CBC HEALTH BRAINTRUST

THE BROADSHEET

ISSUE 7 | FEBRUARY 2023

WE ARE BACK!

BLACK HISTORY MONTH

MENTAL HEALTH

First released Feb 2017, the Broadsheet is the Congressional Black Caucus Health Braintrust magazine dedicated to elucidating significant issues of health equity policy.

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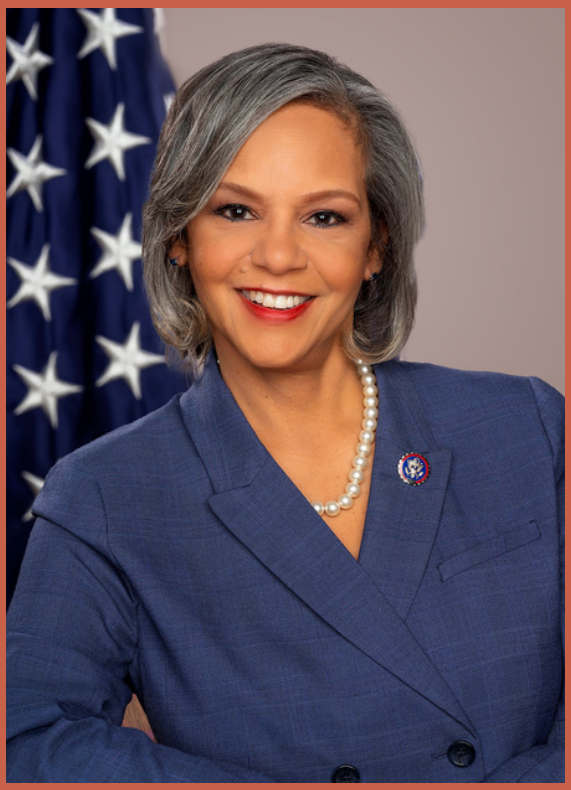
The Chair's Thoughts

By Congresswoman Robin Kelly



Welcome to the first issue of The Broadsheet for the year 2023 and the 118th Congress. As CBC Health Braintrust Chair, I know that health providers and policymakers are strongest when we bring together the best and brightest ideas committed to making health care more accessible, equitable, and affordable for all. Each of you reading this publication plays a significant role in disseminating information on, facilitating access to, and crafting policies, which support the health of children, young adults, parents, and the elderly.

This issue is specifically focused on the mental health needs of every community across our country. We know that, for many, mental health is a complex topic to engage with and patients often encounter difficulties accessing vital treatment.

Black, Brown, and Asian communities especially face marginalization and stigmatization that often discourages many from seeking care. In 2021, the percentage of adults with any mental illness in the past year who received mental health services was lower among Asian (25.4%), Hispanic or Latino (36.1%), or Black or African American adults (39.4%) than among white (52.4%) or Multiracial adults (52.2%).[1] We must combat this challenge on multiple fronts: we need to break down the societal stigma about seeking mental health treatment and make that treatment more accessible to marginalized and low-income populations.

Dismantling stigma alone will not be effective unless paired with a meaningful expansion of access to culturally informed mental health care. This will require input from a wide range of caregivers, community leaders, and advocates.

I look forward to working with my colleagues on both sides of the aisle to address these challenges. I am proud to have brought my colleagues together for so many bipartisan bills to improve the health of our nation. I am hopeful that the 118th Congress will provide a productive path forward to improve the mental health infrastructure that so many Americans need.

The CBC Health Braintrust is committed to engaging these intersectional and intergenerational corridors toward achieving true health equity. I look forward to engaging further with my colleagues, allies, and partners to achieve these important goals.

[1] Highlights for the 2021 National Survey on Drug Use and Health (samhsa.gov)

The Parity Issue is an Equity Issue: The Case for Legislative Action on Inpatient Behavioral Healthcare

Author: Osei Mevs, Vice President of Government Relations, Acadia Healthcare

Medicare beneficiaries are currently limited to just 190 days of inpatient psychiatric hospital care in their lifetime. No other Medicare specialty inpatient hospital service has this arbitrary cap on benefits. This 190-day lifetime limit is problematic for patients with chronic mental disorders treated in psychiatric hospitals as they may easily exceed the 190 days.

