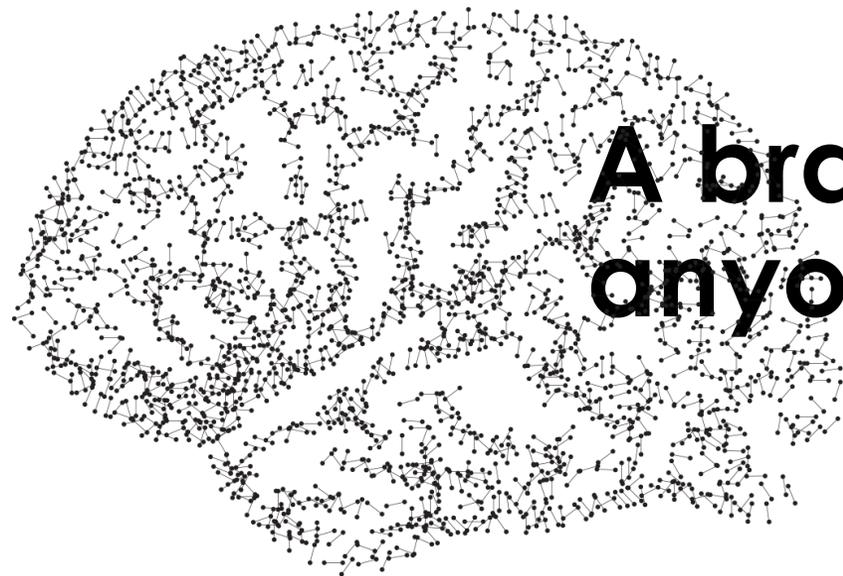
HOW SOCIAL IDENTITY CAN AFFECT POST-INJURY OUTCOMES

Kalyn Sanderfer, LLMSW



TBI in Review

- About **1.4 million** people experience a TBI in the United States each year.
- There are approximately **5.3 million** Americans living with a TBI.
- Children ages **0-19** are at the highest risk for sustaining a TBI.
- Adults over **75 years old** are at the highest risk for hospitalization and death due to TBI.
- About **70%** of people who sustained a TBI were living with someone at the time of injury .
- About **60%** of people who sustained a TBI were employed full- or part-time at the time of injury.
- Males are almost **2 times more** likely to sustain a TBI than females.



A brain injury can happen to anyone, at any given moment.

TBI DOES NOT DISCRIMINATE

However, there are significant differences in the way that people receive care and recover, depending on their background and social experiences/identities pre-injury.

TBI in Black Communities

African Americans have the highest rate of death from TBI.

- Among African Americans, **firearm-use** is the leading cause of TBI-associated death.
- Black and Hispanic Americans are **3-4 times more likely** to sustain a TBI through acts of violence.
- African Americans, Native Americans, and Alaskan Natives have the **highest rate of hospitalization** for TBIs.
- African Americans have a **higher incidence of TBI** than Hispanic and White Americans and are more frequently evaluated for TBIs in U.S. emergency departments.
- African Americans and Hispanics are **2 times more likely** to be discharged home than White Americans. African Americans are **78% less** likely to be discharged to an assisted living facility (from the hospital).

People of color (and African Americans in particular) have a higher incidence of TBI but are less likely to receive the proper follow up care.

Race and the Rehab Process



African American population at Rainbow Rehabilitation Centers (as of 2017)

- **Clients:** 27% identified as African American. 17% did not identify as a specific race.
- **Professional staff (case managers, nurses, therapists):** 2% were Black males, 14% Black females
- **Drivers:** 11% Black males, 45% Black females
- **Direct Care Workers:** 10% Black males, 39% Black females

Race and the Rehab Process

African American physicians and clients

- Among physicians who graduated from U.S. MD-granting medical schools between 1978 and 2008: **75%** were White, **12.3%** were Asian, and **6.3%** were Black.
- Only **1.6%** of African American physicians (in this sample) specialize in Physical Medicine and Rehab.
- African American and Hispanic clients tend to stay in rehab programs about **3.4 fewer days** than White clients.
- African Americans and Hispanics receive **less intensive** physical (4.8 fewer minutes per day), occupational (5.4 fewer minutes per day) and speech therapy (1.8 fewer minutes per day) than Whites.



