Understanding and Addressing Health Disparities

National Association of State Mental Health Program Directors

May 30, 2013

May 21, 2013

Agenda

- Introductions
- Understanding Health Disparities & Inequities
- Concepts and Frameworks for Cultural & Linguistic Competence
- Strategies for Cultural and Linguistic Competence
- Resources

Section I
Understanding Health Disparities and Inequities

Titanic Survival Statistics by Class, Gender, and Maturity

Titanic **Survival Statistics Breakdown by Class, Gender, and Maturity**

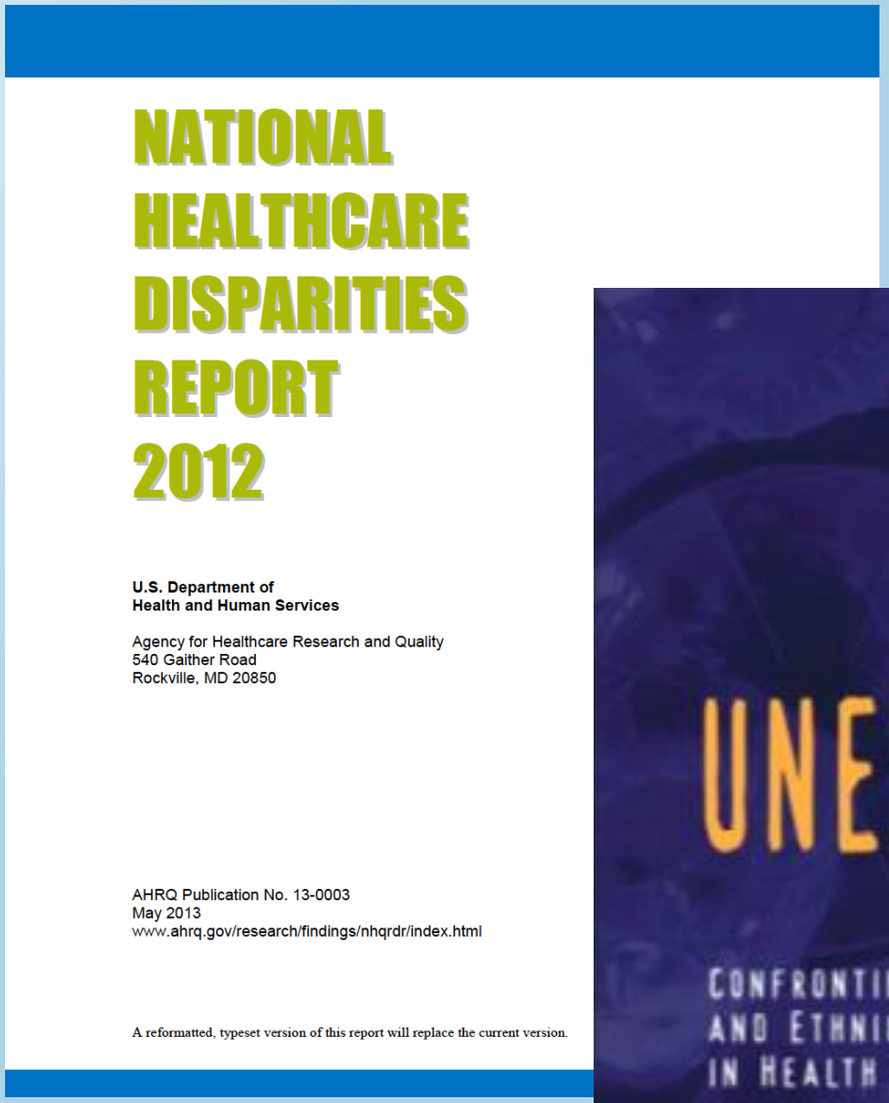
	Men			Women		
	On Board	Survived	Percent Survived	On Board	Survived	Percent Survived
First Class	175	57	33%	144	140	97%
Second Class	168	14	8%	93	80	86%
Third Class	462	75	16%	165	76	46%
Crew	896	192	21%	22	20	91%
Total	**1,701**	**338**	**20%**	**424**	**316**	**75%**

	Children			Grand Total		
	On Board	Survived	Percent Survived	On Board	Survived	Percent Survived
First Class	7	6	86%	326	203	62%
Second Class	25	25	100%	286	119	42%
Third Class	80	25	31%	707	176	25%
Crew	-	-		918	212	23%
Total	**112**	**56**	**50%**	**2,237**	**710**	**32%**

