Reducing Behavioral Health Disparities Through Culturally Competent Services

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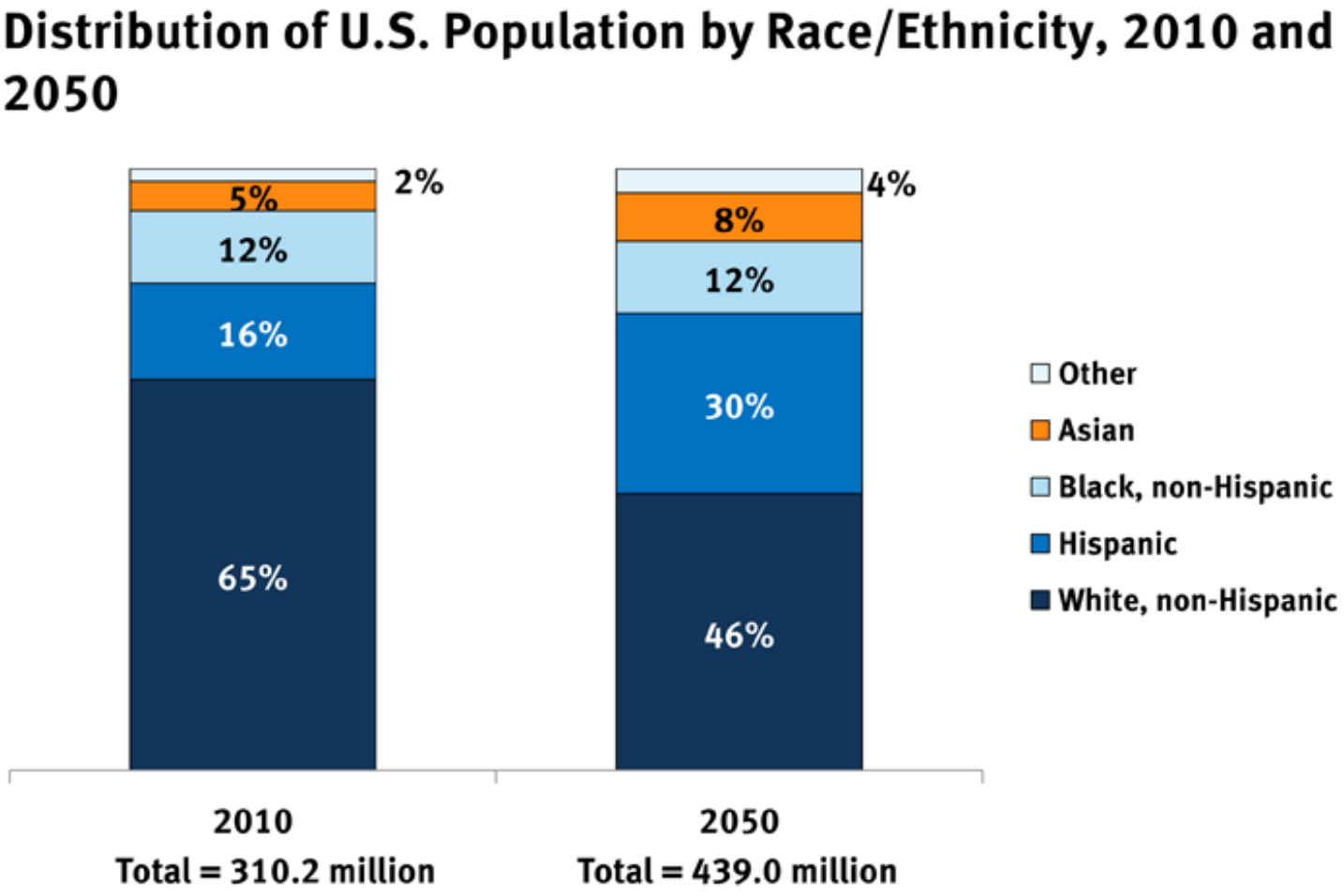
https://www.attchub.org/regcenters/index_newengland.asp

Overview

- Definitions
- Historical Context
- Data and Impacts
- What are OUR roles (individual and collective)

Many people believe and state that **addiction** and **mental health disorders** do not discriminate; however, **individuals, institutions, and entire systems** have attitudes, beliefs, policies, practices, and behaviors that **produce a wide range of disparities.** Therefore, all things are **NOT equal**!

United States: Changing Demographics



NOTES: All racial groups non-Hispanic. Other includes Native Hawaiians and Pacific Islanders, Native Americans/Alaska Natives, and individuals with two or more races. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marina Islands.

SOURCE: U.S. Census Bureau, 2008, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: July 1, 2000 to July 1, 2050. http://www.census.gov/population/www/projections/downloadablefiles.html.

