Rapid Ethnic Diversification and Microplurality:

America's New Demographics and Implications for Professionals Working with Drug Endangered Children




Presenters

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An Overview of the Changing Demographics in the United States


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 Iowa 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 clients;*
- *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

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 suites, complaints, etc.
- 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

FINAL COMMENTS…

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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