Henderson, John R. - *Titanic* Demographics, Ithaca College

Introduction

- Numerous literature documents

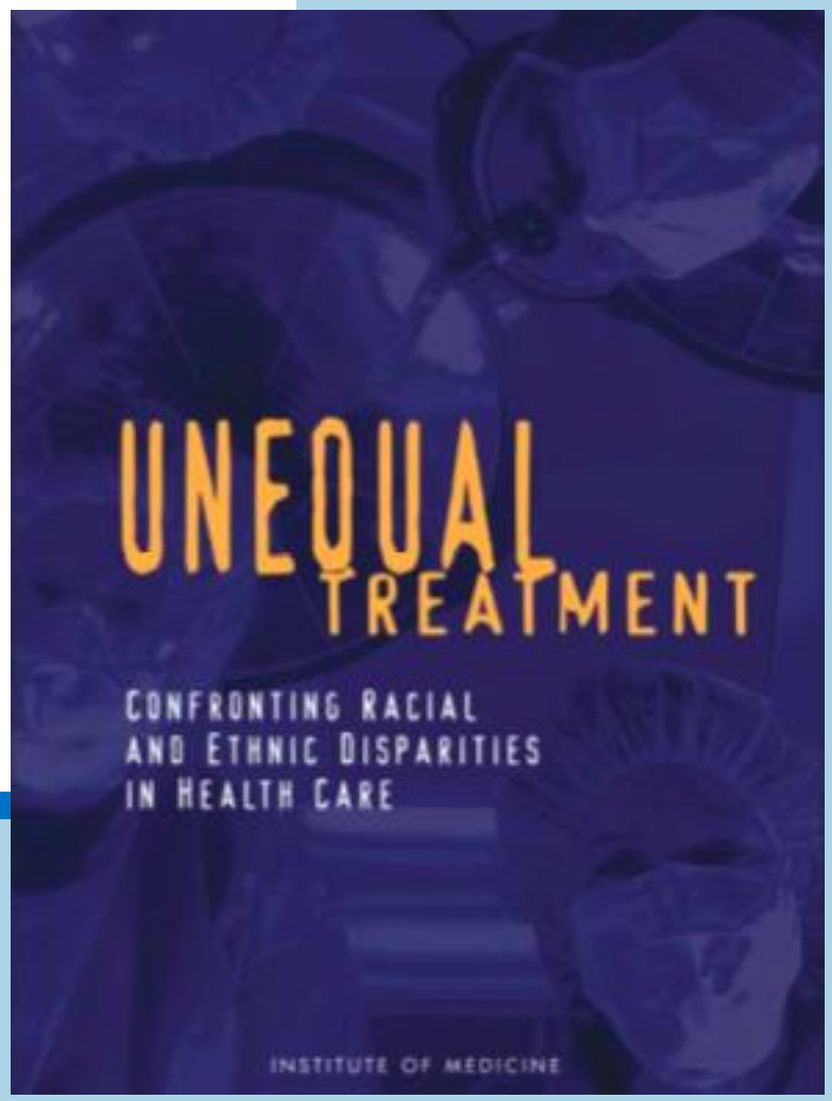

NATIONAL HEALTHCARE DISPARITIES REPORT 2012

U.S. Department of Health and Human Services

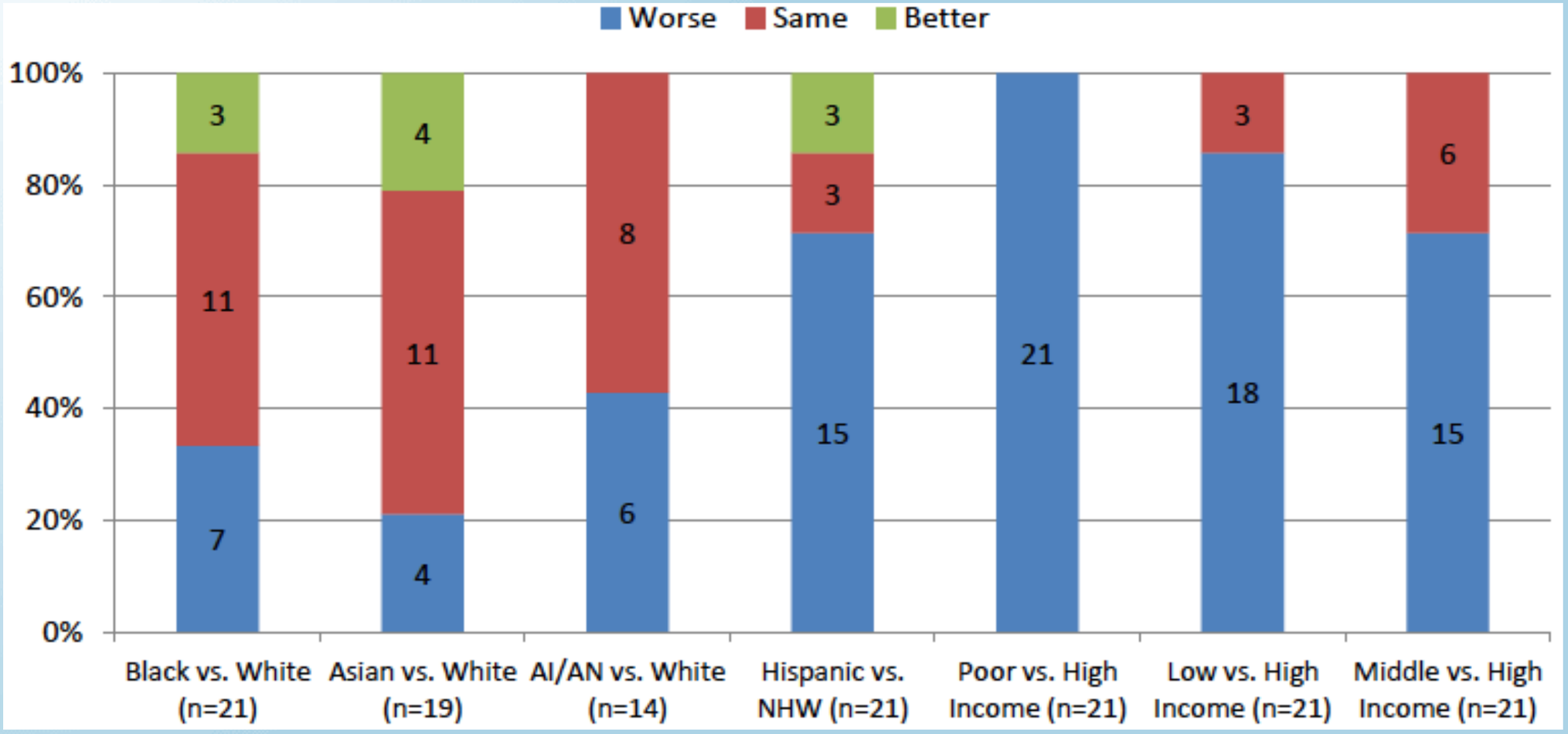
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

AHRQ Publication No. 13-0003
May 2013
www.ahrq.gov/research/findings/nhqrdr/index.html

A reformatted, typeset version of this report will replace the current version.