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Behavioral Health Disparities Defined

"A particular type of health difference that is closely linked with **social, economic, and/or environmental disadvantage**.

Behavioral health disparities adversely affect groups of people who have **systematically experienced greater obstacles to health** based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location;

or other characteristics historically linked to discrimination or exclusion."

U.S. Department of Health and Human Services, Healthy People 2020 (n.d.). *Disparities*. Retrieved from http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx

Historical Context

Disparities Didn't Develop By

- Coincidence
- Bad Luck
- Mere Genetic Differences
- Lack of Motivation
- Deviance and Manipulation or
- Personal Irresponsibility

Well Documented Contributing Factors

- Native American Land Grabs and the Creation of Reservations
- Slavery, followed by Jim Crow Laws
- Colonialism and Neo Colonialism
- Creation of Ghettos and Sub-standard Housing
- Poverty and Institutionalized Racism
- Managed Care Structure (profits over people)
- Prison Industrial Complex
- Massive Un/Under-Employment
- School to Prison Pipeline
- Drop out and Push out Rates
- Unequal and Substandard Treatment
- Influx of Drugs into Urban Areas
- Crack vs. Powder Cocaine Sentencing
- Mandatory Minimums
- Schools Zones
- Criminal Offender Policies
- Zero Tolerance and
- Others

Data and Impacts

Substance Use and Addiction

National Survey on Drug Use and Health (NSDUH) Report Highlights

- An estimated **24.6 million** individuals aged 12 or older were **current illicit drug users** in 2013, including **2.2 million adolescents aged 12 to 17**.

- In 2013, **60.1 million** individuals aged 12 or older were past month **binge drinkers**, including **1.6 million adolescents**.

Source: Center for Behavioral Health Statistics and Quality. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of national findings (HHS Publication No. 14–4863, NSDUH Series H–48).

National Survey on Drug Use and Health (NSDUH) Report Highlights

- Of the estimated **22.7 million** individuals aged 12 or older in 2013 who **needed treatment** for an illicit drug or alcohol use problem.

- Of those, **only 2.5 million received treatment** at a specialty facility.

Source: Center for Behavioral Health Statistics and Quality. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of national findings (HHS Publication No. 14–4863, NSDUH Series H–48).

National Survey on Drug Use and Health (NSDUH) Report Highlights

- In 2013, among persons aged 12 or older, the rate of current illicit drug use was **3.1 percent among Asians, 8.8 percent among Hispanics, 9.5 percent among whites, 10.5 percent among blacks, 12.3 percent among American Indians or Alaska Natives, 14.0 percent among Native Hawaiians or Other Pacific Islanders, and 17.4 percent among persons reporting two or more races**.

- Waiting lists, Access, Availability? and

- Opioid Crisis: Overdoses and Deaths?

Source: Center for Behavioral Health Statistics and Quality. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of national findings (HHS Publication No. 14–4863, NSDUH Series H–48).

Mental Health

National Survey on Drug Use and Health (NSDUH) Report Highlights

- In 2013, about **1 in 10 adolescents** (10.7 percent) had a major depressive episode (MDE) in the past year. Among adolescents with MDE, **38.1 percent received treatment** or counseling for depression in the past year.

- In 2013, nearly **1 in 5 adults** aged 18 or older (18.5 percent) had a **mental illness** (i.e., "any mental illness," or AMI) in the past year; **4.2 percent** had a **serious mental illness** (SMI); and **3.9 percent had serious thoughts of suicide** in the past year.

Source: Center for Behavioral Health Statistics and Quality. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of national findings (HHS Publication No. 14–4863, NSDUH Series H–48).

National Survey on Drug Use and Health (NSDUH) Report Highlights

- In 2013, **1.4 percent** of **adolescents** had **co-occurring** MDE and **substance use** disorder (SUD).