Race and the Rehab Process

What does the data mean as it relates to client experiences?

Black (and brown) clients, more often than not, are being served by practitioners who do not share their most salient social identities.

- Differences in cultural traditions, attitudes toward illness, and language ability may affect a client's willingness to participate in therapy.
- Biases, prejudice, stereotypes, mannerisms, knowledge of diversity, and cultural competency can affect the way healthcare professionals approach client care.
- Clients may experience **“culture shock”** when transitioning into the rehab environment.



Why does it matter?

Because representation matters.

Minority groups are especially vulnerable to TBI.

- Health differences are often due to social conditions that are more common in communities of color than White communities.
- It is predicted that Blacks and Hispanics will make up almost half of the U.S. population by 2050. This means that the rate of TBI incidents will also increase, while outcomes for minorities remain poor.
- **Black men with TBI often experience a unique set of social issues along with their injury that directly affect the recovery and community reintegration process.**

Why does it matter?

Because representation matters.

- In order to effectively address these issues, we must first be aware, understanding, and prepared to problem solve.
- It is vital that we have clinicians, managers, administrators, and staff who are knowledgeable and can be *empathetic* to the experience of Black men and other minority clients during the recovery process.



Race and the Rehab Process

- **Social (and physical) determinants of health:** the social factors and physical conditions in which people are born, live, work, play and age.
- Social determinants are often influenced by culture, and can impact a wide range of health, functioning and quality of life outcomes.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical Bills	Playgrounds	Higher Education			
Support	Walkability				

Health Outcomes
 Morality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

The Experience of the Black Man

Prior to injury, Black men in the United States are **disproportionately** affected by a number of social systems in a negative way, including but not limited to:



Health Care

Younger Black Americans are living with or dying of many conditions typically found in White Americans at an older age.

Blacks are more likely to die earlier from all causes than their White counterparts.



Education

In 2015, only **3 states saw NO more than 5% of Black students** in their graduating class pass at least one advanced placement exam during high school.



Prison

Blacks and Hispanics make up approximately 32% of the US population but **comprised 56% of all incarcerated people in 2015**. If African Americans and Hispanics were incarcerated at the same rates as Whites, prison and jail populations **would decline by almost 40%**.



Income

African Americans have the lowest income earnings of any racial group in the U.S. Almost 1 in 4 Black households live in poverty.

**These issues do not go away once that person sustains a TBI.
In most cases, they become a bigger problem and directly affect the rehabilitation process.**

TBI in Prisons

More Injuries

According to jail and prison studies, **25-87%** of inmates report having experienced a brain injury or TBI as compared to 8.5% in the general population.

Studies suggests that this number is somewhere around **60%**.



More Punishment

TBI can result in longer prison sentences and increase the rates of recidivism

Prisoners who have had brain injuries may also experience mental health problems such as severe depression and anxiety, substance use disorders, difficulty controlling anger, or suicidal thoughts and/or attempts.



More Drug Use

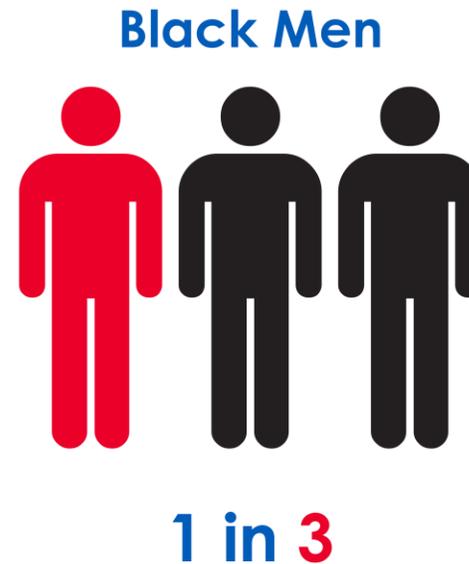
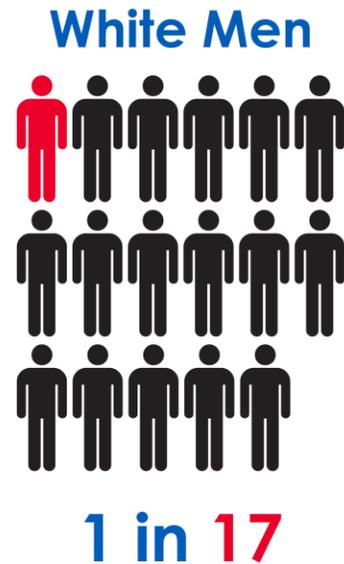
Studies of prisoners' self-reported health indicate **that those with one or more brain injuries have significantly higher levels of alcohol and/or drug use** during the year preceding their current incarceration.