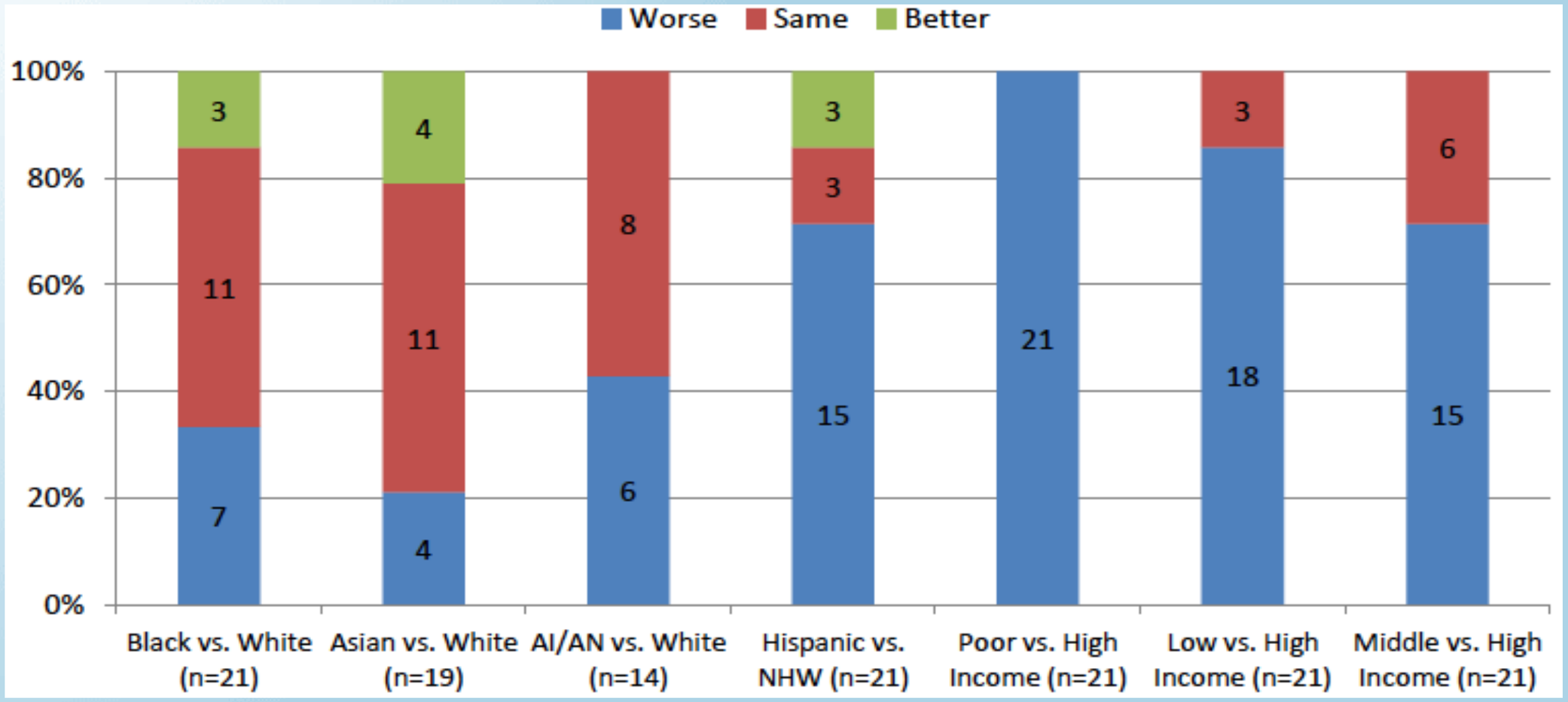


Access to Care, AHRQ 2012



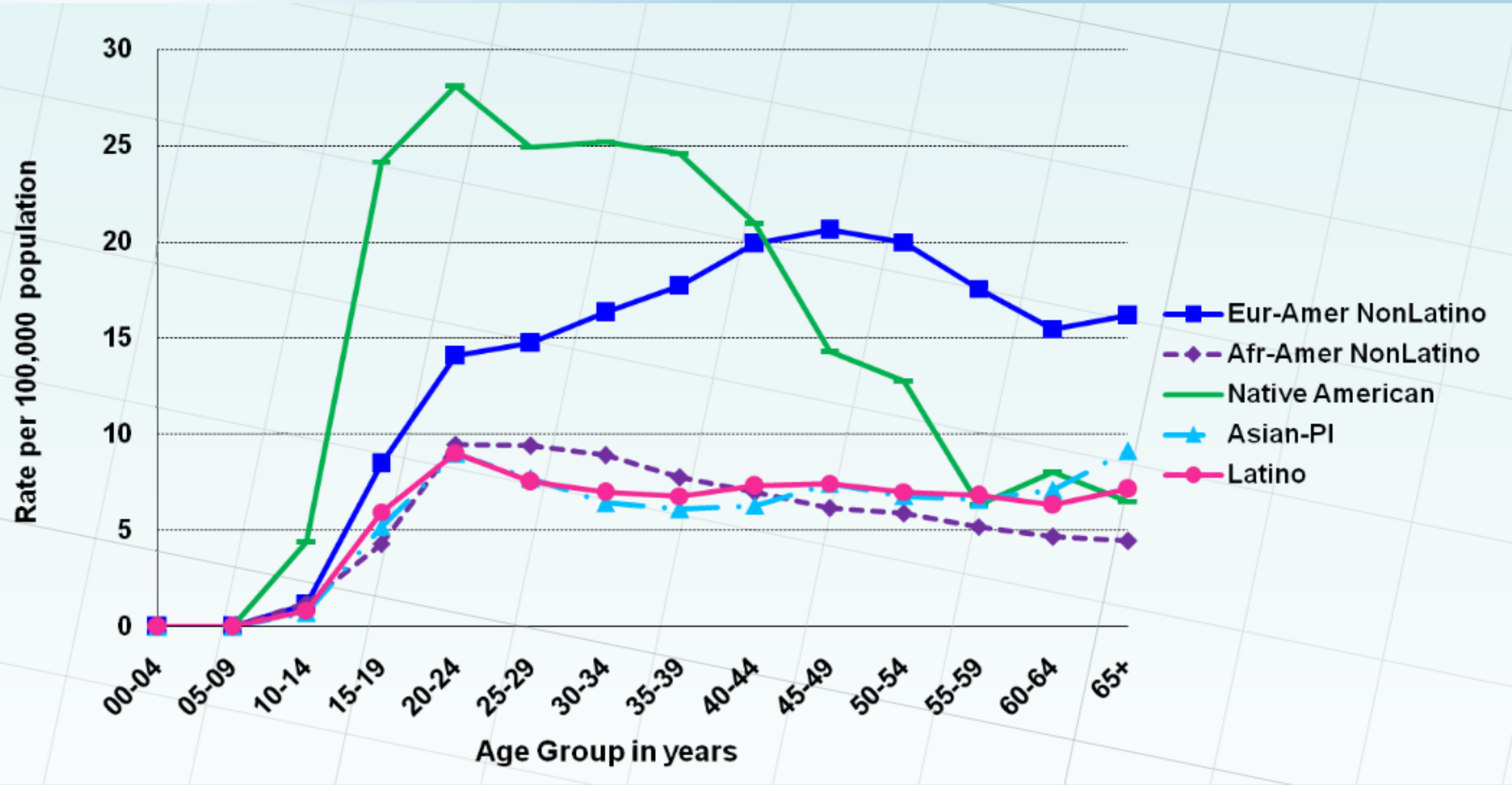
AHRQ (2012) National Healthcare Quality and National Healthcare Disparities Reports

Quality of Care, AHRQ 2012



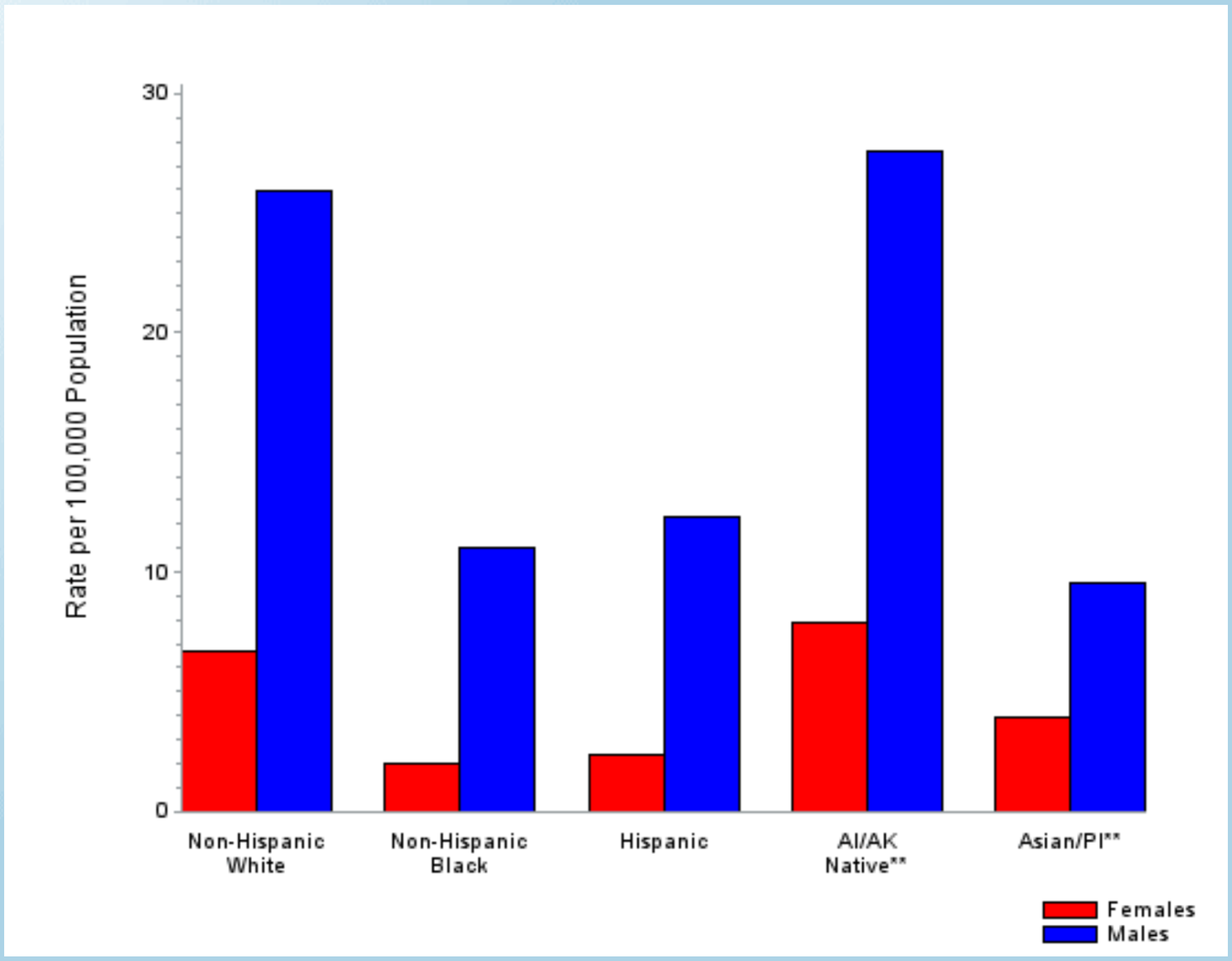
AHRQ (2012) National Healthcare Quality and National Healthcare Disparities Reports

Suicide Rates by Ethnicity and Age Group – United States, 2003-2007



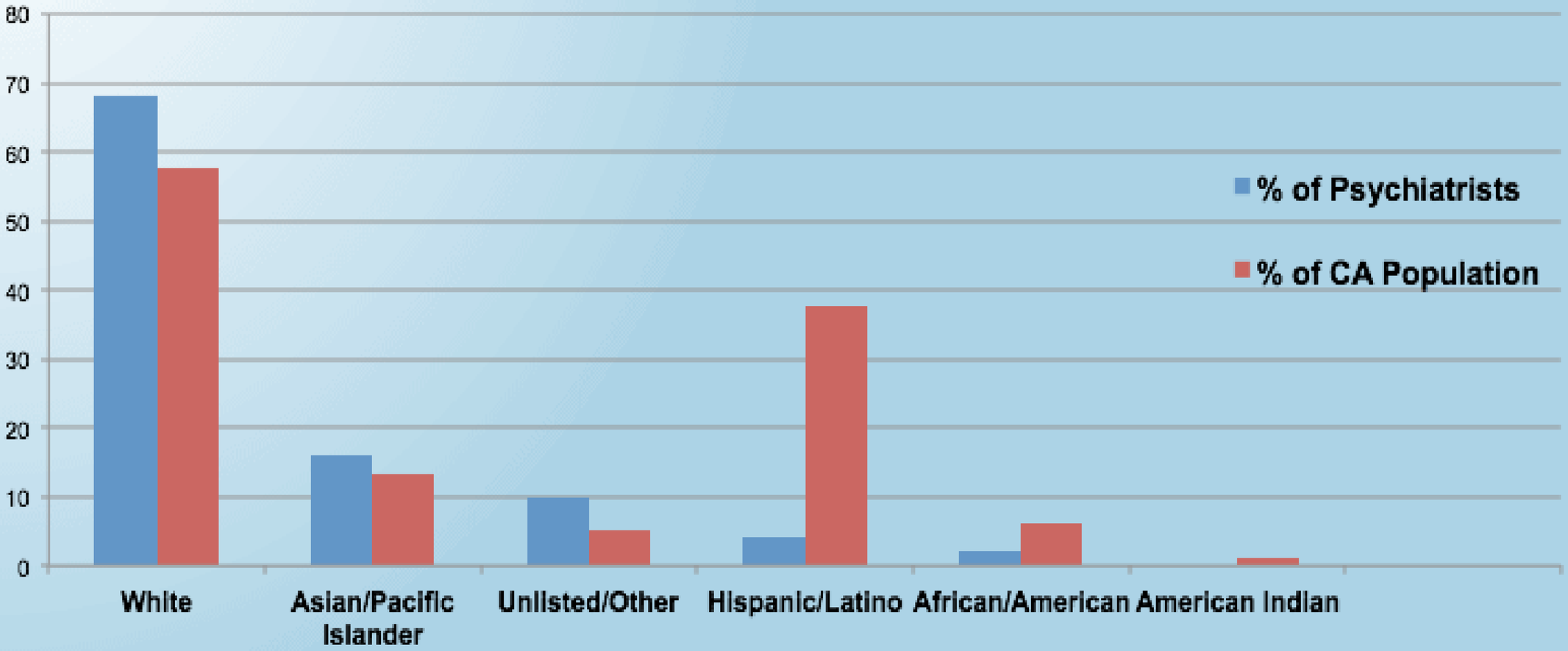
(A. Crosby, CDC, 2011)