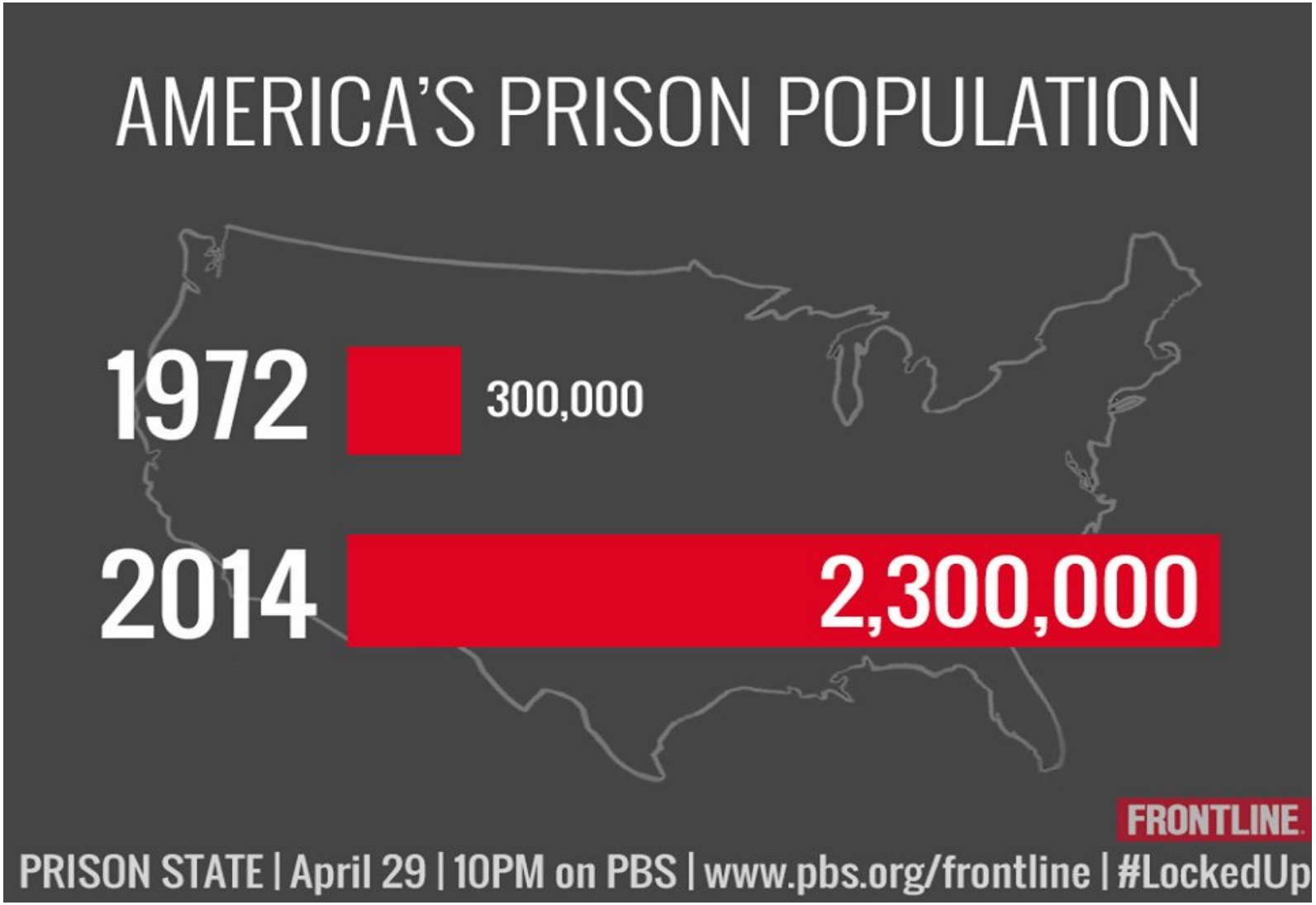
- **3.2 percent** of **adults** had **co-occurring** AMI (any mental illness) and SUD; and **1.0 percent** of **adults** had **co-occurring** SMI (serious mental illness) and **SUD**.