Additionally, this restriction inordinately affects non-white patients. According to the July 2022 Med PAC Databook [1], Medicare beneficiaries using inpatient psychiatric facilities "tended to be disabled, under age 65, low-income, and non-white." While the share of fee-for-service Medicare beneficiaries who are black is 9 percent, the percentage of beneficiaries who use inpatient psychiatric facilities is 16 percent Black. Additionally, the percentage of people who had more than one stay at such a facility was 19 percent black. This skewed usage among black Medicare beneficiaries who access inpatient psychiatric facilities means they are more likely to hit the 190-day limit.

It is well documented that Black individuals and those living with serious mental illness are overrepresented throughout the criminal justice system in the US (1) and the 190-day lifetime limit contributes to that injustice. When Medicare beneficiaries reach the arbitrary 190-day limit many are forced to go without critically needed care. As a 2018 article (2) in the American Journal of Law & Medicine, titled The Patient-to-Prisoner Pipeline notes when "severely mentally ill individuals are left without adequate care…They struggle in the street where they are… susceptible to confrontational episodes with law enforcement. Many are ultimately incarcerated, where they are thrust into an abusive environment known to exacerbate mental health issues."

Adding to the complexity of behavioral healthcare beneficiary parity, the Health Information Technology for Economic and Clinical Health ("HITECH") Act of 2009 provided $38 billion to acute care hospitals to adopt electronic health records ("EHRs"). Unfortunately, inpatient Psychiatric Facilities were prohibited by law from receiving those funds. As a result, 95 percent of acute medical-surgical care hospitals have EHRs, but fewer than 50 percent of inpatient psychiatric facilities have EHRs. This lack of EHRs disrupts transitions from inpatient psychiatric facilities to community-based care, as the records cannot be shared and updated in real-time.

To benefit the growing population in desperate need of behavioral healthcare, Congress should strongly consider repealing the 190-day lifetime limit. This policy change was wisely included in President Biden's 2022 budget. At the same time, Congress urgently needs to lift the prohibition on HITECH Act funding from going to inpatient psychiatric facilities areal time funding annually until EHR adoption among inpatient psychiatric facilities equals that of acute care hospitals.

This is an issue of parity. This is an issue of equity. This is an issue of dignity for those people living with serious mental illness, which our healthcare system has long overlooked. As we prepare to celebrate Black History Month, we should rededicate ourselves to this issue and ensure access to essential treatment and continuity of care for everyone. And as more and more patients seek behavioral health… As the wall of the negative stigma surrounding behavioral health treatment continues to break down… Congress needs to take its hammer and remove the remaining pieces of that wall.

[1] "Healthcare Spending and the Medicare Program," medpac.gov, July 2022, https://www.medpac.gov/wp-content/uploads/2022/07/July2022_MedPAC_DataBook_SEC_v2.pdf.

Behind the Asterisk*: Perspectives on Young Adult Mental Health from "Small and Hard-to-Reach" Communities

Authors: Nia West-Bey & Marlen Méndoza

"So like, you know you've been suffering challenges, but you don't know they're challenges until you like start talking about them in a different manner. Because like, for us, it is stuff that we live through day-to-day and don't think of them as challenges, we just think of them as the norm."
- Rural Young Adult

"But you just got to keep understanding that...being brown is different. Being white is really different. Having the privilege and having the access and not having the privilege and the access. "
- AANHPI Young Adult

"I would say suicide is a big issue. Because we had[...] three in our senior class to commit suicide."
- Rural Young Adult

"Many times, and they've given me the wrong prescriptions that have made me...They were supposed to make me less suicidal, but they made me more. And they're like, 'Oh, you've been on this medication for three years. Oh, yeah, by the way, you're not really this you're this' And I've been diagnosed with so many different things, so many different times, that I don't even care anymore."
- Young Adult Experiencing Homelessness

The Mental Health Affordability Problem

Author: Nicole Rapfogel, Health Policy Analyst, Center for American Progress

Millions of Americans lack access to mental health services, with a disproportionate impact [1] on Black people and low-income communities. While uninsured people have few options for affordable mental health services, despite substantial increases in insurance coverage over the last decade, people with insurance still struggle to access care.

Parity regulations require insurers that cover mental health services to do so with no more restrictions than those set on physical health services. Yet, health insurance plans often lack adequate provider networks that make it nearly impossible for their beneficiaries to find in-network services. Low payment rates, a shortage of providers, and administrative barriers discourage mental health providers from accepting insurance of any kind. In fact, a 2017 study [2] of ACA marketplace networks found that only 43% of psychiatrists and 19% of nonphysician providers participated in any network, compared with 58% of primary care providers. These rates are likely even lower among Medicaid plans. With behavioral health providers receiving 76 cents for every dollar [3] reimbursed to primary care physicians in some cases, it's no wonder that insurance nonacceptance drives patients to seek high cost out-of-network care or to forgo needed care altogether.

