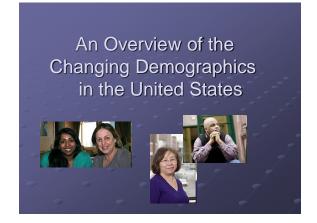


Presenters

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Changing Demographics in US

- Between 1980 and 2000,
 - Whites grew by only 12.3%
 - Asian & Pacific Islanders grew by 204%
 - Hispanics grew by 142%
 - African Americans grew by 30.8%
- Therefore, U.S. minority populations grew 11 times faster than whites

A Changing America

- Non-White minorities now constitute 35% of the U.S. total population
- Hispanics made up more than one-half of total population gains in 2010
 - There are 9 births for every 1 death in the Latino population
 - Among Anglos, the birth to death ratio is 1-to-1

A Changing America

- Three states were already "majority minority" in 2010:
 - California
 - Hawaii
 - Texas
 - New Mexico
- Maryland projected to be the next state to become majority-minority
- Which lowa towns are "majority minority"?

A "Majority-Minority" Nation?

- When will the U.S. be "majority minority"?
 - Census projection: 2042
- More importantly:
 - By 2033, more than 50% of kids will be non-white
 - In 2009, 49% of babies were minorities
 - 2010: more than 50% minority births

Local Dynamics in Iowa

- Making the new demographics work in the real world
- Two Key Concepts:
 - Rapid Ethnic Diversification
 - Microplurality

Rapid Ethnic Diversification

- Aging white population
- Lower fertility rates among whites
- Higher birth rates among some minorities
- Exodus of many young people to urban areas
- Influx of Latinos and other immigrants to fill labor shortages

Microplurality

- Growth in the number of smaller ethnically and linguistically distinct groups in communities
 - Recognizes "Diversity within Diversity"
 - Minimizes the relevance of racial categories in favor of ethnic populations
 - Recognizes the central role of culture, language, religion and immigration status

New Micro-Populations

- Refugees
- Persons with Territory Status
- Americans from Economically Depressed Areas (inner cities, Appalachia, Native tribal areas, etc.)

IMPLICATIONS OF CHANGING DEMOGRAPHICS FOR PROFESSIONALS WORKING WITH DRUG ENDANGERED CHILDREN

Cultural Responsiveness

A culturally competent substance abuse professional is:

- Sensitive to cultural differences between various
- Understands the influence of these differences on the prevention and treatment of substance abuse; and
- Can modify programs to meet the specific needs of diverse clients.

Special Considerations

- Greater variety of languages spoken
 More budgets for interpreters
 May need to rely on language line, tele-interpretation, and other off-site mechanisms
 Will need to learn few phrases in native languages
- More likely to see rare languages, like Dinka, Nuer, etc.
- Need training for interpreters and the staff
- More likely to experience low-literacy barriers

Special Considerations

- Increasingly likely to be seeing more low-income patients
- Greater percentage of patients with different kinds of legal access to care and eligibility
- Greater variety in traditional health practices and healers
- Greater likelihood of seeing new drugs and usage patterns

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Special Considerations Must recognize and record diversity within diversity Greater need to include ethnically diverse patients in assessment, planning, implementation, and evaluation Greater emphasis on recruitment and retention of staff from multiple ethnicities Must be aware of different cultural taboos, prohibitions, rituals, unique holidays, etc. **Special Considerations** Greater need to provide outreach services where clients live, work, play, recreate, worship, and study May need greater variety in service hours during non-traditional times, as well as longer visits Greater need to build relationships with clients primarily through face-to-face, human contact, rather than through websites and brochures Need to emphasize word-of-mouth referrals **Special Considerations** More likely to encounter cross-cultural differences involving ethical practices, confidentiality, legal Must collect information on patient's race, ethnicity, spoken and written languages, etc., and monitor community profiles

Must understand substance use within cultural context (holisitic health; disenfranchisement, etc.)
 Should partner with ethnic minority organizations and leaders for outreach and education



Conclusion

- There is none! Becoming culturally competent is an ongoing, lifelong process
- Will require additional funding, administrative commitment, staff buy-in, and other resources
- Ultimately, administrators and substance abuse staff will need to become ethnographers, as well as health providers, in order to work within these changes
- Must look to other national, and even global, sources of information, models, and assistance for cross-cultural health and substance abuse issues

Thank You!

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