- Stigma and

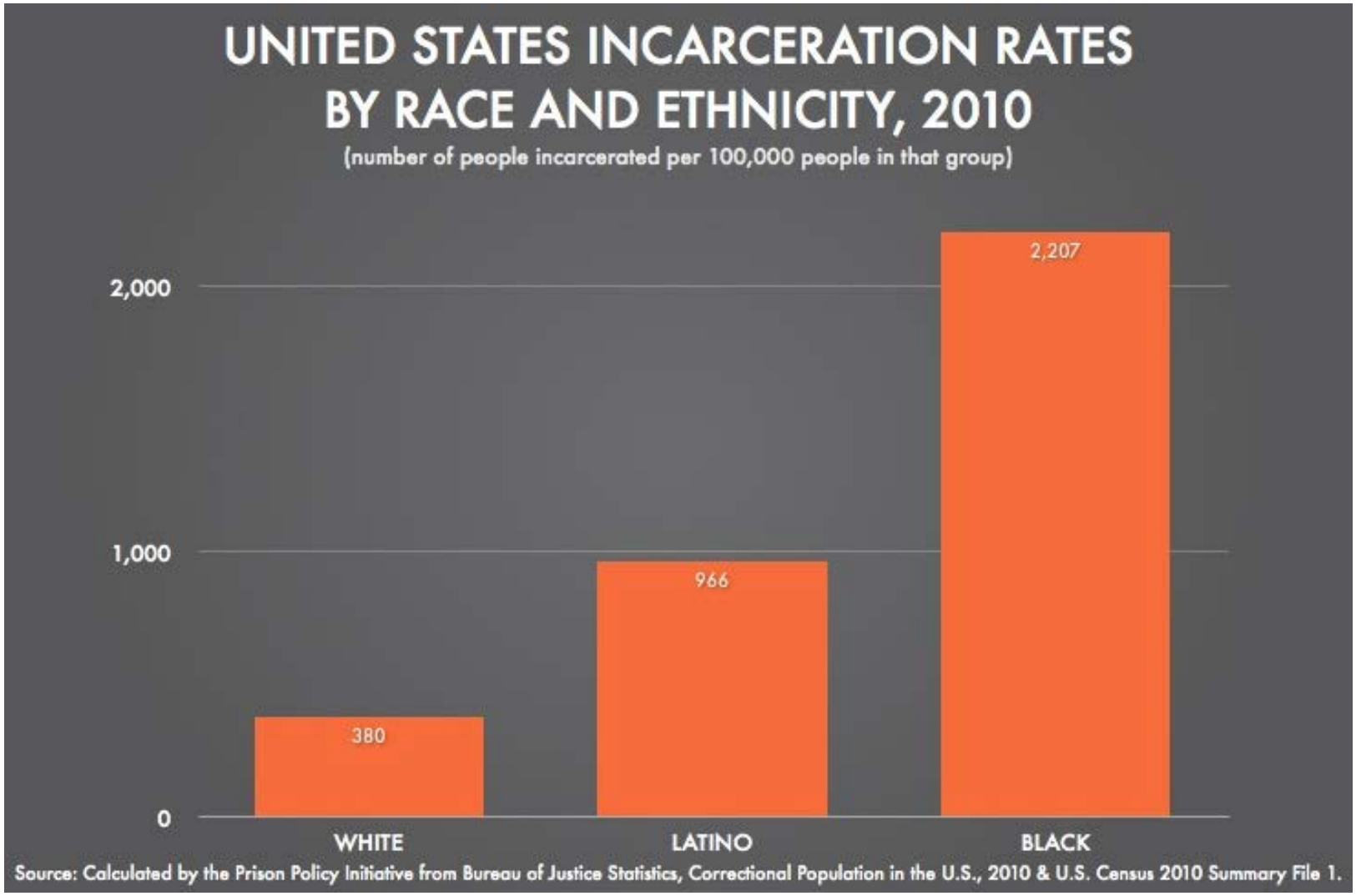
- Waiting lists, Access, Availability

Source: Center for Behavioral Health Statistics and Quality. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of national