While some people can afford to pay for care out-of-pocket, most Americans can't manage the additional expense. Using data published by MN Community Measurement [4], the Center for American Progress estimates [5] that an adult patient in Minnesota seeking mental health care for major depressive disorder could face a whopping $2,500 bill for basic care—even if they were insured.

Imagine this patient, like nearly 1 in 3 adults [6] during the COVID-19 pandemic in 2021, exhibits symptoms of depression. They look up providers in their insurance network. They start contacting providers, but, like so many Americans, they find these in-network providers no longer contract with their insurer, have long wait times, or are not accepting new patients. Without an alternative, the patient decides to see an out-of-network psychologist for an initial intake visit, which costs them $241 on average. The provider recommends 8 to 16 weekly 45-minute therapy sessions at an average of $160 per session. Assuming the patient needs 12 sessions, this psychological care totals $2,161 out-of-pocket.

Over the course of psychotherapy, the provider believes this patient would benefit from pharmacotherapy and refers the patient to a psychiatrist, who is also out of network. An initial diagnostic evaluation costs the patient another $346. Without considering the cost of prescription drugs, additional monitoring and evaluation, or long-term maintenance treatment, the patient owes a total of $2,507. Yet, one survey suggests that more than half of Americans [7] can't afford to cover an unexpected $1,000 bill.

Without help from policymakers, the cost of mental health services will continue to prevent people from accessing the care they need. Policymakers can improve the initial affordability of seeking mental health help, limit patient cost sharing, enforce network adequacy as parity, and improve equity in payment rates to mental health providers. For more information, see "The Behavioral Health Care Affordability Problem" [8] report from the Center for American Progress.

[1] Panchal, Nirmita, Matthew Rae, Heather Saunders, Cynthia Cox, and Robin Rudowitz. "How Does Use of Mental Health Care Vary by Demographics and Health Insurance Coverage?" Kaiser Family Foundation, March 24, 2022. https://www.kff.org/health-reform/issue-brief/how-does-use-of-mental-health-care-vary-by-demographics-and-health-insurance-coverage/.
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[6] Ettman, Catherine K, Gregory H. H Cohen, Salma M Abdalla, Laura Sampson, Ludovic Trinquart, Brian C Castrucci, Rachel H Bork, et al. "Persistent Depressive Symptoms during COVID-19: A National, Population-Representative, Longitudinal Study of U.S. Adults." The Lancet Regional Health – Americas. Elsevier, October 4, 2021. https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(21)00087-9/fulltext.
[7] Reinicke, Carmen. "56% Of Americans Can't Cover a $1,000 Emergency Expense with Savings." CNBC. CNBC, January 20, 2022. https://www.cnbc.com/2022/01/19/56percent-of-americans-cant-cover-a-1000-emergency-expense-with-savings.html.
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Maternal Mental Health: Black Women & Birthing People

Author: Maternal Mental Health Leadership Alliance

KEY POINTS

- Maternal mental health (MMH) conditions are the most common complications of pregnancy and childbirth, affecting 1 in 5 women or birthing people during pregnancy or postpartum.[1-3]
- MMH conditions include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness (which may include psychotic symptoms), substance use disorders, and postpartum psychosis in rare cases.[1-3]
- Untreated MMH conditions can have long-term negative impact on parent, baby, family, and society.[4, 6, 7, 10]
- Almost 40% of Black mothers and birthing people experience MMH conditions.[4,7]
- Compared to white women, Black women are twice as likely to experience MMH conditions but half as likely to receive treatment.[7, 10]
- Black women experience maternal mortality rates 3-4 times the rate of white women.[5, 9]

CONTRIBUTING FACTORS

Factors that may increase the risk of MMH among Black women[4-7]

- Systemic racism
- Unemployment
- Exposure to violence
- Gaps in medical insurance
- Adverse Childhood Experiences
- Lack of access to high-quality medical and mental health care
- Lack of representation in the medical system
- Higher risk of pregnancy and childbirth complications

Strategies to Remove Barriers: 7-9

- Acknowledge the role of racism and cultural oppression.
- Build long-term, respectful relationships with community organizations and leaders.
- Embed diversity in the maternal and mental health care teams.
- Retrain and educate current health care professionals on culturally sensitive mental health curriculum.
- Provide social support for pregnant and postpartum people.
- Create mental health screenings that are designed for women of color.
- Support political and economic policies that help empower communities.
- Create services informed by cultural humility and holistic care.