64% of all male arrestees **tested positive** for at least one of five illicit drugs (cocaine, opioids, marijuana, methamphetamines, or PCP).



Black Men in Prisons

Lifetime Likelihood of Imprisonment



Black Men with Felony Records

Some of the most common rights lost or severely impacted by a felony record include:

- Voting (while incarcerated and after)
- Traveling abroad (can hold a passport, but other countries can deny a visa)
- The right to bear arms or own guns
- Jury service
- Employment (U.S. Armed forces, law enforcement, teachers, child care professionals and many jobs that require a professional license)
- Access to public/ social benefits (food stamps, cash assistance, health care, social security)
- Housing
- Parental rights (custody)
- Respect from others - discrimination and stereotypes

TA-NEHISI COATES

on

CRIMINAL JUSTICE

The Impact on Black Communities

“Arguably the most important parallel between mass incarceration and Jim Crow is that both have served to **define the meaning and significance of race in America.**”

“Indeed, **a primary function of any racial caste system is to define the meaning of race in its time.** Slavery defined what it meant to be black (a slave), and Jim Crow defined what it meant to be black (a second-class citizen). **Today mass incarceration defines the meaning of blackness in America: black people, especially black men, are criminals.** That is what it means to be black.”

– Michelle Alexander, **The New Jim Crow**

Stereotypes, Biases and Language

- A stereotype is a **widely held but fixed and oversimplified image or idea** of a particular type of person or thing.
- **A preconceived notion, especially about a group of people**, that are often perceived as offensive.

Some common stereotypes about the African American male are:

- **Thug:** Characterized by oversized clothing (sagging pants, hoodies), may or may not have a scary/angry demeanor. A criminal and degenerate. Commonly portrayed in the news, music, movies.
- **Lazy/Uneducated:** Characterized by the use of slang, curse words, lack of Black men in professional roles.
- **Sexual Predator:** Disrespects women, physically and/or sexually abusive.
- **Absent Father:** Unmarried, children by multiple women, Black mothers as head of household.

Words Matter

- Stereotypes have **historical and cultural context**. They're sensitive topics.
- We are **over exposed to oversimplified images** of people, especially minority groups. You are affected by them even if you don't want to be.
- Stereotypes can **affect the way we live and make decisions**. As individuals and as a society.
- Stereotypes are **not completely inaccurate statements**, but always incomplete.

The Embodiment of Social Inequality

- In the United States there are **well-defined inequalities between racially defined groups** for a range of biological outcomes-cardiovascular disease, diabetes, stroke, certain cancers, low birth weight, preterm delivery, etc.
- African Americans **exhibit higher age adjusted death rates than whites from a wide variety of disorders** such as kidney disease, hypertension, diabetes, cardiovascular disease, cancer, infections, and trauma. **These have been linked to a number of social factors including the biology of poverty.**
- Although social scientists emphasize that race is a social construction, **our scholarship often falls short** in changing the essentialist notions of **the relationship between biology and race in biomedicine and public health.**
- Taking an **embodiment of racism** approach forces us to examine how racial and ethnic social hierarchies shape people's biology, or literally "gets under their skin".

Dr. Rupa Marya

Associate Professor of Medicine; UC San Francisco

on

Racial Disparities in HealthCare

Black Men and Health Care Disparities



LIFE EXPECTANCY

Black men **70.7 years**
White men **76.3 years**
Hispanic men **78.7 years**

Black men have shorter lives and die six years sooner than White men and eight years sooner than Hispanic men.

HEALTH INSURANCE



28.8%
Uninsured
Black men

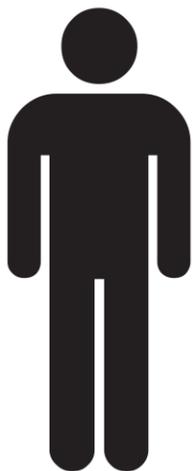


15.7%
Uninsured
White men



22.4%
Uninsured
men overall

Men are less likely to have health insurance than women. Black men are less likely to have health insurance than White men.