findings (HHS Publication No. 14–4863, NSDUH Series H–48).

Criminal Injustice



Mass Incarceration: New Jim Crow!



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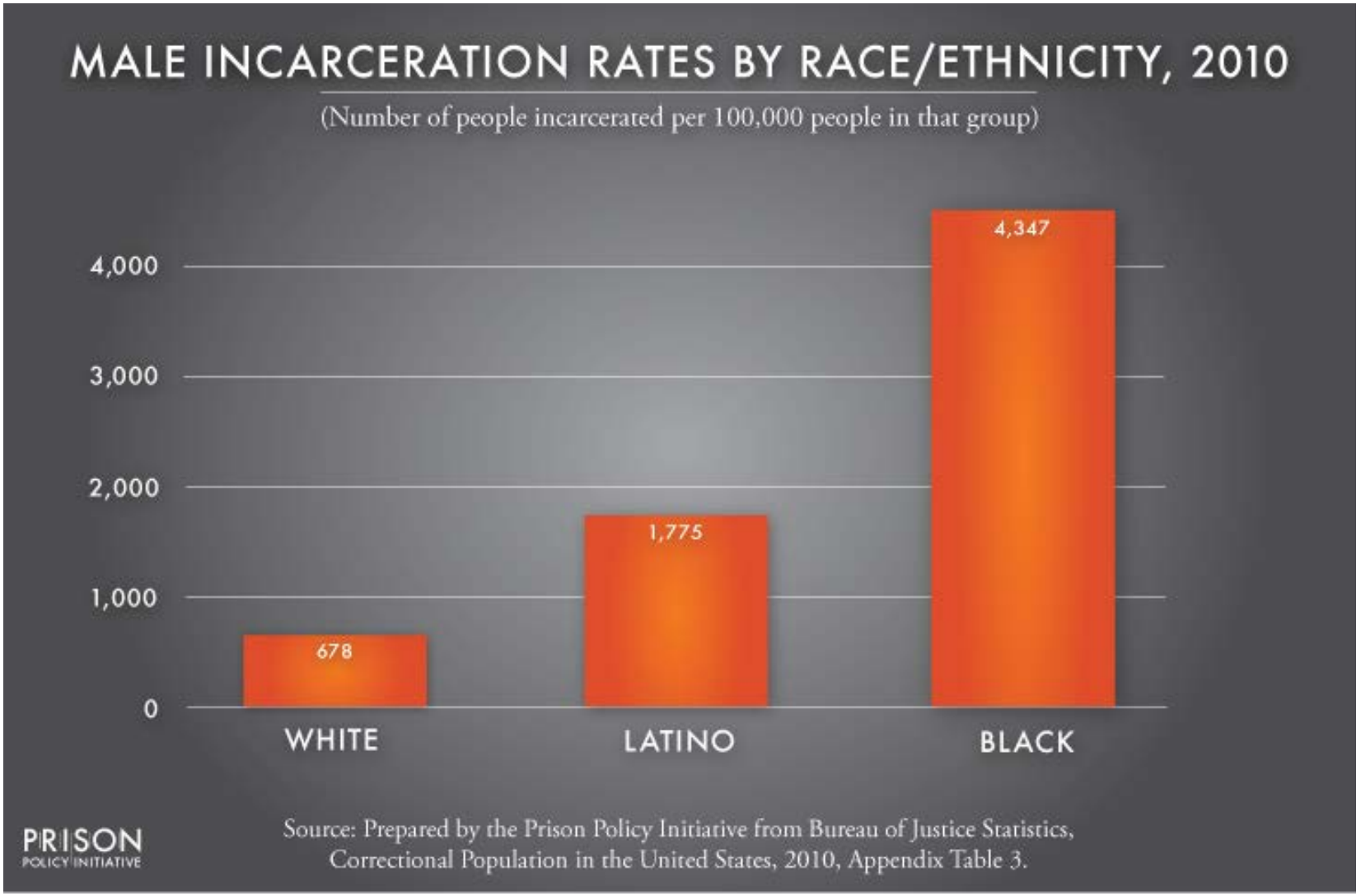