Social Determinants of Health (SDOH)

(learn more at bit.ly/SDOH-HHS)

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age. SDOH affect a wide range of health, functioning, and quality-of-life outcomes.

Black people are disproportionately impacted by SDOH, which include:

- Safe housing, transportation, neighborhoods
- Racism, discrimination, violence
- Education, job opportunities, income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

1 ACOG Committee Opinion No. 757: Screening for perinatal depression. (2018).
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Black Mental Health: Tools You Can Use

Author: Daniel H. Gillison, Jr., Chief Executive Officer, National Alliance on Mental Illness

Millions [1] of people are affected by mental health conditions every year. But the need for services has only grown amidst the challenges of COVID, economic uncertainty, political strife, racial injustice, and other collective traumas of the past few years.

Our country is in a mental health crisis [2]. People in the U.S. are reporting increased [3] depression, anxiety, financial strain, social isolation, substance use, and suicidal ideation more than ever before. And it's no secret that people of color [4] have been disproportionately impacted, with alarming increases [5] in completed suicides among certain populations like Black youth.

Now, more than ever, we must get people help when and where they need it. We must work across sectors to make systemic and sustainable changes to improve the lives of individuals everywhere living with mental health conditions. We must commit to not be content with the status quo, in which two million times each year [6], people with mental illness are booked into our nation's jails and prisons, where people of color, especially Black people, are overrepresented [7] and less than half [8] receive treatment for their mental health condition; nearly 1 in 4 fatal police shootings [9] have been of people with mental health conditions, with 1 in 3 of those being people of color; and every 11 minutes [10], someone in the U.S. dies by suicide — someone like Ian Alexander, Jr., Cheslie Kryst, Arlana Miller, Stephen tWitch Boss, or members of our own families [11] and communities.

Black adults are more likely [12] to experience feelings of sadness, hopelessness and worthlessness than white adults. Yet despite increased needs, only one in three [13] Black adults with mental illness receive treatment, and Black Americans are consistently less likely [14] to receive guideline-consistent care and less frequently included in research. This is unacceptable.

As the nation's largest grassroots mental health organization with an alliance of hundreds of local affiliates, 49 state organizations and thousands of volunteers who work in our communities to advocate, raise awareness, and provide free support and education to those in need, we are dedicated to building a country where all people affected by mental illness experience resiliency, recovery, and wellness — no matter their race, religion, sexual orientation, or socioeconomic background.

NAMI is a resource for you, your loved ones and your constituents in any way you want or need us to be.

We have a saying here at NAMI — we meet people where they are, not where we want them to be. That's why we created a variety of free, accessible mental health resources, including a Helpline [15], peer-led support groups [16] and programs specifically for Black [17] communities. We meet people in faith [18] communities and barber shops [19] — and equip leaders who often serve as untraditional first responders in communities of color — because meeting the unique needs of the moment will require innovation, tenacity and a collective, collaborative effort from all of us.

The need is too great to work in silos. We cannot meet the demand alone.

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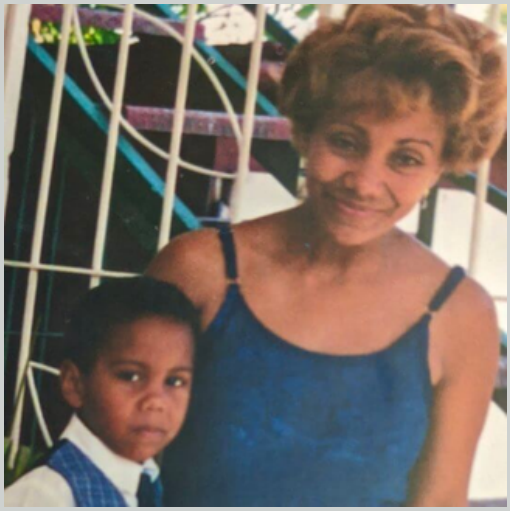
Afro-Latinx Líderes Avanzando Fellowship: Orestes Marquetti