Suicide Rates Among Persons Ages 10 years and older, 2005-2009



CDC, National Suicide Statistics at a Glance

Behavioral Health Workforce



Adapted from "The Mental Health Workforce in California: Trends in Employment, Education, and Diversity," Lok & Chapman, UCSF Center for the Health Professions March 2009, and US Census Bureau 2010

So, why care?

- The burden of disease - including behavioral health disorders - is great for individuals, families, and communities of color.
- This burden extends beyond these communities and places significant human and fiscal costs on all communities and provider systems.
- Estimated cost of racial and ethnic disparities: $1.24 trillion between 2003-2006 ($229 B for direct medical care expenditures; $1T indirect costs

Joint Center for Political and Economic Studies, 2009

Complexity of the Issue

- Multiple factors that influence disparities
- Inconsistent ways in which disparities manifest

“The complexity of the issue - and different viewpoint about whether or why disparities exist cannot be allowed to lead to paralysis and inaction in the broad policy community.”

Meyers, K (2007) Racial and Ethnic Health Disparities: Influences, Actors, and Policy Opportunities. Kaiser Permanente Institute for Health Policy: Oakland, CA.

What's in a Name?

- "Differences" or "variations"
  - conveys neither a positive or negative connotation
- "Disparities" and "inequalities"
  - hold negative connotations, that one group is losing or being harmed
- Health "inequity"
  - ethical or moral judgment, civil rights issue

Meyers, K (2007) Racial and Ethnic Health Disparities: Influences, Actors, and Policy Opportunities. Kaiser Permanente Institute for Health Policy: Oakland, CA.

Defining Disparities

- “racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”
  - Institute of Medicine
- “... differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.”
  - Health People 2010

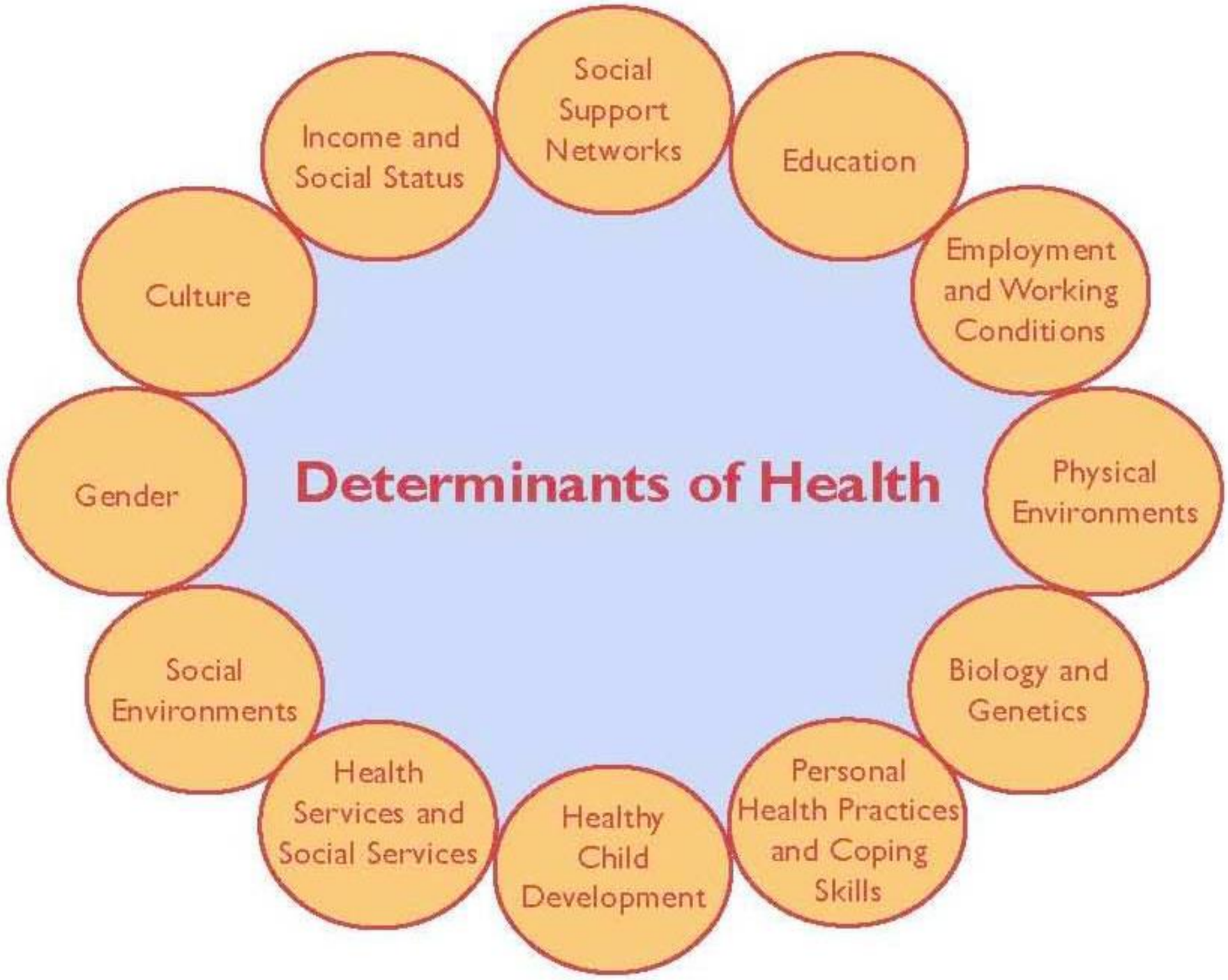
Defining Inequities

- “Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups.”
  - World Health Organization
- “Disparities in health [or health care] that are systemic and avoidable and, therefore, considered unfair or unjust.”
  - Virginia Dept. of Health

My Terms:
In my own words

Term/Concept	In my own words...
Health	
Health disparities	
Health Inequities	

Figure 1: Determinants of Health



Source: World Health Organization, undated.

Rationale

- Respond to current and projected demographic changes
- Eliminate long-standing health disparities
- Improve quality of services and health outcomes
- Meet legislative, regulatory and accreditation mandates
- Gain a competitive edge in the market place
- Decrease risk of liability/malpractice

National Center for Cultural Competence, Policy Brief 1, 2000

Section II
Concepts and Frameworks for Cultural and Linguistic Competence

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Office of Minority Health Cultural Competence Workgroup (1998) Definition of Cultural Competence. Washington DC: U.S. Department of Health and Human Services.

Cultural Competence describes the ability of an individual or organization to interact effectively with people of different cultures. To produce positive change, prevention practitioners must understand the cultural context of their target community, and have the willingness and skills to work within this context. This means drawing on community-based values, traditions, and customs, and working with knowledgeable persons of and from the community to plan, implement, and evaluate prevention activities.

Substance Abuse and Mental Health Serivces Administration, U.S. Department of Health and Human Services.