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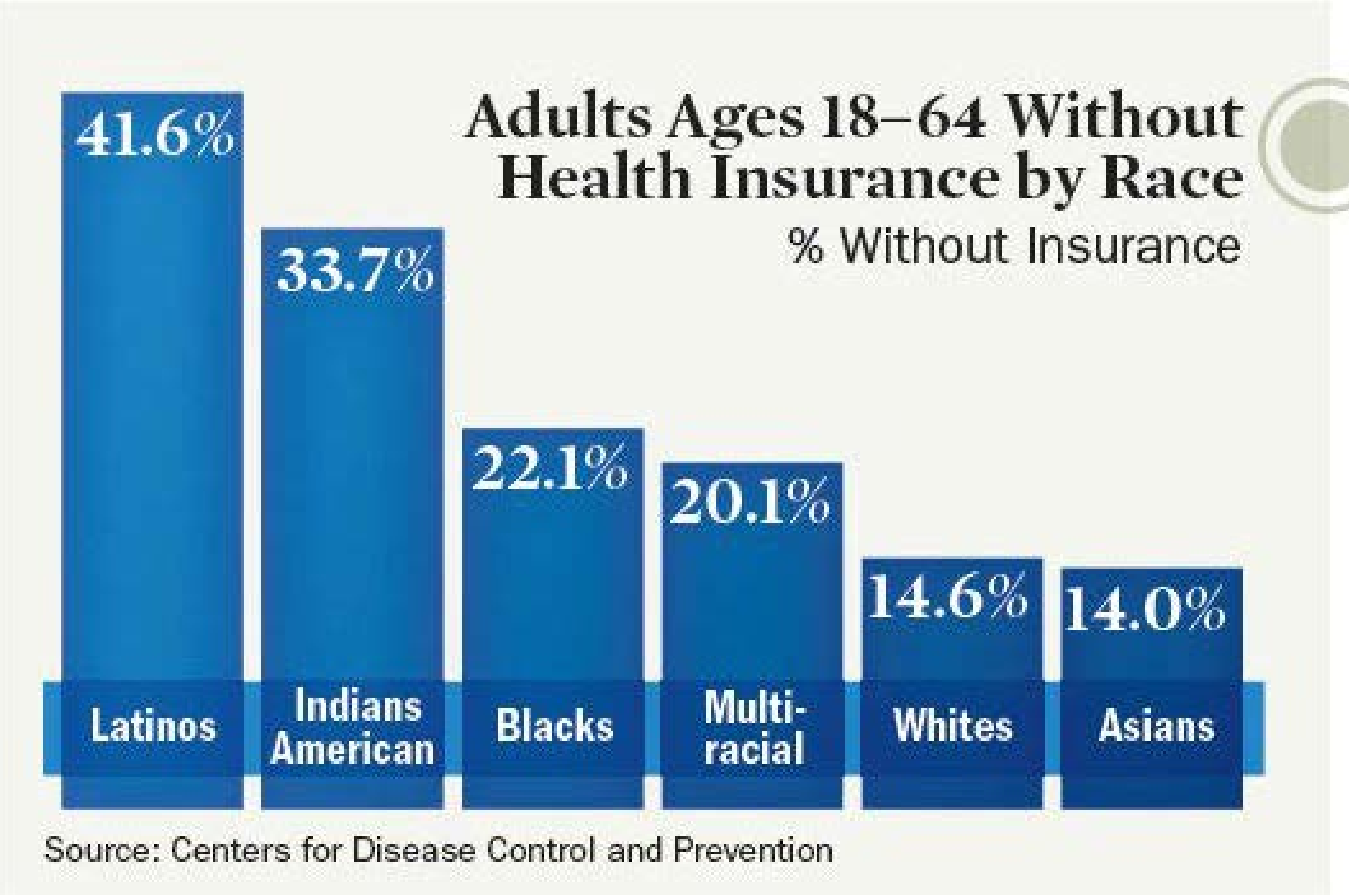
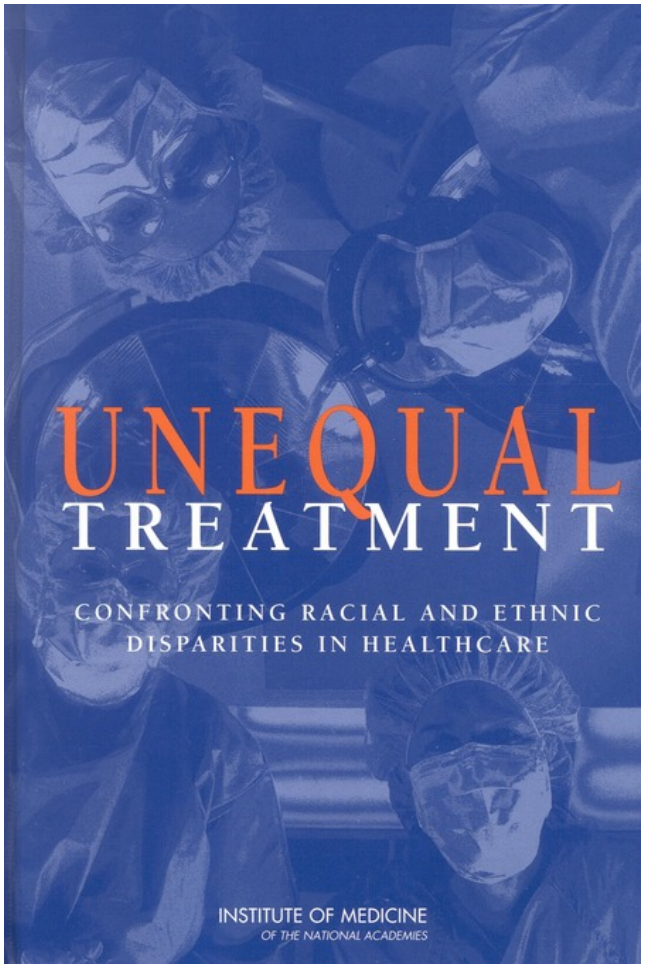
Health Care Coverage