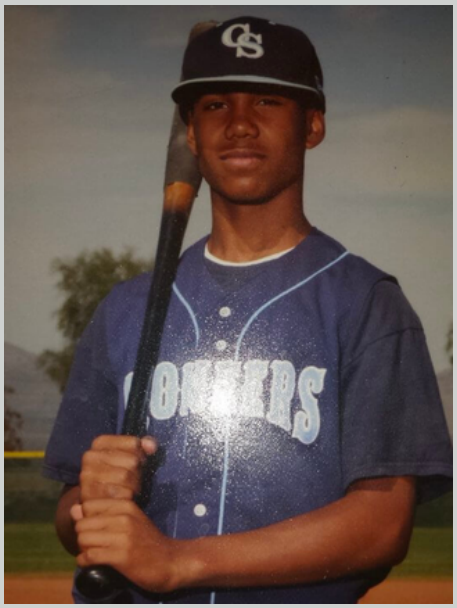
Author: Julienne Gage, UnidosUS Senior Web Content Manager and the editor of ProgressReport.co



As a child growing up in Havana, Orestes Marquetti always suspected he was destined to do something of great value in the United States, and he certainly knew he was going to get to this country come Hell or high water.

"I was prepared to come to the United States my entire life," says Marquetti. "My parents were always telling me 'hey, you don't belong here. We're gonna get you over there.'"

Growing Up Afro-Latinx in America



After two years living in a predominately Black American community in Tampa Bay, the family decided to relocate to Las Vegas for better job opportunities. That's where Marquetti would finish high school and ultimately graduate last winter with a major in multidisciplinary studies with finance and communication studies concentrations from University of Nevada, Las Vegas, alongside his wife and classmate Vivianna Marquetti. Having emigrated so young, he quickly learned English and lost his Cuban accent, but he never quite knew in any community where he belonged. Most Americans, including other Latinos, simply saw him as Black.

"That always comes up for me here in Las Vegas because there aren't very many Latinos from places like the Dominican Republic, Cuba, or Puerto Rico," says Marquetti, naming some of the places in the Americas with large Afro-Latinx populations.

That reality, and his insatiable curiosity for understanding the motivations of all people, recently led Marquetti to apply for master's programs in organizational communication and to join the Afro-Latinx Líderes Avanzando Fellowship. He's using his fellowship to consider how his graduate studies can lead him into a career as a corporate social responsibility consultant, working directly for companies interested in this activity or holding companies without such a vision responsible for the way their business impacts everything from the environment to the most vulnerable people in it.

Harnessing the Afro-Latinx Líderes Fellowship

The Afro-Latinx Líderes Fellowship requires participants to break into a team of two to three people and spend the nine-month program working together on a policy and advocacy issue affecting the Latino community. Given Marquetti's interests, he chose to join the team looking at mental health.

His team is looking at how to destigmatize mental health issues in the Latino community and improve access to psychological services, all of which can help them become more integrated and prosperous in their personal and vocational lives.

"It's giving me the opportunity to find that in myself, and then be able to bring it into the world with pride. I can bring that unique perspective precisely because I'm very close to my African heritage and my family's religion," he says. "I believe in changing people's hearts. Immersing myself in public policy is helping me to understand how to do that better," he said.

But even in Marquetti's own family, that awareness of their African heritage hasn't always translated to a synergetic understanding of what it means to be Black in the Americas. For Marquetti's father, the Cuban Revolution, a decades long system based on Marxist beliefs of egalitarianism, didn't offer enough sense of individual freedom. He has always felt that the United States is a place of endless possibilities. But Marquetti frequently reminds him that being Black in America comes with a constant anxiety about racial discrimination and hate. Through his studies and through the fellowship, he tells his father about the statistical discrepancies Black and brown communities face in everything from public safety to job opportunities and housing, even five decades after the advances of the Civil Rights Movement.

For many Latinos, grappling with these with different generational and ideological perspectives can be worked through and even harnessed by what has become popularly known in Mesoamerican and Chicano activism circles as la cultura cura. It's the idea that exploring the cultural traditions and spiritual practices of one's ancestors can help to heal some of the trauma associated with colonialism and racism, as well as empower individuals and communities to push for greater participation and acceptance in today's world. It's a concept Marquetti and his Afro-Latinx peers are leading through their own exploration of Black consciousness.

"It's really taken a lot of work to try to uncover the layers to this subject, but it's really been worthwhile to dig deep," says Marquetti.