Linguistic Competence

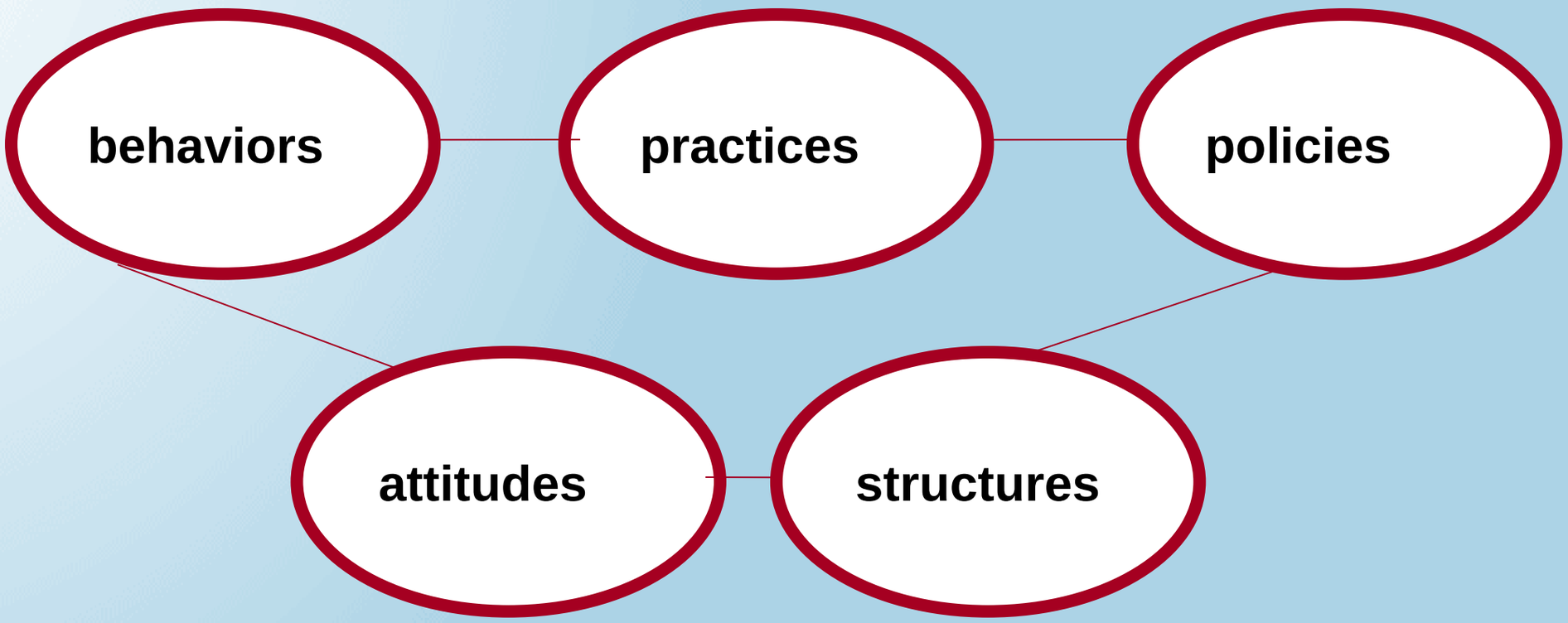
- the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who are not literate or have low literacy skills, and individuals with disabilities
- policy, structures, practices, procedures and dedicated resources to support this capacity

Goode, T.G., and Jones, W.A. (2003) Linguistic Competence in Service Delivery. National Center for Cultural Competence.

Cultural Influences on Health Seeking Behaviors & Attitudes

- Diverse beliefs about disease and disease management
- Reliance on traditional healers, practices, and medicines
- Mistrust of health care professionals and institutions outside of own culture
- Experiences of racism, discrimination and bias
- Communication/Linguistic barriers
- Lack of understanding of western medical systems

Cultural Competence



requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Essential Elements: Culturally Competent Systems

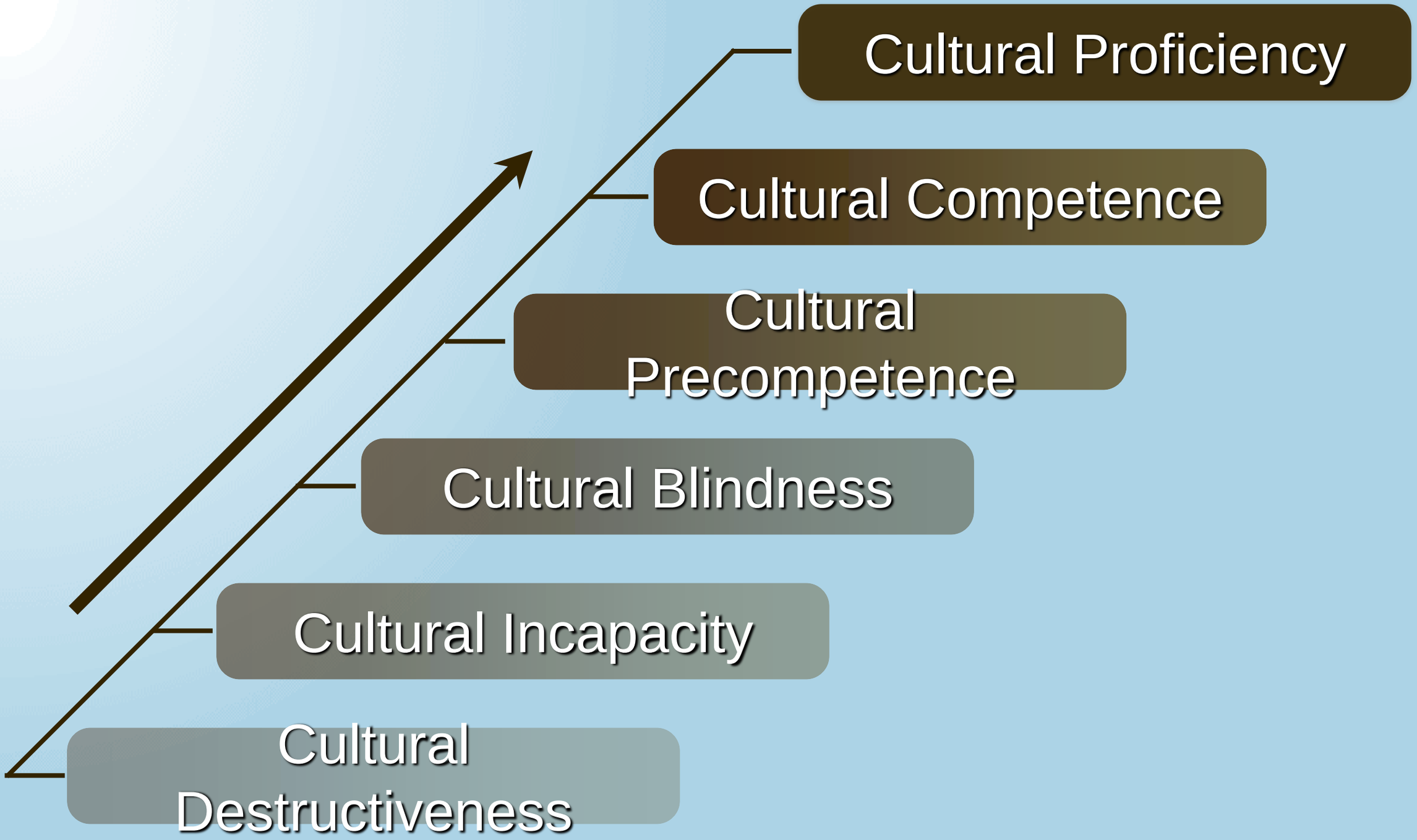
These five elements must be manifested at every level of an organization including:

- policy making
- administrative
- practice/service delivery
- consumer/family
- community

and reflected in its attitudes, structures, policies and services.

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Cultural Competence Continuum



Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Section III
Strategies for Cultural and Linguistic Competence

Federal Guidelines, Mandates & Plans

Linguistic Mandates

Title VI of the Civil Rights Act of 1964 mandates that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

United States Department of Justice. Civil Rights Division. *Coordination and Review Section: Title* VI. http://www.justice.gov/crt/cor/Pubs/vioutline.php

Executive Order 13166:

"Improving Access to Services for Persons with Limited English Proficiency."