Institute of Medicine

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care



Health Care and Disparities

- "African Americans and Hispanics tend to receive a lower quality of healthcare across a range of disease areas (including cancer, cardiovascular disease, HIV/AIDS, hepatitis, diabetes, mental health, and other chronic and infectious diseases) and clinical services;"

- "African Americans are more likely than whites to receive less desirable services, such as amputation of all or part of a limb;"

- "Disparities are found even when clinical factors, such as stage of disease presentation, co-morbidities, age, and severity of disease are taken into account;"

Health Care and Disparities

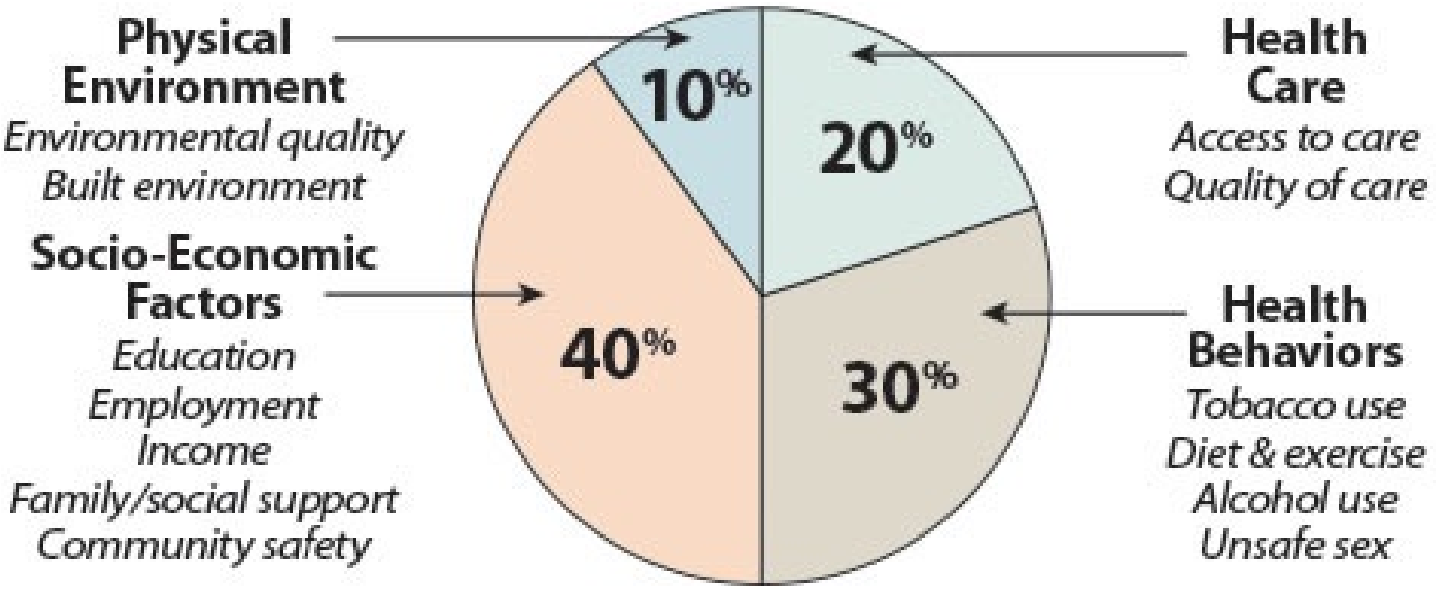
- "Disparities are found across a range of clinical settings, including public and private hospitals, teaching and non-teaching hospitals, etc.; and"

- "Disparities in care are associated with higher mortality among minorities who do not receive the same services as whites (e.g., surgical treatment for small-cell lung cancer)."

What Are OUR Individual and Collective Role(s) in Addressing Disparities?