1. Photos courtesy of Orestes Marquetti.
2. UnidosUS. n.d. "Afro-Latinx Líderes Avanzando Fellow Orestes Marquetti Explains His Passion for De-Stigmatizing Mental Health." UnidosUS. Accessed February 6, 2023. https://unidosus.org/progress-report/afro-latinx-lideres-avanzando-fellow-orestes-marquetti-explains-why-he-is-passionate-about-de-stigmatizing-mental-health/

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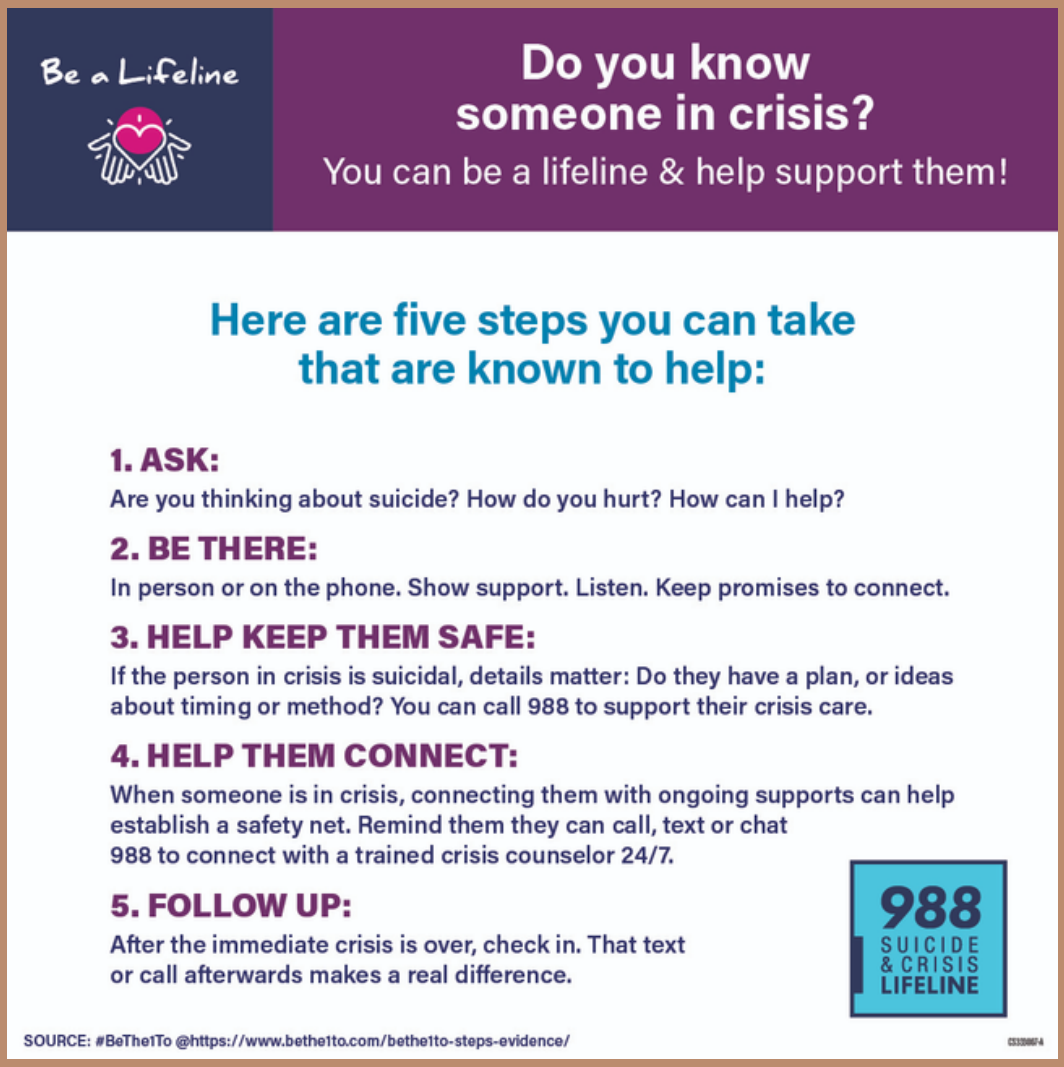

THANK YOU FOR YOUR COMMITMENT TO ADVANCING HEALTH EQUITY!

ACKNOWLEDGEMENTS

Michelle Galdamez, CHCI Graduate Health Fellow, Rep. Robin Kelly
Anita Burgos, Sr. Health Policy Advisor, Rep. Robin Kelly
Eliana Locke, Communications Director, Rep. Robin Kelly

If you and your organization are interested in participating in future editions of The Broadsheet and receiving more updates from the CBC Health Braintrust, please contact Anita Burgos (Anita.Burgos@mail.house.gov) and Michelle Galdamez (Michelle.Galdamez@mail.house.gov).