The Executive Order requires Federal agencies to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them. It is expected that agency plans will provide for such meaningful access consistent with, and without unduly burdening, the fundamental mission of the agency. The Executive Order also requires that the Federal agencies work to ensure that recipients of Federal financial assistance provide meaningful access to their LEP applicants and beneficiaries.

Limited English Proficiency: A Federal Interagency Website. *Overview of Executive Order 13166.*
http://www.justice.gov/crt/lep/13166/eo13166.html

Health Literacy

Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness.

United States Department of Health and Human Services. HRSA *Health Literacy.* http://www.hrsa.gov/healthliteracy/

National Action Plan to Improve Health Literacy

This National Action Plan to Improve Health Literacy seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multisector effort to improve health literacy.

The plan is based on the principles that:

(1) everyone has the right to health information that helps them make informed decisions and

(2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life. The vision informing this plan is of a society that:

- Provides everyone with access to accurate and actionable health information Delivers person-centered health information and services Supports lifelong learning and skills to promote good health

United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *National Action Plan to Improve Health Literacy: Summary. Washington, DC: Author*

National Action Plan to Improve Health Literacy

1. This report contains seven goals that will improve health literacy and suggests strategies for achieving them: Develop and disseminate health and safety information that is accurate, accessible, and actionable. Promote changes in the health care system that improve health information, communication, informed decision making, and access to health services. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level. Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community. Build partnerships, develop guidance, and change policies Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy. Increase the dissemination and use of evidence-based health literacy practices and interventions.

United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *National Action Plan to Improve Health Literacy: Summary. Washington, DC: Author*

Culturally and Linguistically Appropriate Services Guidelines

The National CLAS Standards

The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard

Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

United States Department of Health and Human Services. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

Culturally and Linguistically Appropriate Services Guidelines

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

United States Department of Health and Human Services. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

Culturally and Linguistically Appropriate Services Guidelines

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

United States Department of Health and Human Services. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

Culturally and Linguistically Appropriate Services Guidelines

Engagement, Continuous Improvement and Accountability

9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

United States Department of Health and Human Services. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

Culturally and Linguistically Appropriate Services Guidelines

Engagement, Continuous Improvement and Accountability

12.Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

United States Department of Health and Human Services. The Office of Minority Health. National Standards on Culturally and Linguistically Appropriate Services (CLAS). 2013

National Plan for Action

NPA Objectives
1. AWARENESS— Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial and ethnic minority populations.
2. LEADERSHIP— Strengthen and broaden leadership for addressing health disparities at all levels.
3. HEALTH AND HEALTH SYSTEM EXPERIENCE— Improve health and healthcare outcomes for racial and ethnic minorities and underse rved populations and communities.
4. CULTURAL AND LINGUISTIC COMPETENCY— Improve cultural and linguistic competency.
5. RESEARCH AND EVALUATION— Improve coordination and utilization of research and evaluation outcomes.

Office of Minority Health (2010). The National Plan for Action: Changing Outcomes - Achieving Health Equity. Downloaded from: http://minorityhealth.hhs.gov/

Elements of Cultural Competence

Organizational Level

- value diversity
- conduct cultural self-assessment
- manage the dynamics of difference
- institutionalize cultural knowledge
- adapt to diversity
  - policies structure
  - values services

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

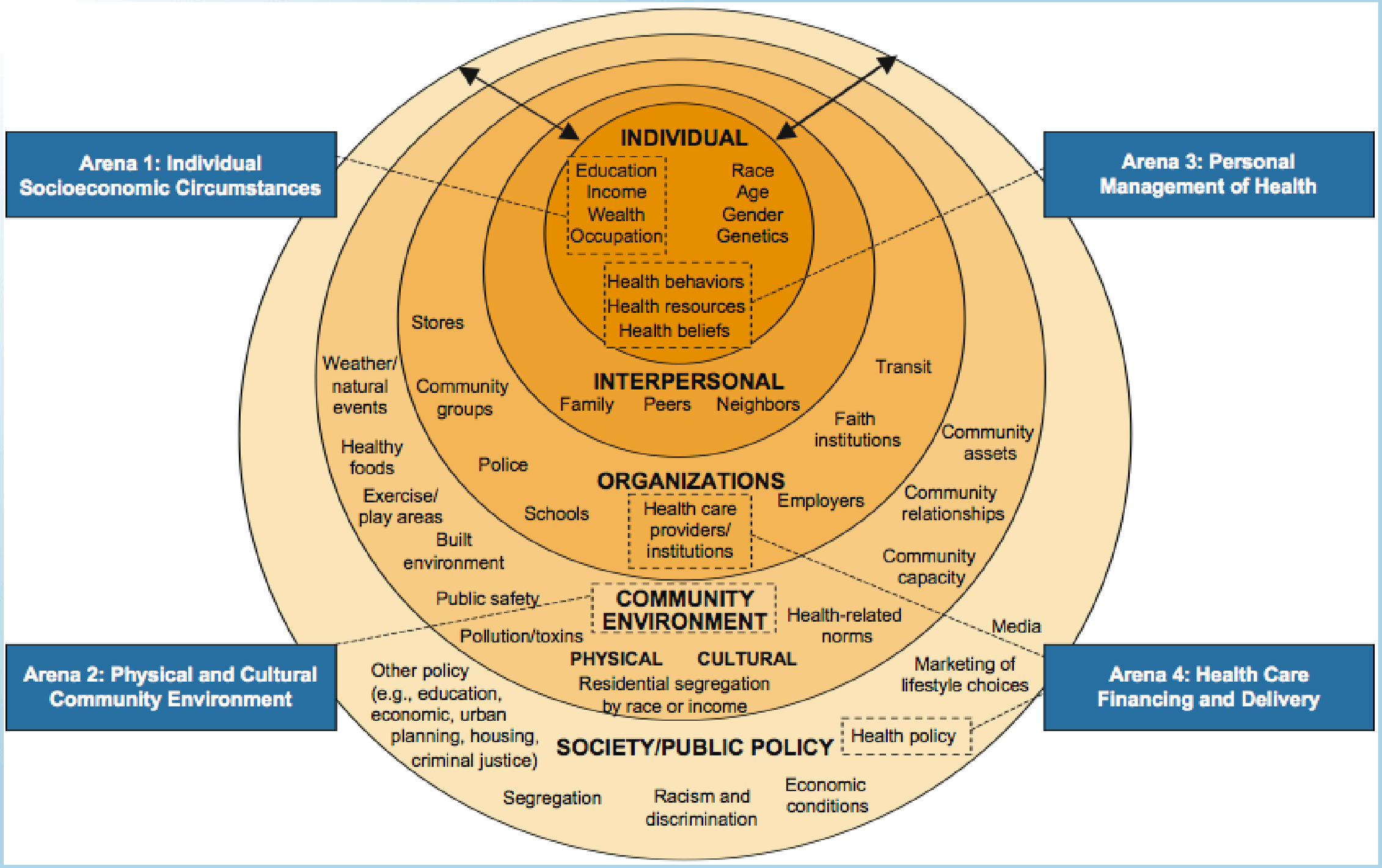
Elements of Cultural Competence

Individual Level

- acknowledge cultural differences
- understand your own culture
- engage in self-assessment
- acquire cultural knowledge & skills
- view behavior within a cultural context

