Health Disparities in Communities of Color and the Impact on Mental Wellness
April 18, 2017

Of all the major challenges facing society, issues regarding mental health are perhaps the most overlooked and least understood. Community members gathered for the season’s last Front Porch Gathering on Tuesday, April 18th to discuss health disparities in Austin and the impacts on mental wellness, particularly in local communities of color. Conversations varied from discussing the range of mental health issues that communities face and the need for greater service provision, to identifying the key areas where missing information and abounding confusion obstruct appropriate access to health care services.

Dell Medical School Director on Health Disparities, Dr. Virginia Brown, provided a crash-course on understanding the language on health, healthcare, and mental health well-being. Quoting the World Health Organization’s definition, she noted, “Health is a state of complete physical, mental, and social well-being”. Dr. Brown drew the clear distinction between discussions of “healthcare disparities” and “health disparities”. Healthcare refers to medical services, insurance coverage, and other facets of the medical and health industry, and healthcare disparities entail the differences in accessing and receiving medical care among different groups in society. Health disparities, on the other hand, refer to ways in which determinants of health such as nutrition, physical shelter and safety, disease, infant mortality, lifespan and others, play
out differently and unequally across social groups based on gender, race, ethnicity, sexuality, and geographic location of residence.

With working definitions in hand, Dr. Brown explained that health extends beyond institutions offering healthcare, and is seriously implicated in communal and social activities and wellness. While health care disparities between White communities and Black and Brown communities have received deserved attention, Dr. Brown reminded the event participants that there is nothing inherent about the differences in health and wellness between racial groups. Just as race is a social construction based on cultural, historical, and political meanings, “the social construction of living while Black and Brown…is the most impactful feature” of racial health disparities. Across time, housing policies, gentrification pressures, food access, employment opportunities and transportation options—in other words, the social determinates of what it means to be “healthy”—have historically and currently been designed to marginalize and disenfranchise communities of color, which has a lasting impact on mental health wellness. These embedded discriminatory policies can impact multiple generations in a community. For example, the average delay for the onset of symptoms of mental health issues and corresponding intervention is a startling 8-10 years. The social and historical context of a place such as Austin matter greatly to health—while Austin has a reputation as a healthy city, the health of communities of color is declining.

Facilitators for the evening worked with two groups of concerned participants to discuss how they observe or experience racial disparities in health, healthcare, and mental health wellness play out across the city. Kristina Brown of Counter Balance, Stephanie
Hayden with Austin Public Health, Dr. Chelsi West-Ohueri with the Dell Medical School, and Blanca Flores of Mama Sana/Vibrant Women shared their professional and personal insights on the topic.

Physical and social barriers to health services came up repeatedly in the conversations. Health services and providers—such as hospitals, physicians, and clinics—are absent in areas like Austin’s eastern crescent on the East side. Whereas East Austin used to have local health providers, those establishments have been displaced along with long-time residents. Healthcare providers that are located farther away in North, South, and West Austin require reliable transportation to access services, which creates barriers for those who rely on public transportation, disabled residents of Austin, and homeless populations.

Social and cultural barriers were cited across group conversations. Participants expressed concern with the cultural competency of healthcare providers, or the ability for medical professionals to understand traditionally underserved group concerns and cultural preferences. Dr. Brown shared that only 1% of Austin-area physicians are Black, and just 2-3% are Latino. The need for more doctors of color who know and understand the local communities that seek health care was expressed. Likewise, for immigrant and newcomer refugee populations, language barriers are a large point of concern. Participants in breakout conversation groups voiced concerns that current healthcare providers are English-only, and recommended that providers offer language translation services available on-site for the full range of languages that are spoken in the area.

Above all, an overwhelming barrier to mental health wellness is lack of awareness and visibility of issues. Mental health is multifaceted, and involves various influences
from one’s personal history, daily life, and a range of behaviors. One facilitator, Kristina Brown, shared that stress is a hidden and dangerous mental health issue, and can exacerbate other health problems such as experiences of trauma, poor nutrition, and lack of financial literacy and resources. The deep lack of understanding around health and mental health wellness requires greater visibility of resources and services in order to educate, and increased access to assistance and care. Another facilitator, Dr. West-Ohueri, concluded the evening by posing the seemingly simple question, “What is quality care?” Answering that question for communities of all colors is the first of many steps to improve health equity.

The Front Porch Gathering series will resume in the fall. The first will focus on Education Equity in East Austin.