Addressing Diversity and Health Disparities in Promoting Health and Wellness

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“*Healthy Newborns are Pink*
(from nursing textbook)

*See Appendix for exceptions*
Outline

• Cultural Lens as a Framework
• Benefits of Using a Cultural Framework
• How Would Services Look if Applied a Cultural Lens
• Moving Forward with an Agenda:
  – “Whatcha Goin do on Monday”
Through a Cultural Lens

Slide Source: National Center for Cultural Competence, 2009
Culture

Culture is an integrated pattern of human behavior which includes but is not limited to:

- Communication
- Rituals
- Roles
- Languages
- Relationships
- Practices
- Beliefs
- Expected behaviors
- Courtesies
- Manners of interacting
- Customs
- Thought

... of a racial, ethnic, religious, social, or political group; the ability to transmit the above to succeeding generations; dynamic in nature.

Slide Source: The National Center for Cultural Competence, 2009
Known Inequities in Healthcare

The Surgeon General documented the existence of several disparities affecting mental health care of racial and ethnic minorities compared with whites:

- Minorities have less access to, and availability of, mental health services.
- Minorities are less likely to receive needed mental health services.
- Minorities in treatment often receive a poorer quality of mental health care.
- Minorities are underrepresented in mental health research.
Penetration Rates
Philadelphia Medicaid Population

Penetration Rates by Race/Ethnicity 1997-2006


Hispanic  WHITE  AFRICAN AMER.  ASIAN
African-American Disparities

Compared with Whites, African Americans:

- More Inpatient and Emergency Room visits
- Underutilize outpatient services
- Less likely to receive clinically-appropriate treatment
- More likely to discontinue treatment earlier
- Less likely to receive minimal care when diagnosed with SMI
- Receive fewer “atypical” antipsychotics and newer antidepressants, higher dosages, and more depot
Geographical Information System (GIS) Techniques

Service Utilization  AA Residential Distribution Providers
## Matrix on Mental Health Disparities

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<thead>
<tr>
<th></th>
<th>Availability</th>
<th>Accessibility</th>
<th>Affordability</th>
<th>Appropriateness</th>
<th>Acceptability</th>
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<tbody>
<tr>
<td><strong>Data Sources</strong></td>
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<td><strong>Data</strong></td>
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<td><strong>Strategies</strong></td>
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<td><strong>Outcomes</strong></td>
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<td><strong>Research Literature</strong></td>
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<td><strong>Community Examples</strong></td>
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V. H. Jackson, Ph.D., National Center for Cultural Competence, 2009
Fundamental Question:
Does the use of Africentric Practice Make a difference for African Americans?

V. H. Jackson, Ph.D., National Center for Cultural Competence, 2009
Cultural & Linguistic Competence Benefits
Patients, their Families & Communities
Health and Mental Health Care Providers & Systems

- Quality & effectiveness of care
- Health outcomes & well-being
- Effectiveness of patient-provider communication
- Provider knowledge & skills
- Patient and provider satisfaction
- Mutual respect & shared decision-making

- Decrease

- Health & mental health disparities
- Disproportionate burden of disease & mortality
- Social & resource inequities
- System costs
- Bias & discrimination

T.D. Goode
Slide Source: The National Center for Cultural Competence, 2009
Models of Culturally Competent Interventions

Culturally Specific

Multicultural

Transcultural
Day Transformation Incorporates holistic, CC care

Crisis Service Utilization:
Percentage Change by Agency
11 Months Post Day Program Transformation
The Dawning of a New Day in Promoting Health and Wellness
The vision for now and tomorrow

- Where - location
- Who – workforce
- How – cultural humility

Slide Source: National Center for Cultural Competence, 2009
A Conceptual Framework for a Public Health Approach to Children’s Mental Health
Intervention Model for Children’s Mental Health
Promising Practices that Promote Health and Wellness
South East Asian Community

Considerations
- Stigma/limited acceptance of MH challenges
- Communication barriers
- Alternative help seeking

Program Activities
- Jook breakfasts for the elderly
- Utilizing cultural tradition of storytelling and sharing heritage with younger generation by pairing elders with children
- Clinicians as cultural brokers and educators
- Partnerships with local healers and faith based institutions
- Integration of primary care, BH and traditional healing approaches
- Mobile Outpatient Teams
West African Community

Considerations

• Trauma
• Distrust
• Acculturation Challenges
• Internalized racism/shame

….all lead to depression, anxiety, externalizing behaviors

Children’s Program Activities - Project Tamaa

• Trauma- and Grief-Focused Therapy Groups
• Multicultural Community Events
• Address acculturation issues and strengthen cultural identity
• Refugee Caregiver Education/Support Group
• Mural Arts Initiative
Are The Programmatic Efforts Making Any Difference in People’s Lives?
Changes in Penetration Rates

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Pre-5 years Ago</th>
<th>Now</th>
<th>Percent Change</th>
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<tbody>
<tr>
<td>African-American</td>
<td>18,379,998</td>
<td>24,515,429</td>
<td>33%</td>
</tr>
<tr>
<td>Native American</td>
<td>49,326</td>
<td>127,762</td>
<td>159%</td>
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<tr>
<td>Asian</td>
<td>242,238</td>
<td>360,533</td>
<td>49%</td>
</tr>
<tr>
<td>White</td>
<td>8,389,218</td>
<td>10,997,567</td>
<td>31%</td>
</tr>
<tr>
<td>Others</td>
<td>3,765,221</td>
<td>6,882,660</td>
<td>83%</td>
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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.

Adapted from Cross, Bazron, Dennis and Isaacs, 1989)
ESSENTIAL ELEMENTS IN A CULTURALLY COMPETENT SYSTEM

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

- policy makers
- administration
- practice & service delivery
- consumer/patient/family
- community

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

Adapted from Cross, Bazron, Dennis, & Isaacs, 1989
Five Elements of Cultural Competence

Organizational Level

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

(Cross, Bazron, Dennis and Isaacs, 1989)
What are the implications for cultural & linguistic in ...

- **CORE FUNCTIONS**
  What we do ….

- **HUMAN RESOURCES & STAFF DEVELOPMENT**
  Who we are …

- **FISCAL RESOURCES & ALLOCATION**
  Where the money goes …

- **COLLABORATION & COMMUNITY ENGAGEMENT**
  Who our partners are …

- **CONTRACTS**
  Whom do we entrust to deliver services and supports …
Advocacy Agenda

• Use standardized and validated protocols when available and appropriate
• Require that data is disaggregated according to race and ethnicity
• Require cross training of behavioral health and primary health providers
• Expand the diversity within the workforce by aggressively recruiting and supporting the training of the minority individuals
Advocacy Agenda

• Encourage a community based and public health approach to treatment
• Ensure equal distribution of services across communities
• Remove barriers to the provision of integrated behavioral and physical health care in social service settings
It’s a life’s journey …
not a destination

Safe travels!

T.D. Goode
Slide Source: National Center for Cultural Competence, 2009