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

Landscape of influences on Health Disparities



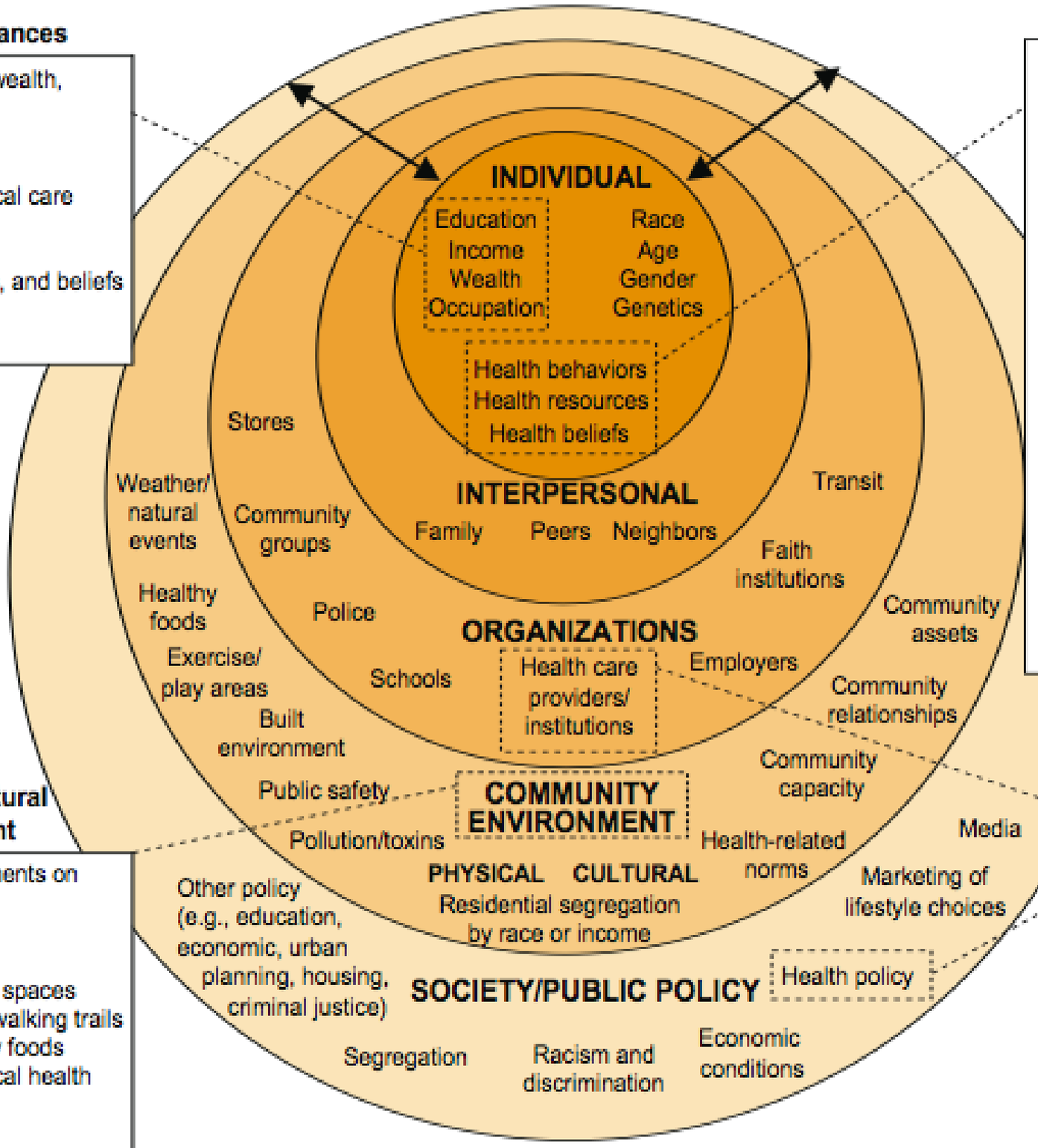
Meyers, K (2007) Racial and Ethnic Health Disparities: Influences, Actors, and Policy Opportunities. Kaiser Permanente Institute for Health Policy: Oakland, CA.

Arena 1: Individual Socioeconomic Circumstances

- Impact of education, income, wealth, occupation on health, via:
  - Stress
  - Knowledge
  - Access to high-quality medical care
  - Financial resources
  - Control over work
  - Health behaviors, resources, and beliefs
  - Interpersonal networks
  - Residential environment

Arena 2: Physical and Cultural Community Environment

- Impact of community environments on health, via:
  - Stress
  - Violence
  - Access to health-supporting spaces such as parks, playgrounds, walking trails
  - Access to affordable healthy foods
  - Pollutants that impact physical health
  - Concentration of poverty
  - Condition of buildings
  - Density
  - Community capacity and social capital



Arena 3: Personal Management of Health

Behaviors
- Including nutrition, exercise, stress management, smoking, alcohol use, drug use, sexual practices

Resources
- Self-efficacy
- Knowledge of benefits to healthy behaviors
- Knowledge of options for managing health needs
- Ability to pay for health services or products
- Proximity to services/products
- Ability to access information or services in preferred language
- Consistent connection to a health resource

Beliefs
- "Personal health ecology": behaviors and beliefs about health, source and meaning of illness, priorities related to health, when to seek care, and from whom
- Understanding/agreement with rationale for health behaviors or treatments
- Belief that care source will be relevant, respectful and effective; trust

Arena 4: Health Care Financing and Delivery

Factors Affecting Care Quality & Outcomes
- Geographic location
- Type of care facility (public, private, academic, community)
- Patient insurance status/type
- Provider payment levels
- Linguistic and cultural competency
- Representation of racial/ethnic groups among providers
- Adherence to known care standards
- Distribution of technology
- Provider skills in communication, shared decision-making
- Provider implicit or explicit bias or use of stereotypes
- Patient self-advocacy and ability to navigate system

Meyers, K (2007) Racial and Ethnic Health Disparities: Influences, Actors, and Policy Opportunities. Kaiser Permanente Institute for Health Policy: Oakland, CA.

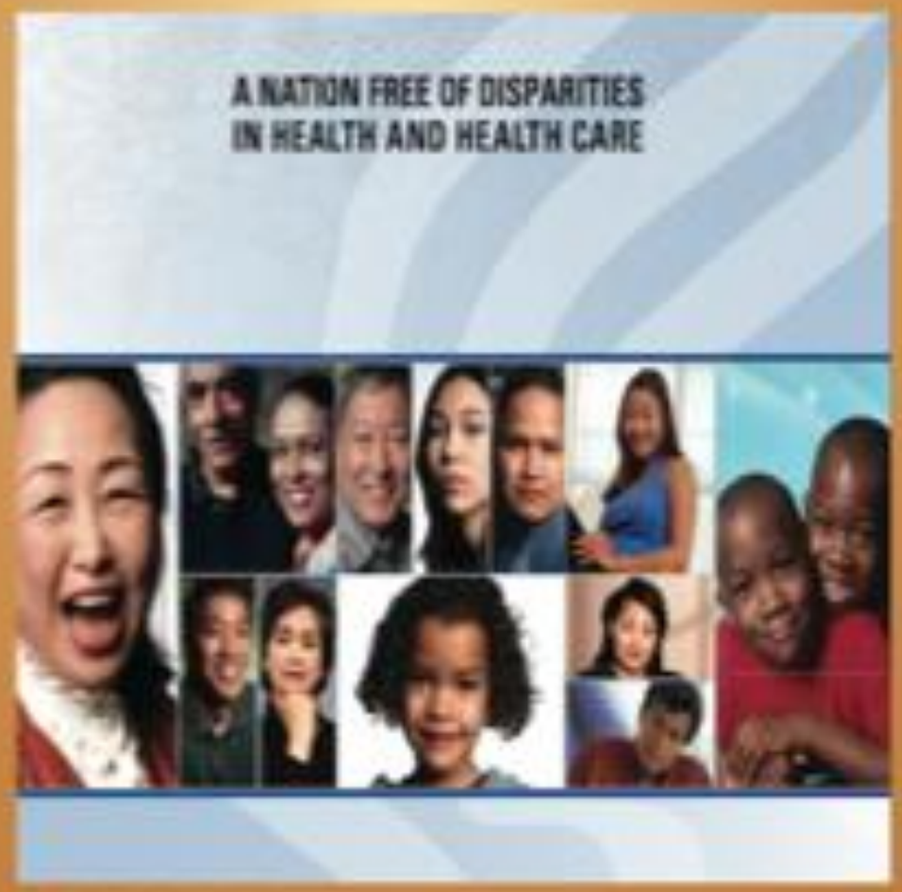
National Network to Eliminate Disparities in Behavioral Health

Striving for behavioral health equity for all individuals, families, and communities.

- Home
- About NNED
- Join the NNED
- Learning & Action
- Discussion Forums
- NNED Note
- Funding Opportunities
- News & Resources

partner with NNED

Find A NNED Partner using Interactive Geomap



Learn About HHS's Action Plan to Reduce Racial and Ethnic Health Disparities (posted 4/27)

On April 8, 2011 the U.S. Department of Health and Human Services (HHS) unveiled the HHS Action Plan to Reduce Racial and Ethnic Health Disparities as a roadmap for health disparities.