MORTALITY FROM DISEASE

Compared with White men, Black men are...

30%
more likely to die from heart disease

60%
more likely to die from stroke

200%
more likely to die from diabetes
or prostate cancer

ELIGIBLE BUT UNCOVERED



6.8 million
Black **people**, who are
eligible, lack health insurance

3.8 million
Black **men**, who are eligible,
lack health insurance

DENIED ACA MEDICAID

Of the seven states with the nation's highest percentage of Black people, only one state—**Maryland**—has expanded Medicaid eligibility.

The six other states have **denied** expanding coverage to the poor, including millions of uninsured black men.

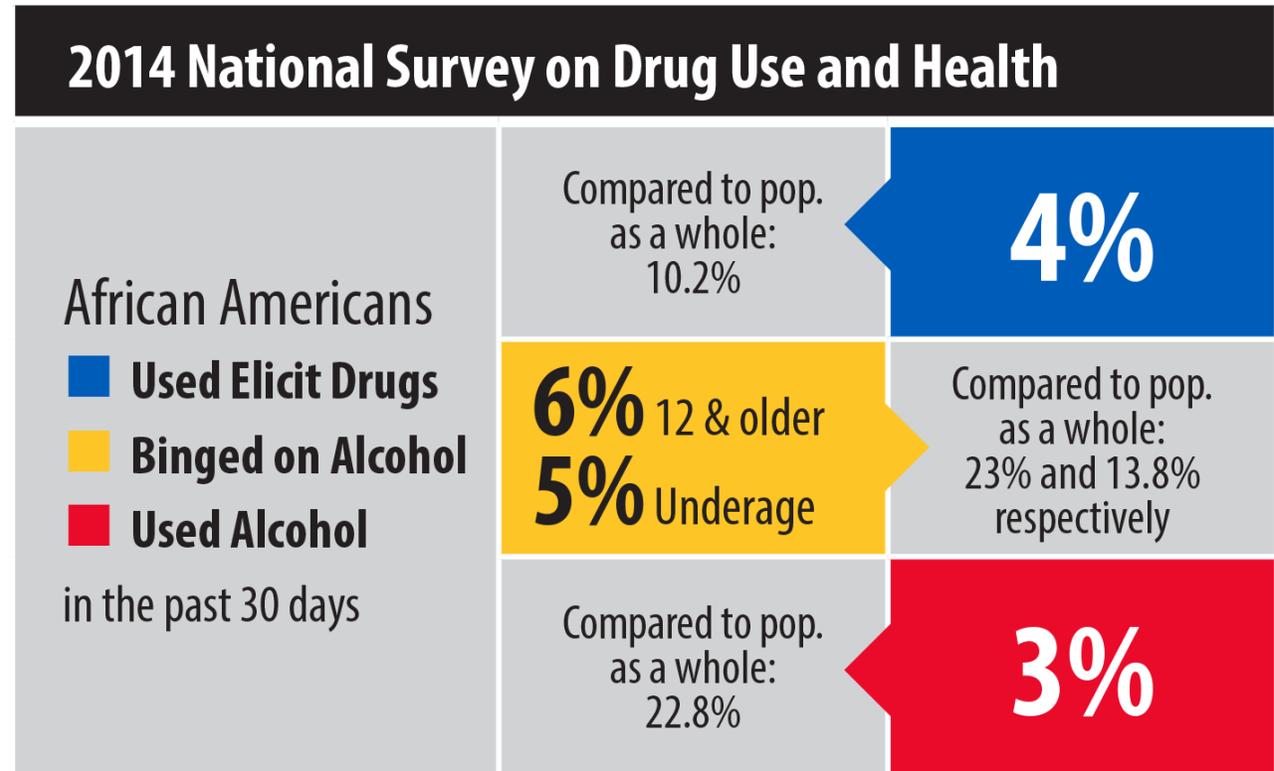


Black Men and Health Care Disparities

- AIDS is almost **seven times** as prevalent in African American men as in White men. HIV is one of **the top 10 killers** of African American men.
- African American men are **twice as likely** to need treatment of severe kidney disease related to diabetes.
- African American men have some of the **highest rates of prostate cancer** in the world.
- **Homicide** is the main killer of African American men 15 to 34 years old. African American males are **53 times more likely** to be murdered than White males.