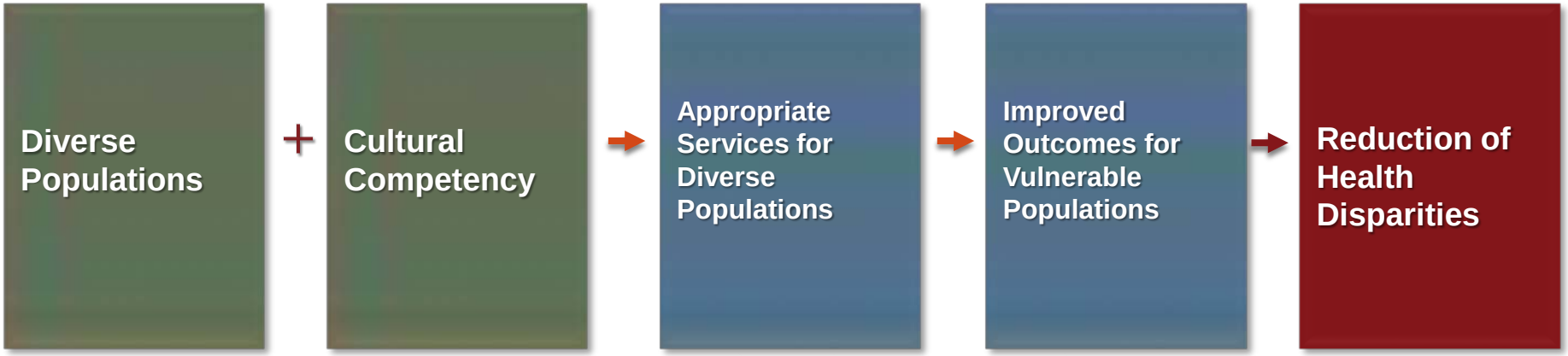
Social Determinants of Health

Population Health



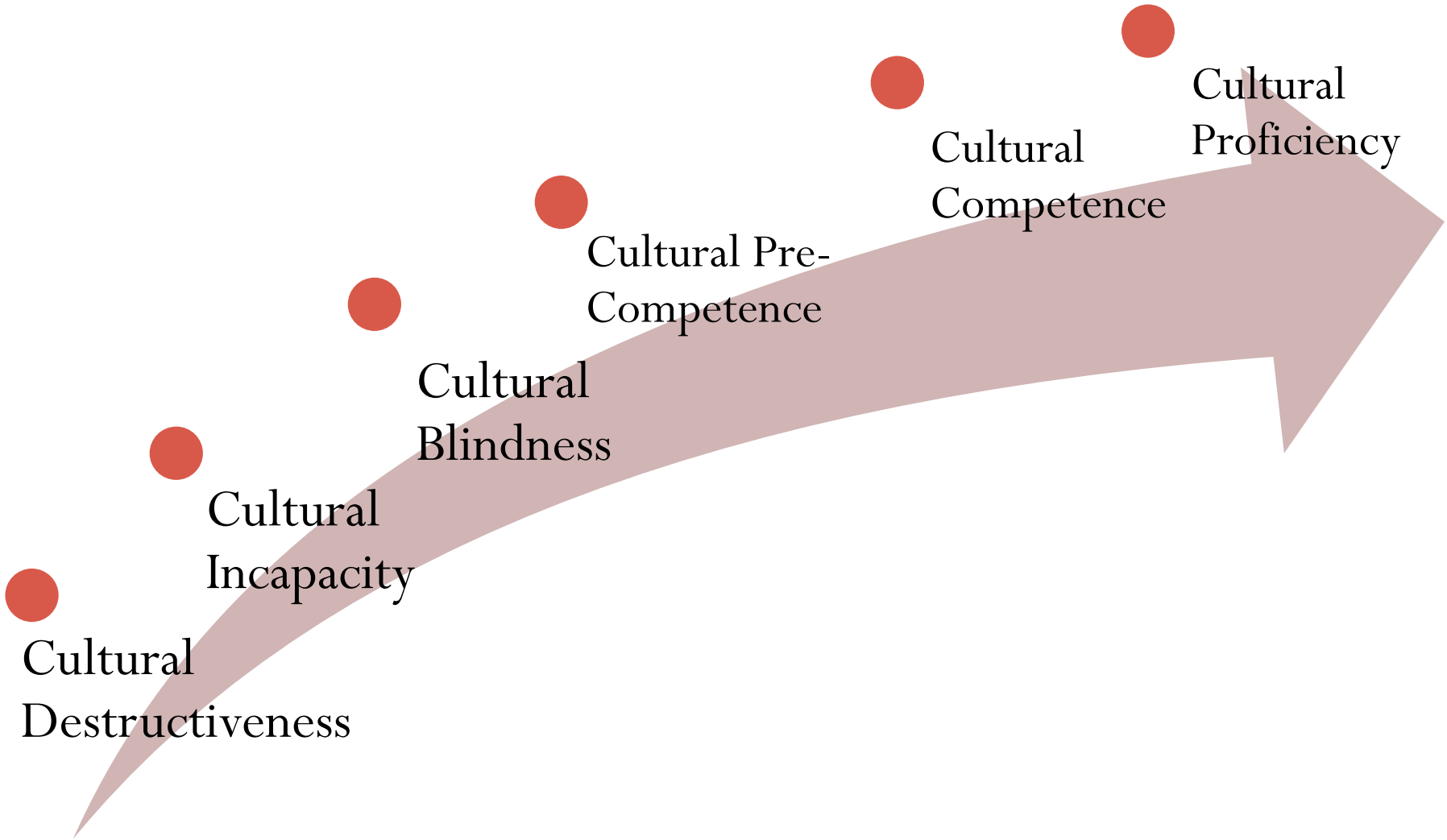
Source: Authors' analysis and adaption from the University of Wisconsin Population Health Institute's *County Health Rankings* model ©2010, http://www.countyhealthrankings.org/about-project/background

Cultural Competency and the Connection to Reducing Behavioral Health Disparities



Brach C., Frasierctor I. (2000). Can Cultural Competency Reduce Racial And Ethnic Health Disparities? A Review And Conceptual Model. *Medical Care Research and Review, 57(1),* 181-217.

Cultural Competence Continuum



Source: Cross, Bazron, Dennis and Isaacs, 1989; National Center for Cultural Competence, 2004

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.

Source: US Department of Health and Human Services. Office of Minority Health. CLAS Standards, 2013.

Culturally and Linguistically Appropriate Services Guidelines (cont.)

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.

Source: US Department of Health and Human Services. Office of Minority Health. CLAS Standards, 2013.

Culturally and Linguistically Appropriate Services Guidelines (cont.)

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.

Source: US Department of Health and Human Services. Office of Minority Health. CLAS Standards, 2013.

Culturally and Linguistically Appropriate Services Guidelines (cont.)

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.

Source: US Department of Health and Human Services. Office of Minority Health. CLAS Standards, 2013.

Culturally and Linguistically Appropriate Services Guidelines (cont.)

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.

Source: US Department of Health and Human Services. Office of Minority Health. CLAS Standards, 2013.

Core Principles I'm Learning To live By

- Treat People with Dignity and Respect
- Believe in People; Catch Them Doing The Right Thing
- Create Opportunities and Give Up POWER
- Be a Good Ally to Our Allies
- Utilize OUR Stories to Combat Stigma & Discrimination
- Participate, Advocate, Participate, Advocate!!!

Gracias and Be Well!