» FULL STORY

National Partners

- 2008: 35
- 2009: 85
- 2010: 323
- 2011: 464
- 2012: 541

\+ 680 Affiliates

Total: 1,221

RECENT NEWS

- Study Suggests Flaw In Methods Used To Measure Racial Health Disparities (posted 4/27)
- PBS's Independent Lens Premiers Documentary on Two Spirits 6/14
- IOM Releases Report to Help Focus Action Aimed at Achieving Healthy People 2020 Goals (posted 4/6)
- Indian Youth Suicide Crisis Baffles Fort Peck (posted 3/29)

National Network to Eliminate Disparities in Behavioral Health

- Vision: Striving for behavioral health equity for all individuals, families, and communities
- Mission: To build a national network of diverse racial, ethnic, cultural and sexual minority communities and organizations to promote policies, practices, standards and research to eliminate behavioral health disparities.

National Network to Eliminate Disparities in Behavioral Health

Connect

Learn

Share

NNED Learn

NNED share

CHANGEMATRIX

share.nned.net

Toolbox for Promoting Youth Sobriety in Yup'ik/ Cup'ik Communities

Welcome to NNEDshare!

A collaborative space to **share**, **learn**, and **connect** with community members across the country.

- What is NNEDshare?
- How do I browse or search for resources or innovative interventions?
- Why participate in NNEDshare?
- What kinds of interventions or ideas can I submit?
- How do I submit an idea or intervention to NNEDshare?

RECENT POSTS

Breaking Schools' Rules: A Statewide Study on How School Discipline Relates to Students' Success and Juvenile Justice Involvement
Wilderness Adventure Experiences To Improve Mental Health in Adolescents: How Safe Are They?
HIV in Black America: A Visual Breakdown (Infographic)
Qungasvik: A Toolbox for Promoting Youth Sobriety & Reasons for Living in Yup'ik/Cup'ik Communities
Elluam Tungiinun: Culturally Based Program for Substance Abuse Prevention in Alaska Native Communities

Share → Learn → Connect

» I'd Like to Share

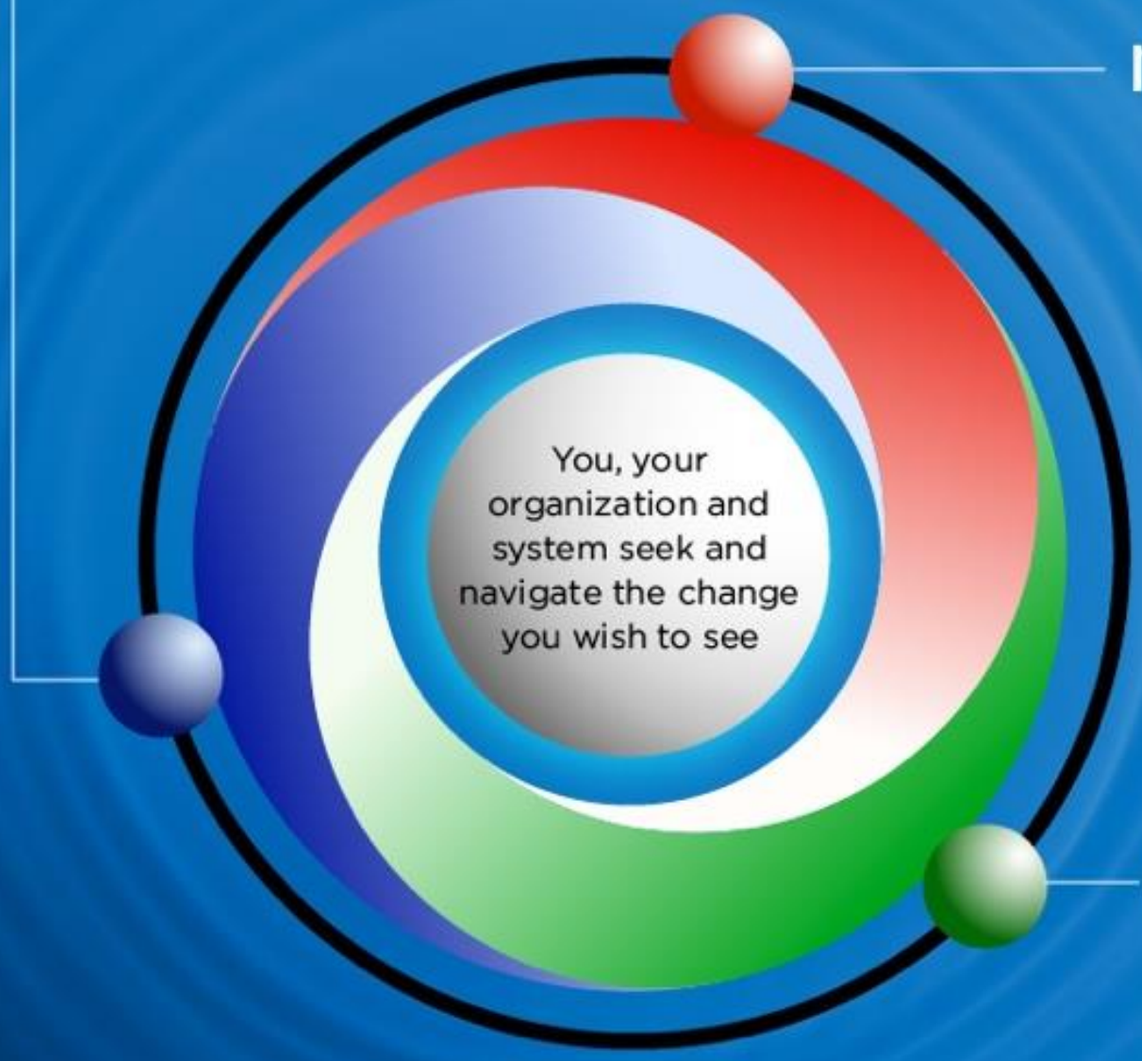
Change Matrix

CHANGE MATRIX framework

measure

UNCLEAR ABOUT WHERE YOU ARE?

- Identifying and describing change
- Preparing for continuous cycle of change
- Recognizing and celebrating progress



motivate

ARE YOU LOOKING FOR MORE?

- Engaging people in the work
- Clarifying the purpose for change
- Describe the change journey

manage

UNSATISFIED WITH YOUR CURRENT STATUS?

- Implementing the change
- Moving through the differences
- Staying on track

Resources

Change Matrix Resources | Change Matrix Newsletter | Resources from the Field

RESOURCES FROM THE FIELD

How will groups know that they were successful in creating and managing change? The ability to evaluate the change as it happens, take stock in the outcome, and look forward to the next opportunity for growth requires evaluation and the capacity to continuously monitor progress and effectiveness.

BUILDING COLLABORATION AND ENGAGING CONFLICT

Bibliography of Select Resources (pdf). List of articles, peer reviewed articles, and books. Collaboration and Conflict Bibliography

ADDRESSING HEALTH DISPARITIES AND EQUITY

Bibliography of Select Resources (pdf). List of articles, peer reviewed articles, and books. Health Disparities Bibliography

Website Links

Center for Disease Control and Prevention. National Prevention Information Network. Cultural Competence. Retrieved March 2013.
http://www.cdcnpin.org/scripts/population/culture.asp#what

U.S. Department of Health and Human Services. Offices of Minority Health. National Stakeholder Strategy for Achieving Health Equity. 2011.
http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286

Institute of Medicine (2001) Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Available online at:
http://www.iom.edu/Reports/2002/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care.aspx

Agency for Healthcare Research and Quality (2003) National Health Care Disparities Report http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr11/qrdr11.html

Kaiser Family Foundation (2003) Key Facts: Race, Ethnicity and Medical Care. http://www.kff.org/minorityhealth/upload/key-facts-race-ethnicity-medical-care-chartbook.pdf

The Commonwealth Fund (2002) Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans.
http://www.commonwealthfund.org/Publications/Fund-Reports/2002/Mar/Diverse-Communities—Common-Concerns—Assessing-Health-Care-Quality-for-Minority-Americans.aspx

Physicians for Human Rights (2003) The Right to Equal Treatment: An Action Plan for to End Racial and Ethnic Disparities in Clinical Diagnosis and Treatment in the United States. http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/135605

Prevention Institute (2003) Health for All: California's Strategic Approach to Eliminating Racial and Ethnic Health Disparities.
http://www.preventioninstitute.org/component/jlibrary/article/id-91/127.html

Contact Information

Rachele C Espiritu, Ph.D.

respiritu@changematrix.org

Suganya Sockalingam, Ph.D.

ssockalingam@changematrix.org

P: 702-953-5743

W: www.changematrix.org

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