Substance Misuse and Mental Health

- Rates of drinking and problem-drinking among Blacks are **lower** than the national average.
 - Rates of illegal drug use are **slightly lower** than the national average.
-
- However African Americans still tend to suffer more serious health and psychosocial problems from alcohol consumption. The rate of **recurrent alcoholism among blacks is 35.4%**.



Substance Misuse and Mental Health

Sought treatment for a major depressive episode in 2008

According to the National Alliance on Mental Illness (NAMI), African Americans are about half as likely to use mental health services as White Americans.

African American
50.6%

Hispanic American
57.4%

White American
70.4%

- African Americans are **less likely** to use mental health services than White Americans.
- African Americans are **20% more likely** than the rest of the US population to experience severe forms of mental illness (depression, PTSD, ADHD).
- Finding culturally sensitive rehab programs remains a challenge, as the fields of psychiatry and addiction treatment are **dominated by the needs of White Americans**.

Substance Misuse and Mental Health



- Issues of race, culture, social class are often **exempt** from this concept.
- Historically, in substance abuse treatment, counselors have **rejected client's need to talk about race related issues**.
- Claiming uniqueness or any difference, can be seen as an **excuse "cop out"** of addressing the addiction.

Post-Injury Outcomes

Work and Financial Burdens

- Disability from TBI can result in a substantial loss of potential income and productivity years.
- Survivors and family members average over **\$130,000** in personal costs for trauma and rehabilitation care in as quickly as **6 months** after injury.
- People of color are **4.92 times more likely to be unemployed** vs. stably employed.
- African Americans are **twice as likely** as White Americans to be non-productive at 1 year post-injury.
- Some studies report that unemployment rates for people of color with a TBI, are as high as **69%** .



Post-Injury Outcomes

Community Support

- Many survivors and their **caregivers do not fully understand what TBI is** or how the residual physical, cognitive and behavioral consequences will affect their daily lives.
- **African American caregivers spend more time in direct caregiving roles** than other groups. African Americans are more likely to have relatives who are not a spouse as caregivers and less likely to have professional staffing.
- Some studies show that African Americans have significantly lower social integration related to **less contact with friends** and participation in recreational activities.



Post-Injury Outcomes

Functional Support

African Americans have worse functional outcomes than their White American counterparts at 1, 2 and 5 years post-TBI.

- African Americans reported **significantly more severe symptoms consistent with PTS** compared to other minority groups, regardless of injury intent, at 6 and 12 months post-injury.
- Minorities are over 2.64 times **less likely to achieve their best levels of functional recovery** as measured by the DRS at 1 year post-injury compared to Whites.
- Minorities were found to be **more dependent on others in all 10 domains of function and independence** (work/school, travel, standard of living, social, leisure, home, financial, cognitive, ambulation), especially in the areas of *standard of living, leisure and work/school*.
- African American children were 1.29 times more likely to have **speech deficits**, 1.40 times more likely to have **locomotion deficits** and 1.32 times more likely to have **feeding deficits** than Hispanics and Whites.

DRS: Disability Rating Scale

FIM: Functional Independence Measure

CIQ: Community Integration Questionnaire

FSE: Functional Status Examination (FSE)

Changing the Narrative

What supports are already in place to directly address the unique problems faced by Black men who have sustained a TBI?

- Case Managers = **ADVOCATE**
- Recovery coaches, job coaches, sponsors, support groups
- Diversity committees and culturally inclusive programming within TBI organizations
- Clinicians and staff who share the same identities and experiences
- Clinicians and staff who take advantage of culturally based conferences and presentations

Changing the Narrative

How can clinicians and decision makers in the TBI world, continue to decrease racial disparities?

- If talking about race and cultural topics make you uncomfortable, **address your discomfort.**
- Continuing efforts toward cultural competency and awareness. **You can never be fully culturally competent.**
- Celebration of culture and difference.
- Representation in TBI clinicians and staff.
- Creating solutions to unique issues that affect community integration and sustained functional support.
- Reflect on your past mistakes and correct them (if you can)! **It's okay to mess up and make mistakes.**



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Thank you!

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Questions?

