Lobby

What does the term “health equity” mean to you?

Respond in the chat box!

Pacific Southwest (HHS Region 9)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Cultural Competence and Health Disparities in Substance Misuse

Albert Gay, MS

Disclaimer

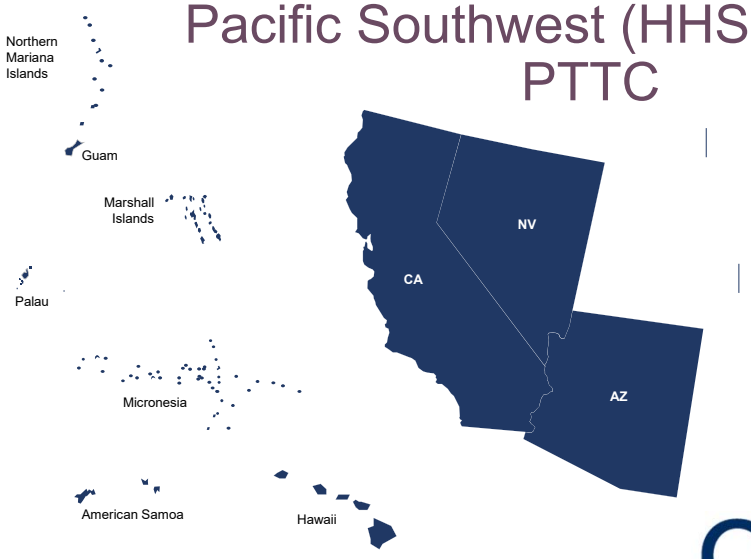
The views expressed in this webinar do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.

This webinar is being recorded and archived, and will be available for viewing after the webinar. Please contact the webinar facilitator if you have any concerns or questions.

Purpose of the PTTC

- Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts
- Provide training and learning resources to prevention professionals
- Develop tools and resources to engage the next generation of prevention professionals

Pacific Southwest (HHS Region 9) PTTC



Parent Organization: **CASAT, University of Nevada, Reno**

CASAT
Center for the Application of Substance Abuse Technologies
University of Nevada, Reno

Mark Your Calendars!

Monthly Media Series:

PART II

- June 26th: The Prevention Coalition's Role in Addressing Health Disparities – 3:00 PM PACIFIC TIME

Albert Gay, M.S. is a national trainer and consultant in the field of substance use prevention. Over the years, he has worked on many federal level projects for the Substance Abuse and Mental Health Services Administration (SAMHSA). Currently, he works within Indiana University's School of Public Health as an Education and Training Specialist and Research Associate. Nationally, he has trained the behavioral health workforce, the United States military, and diverse population groups and community coalitions within a collaborative strategy framework. Currently, he is the chair of a local coordinating council for the county and a key leader for the Gary Drug Free Communities coalition.

AGENDA

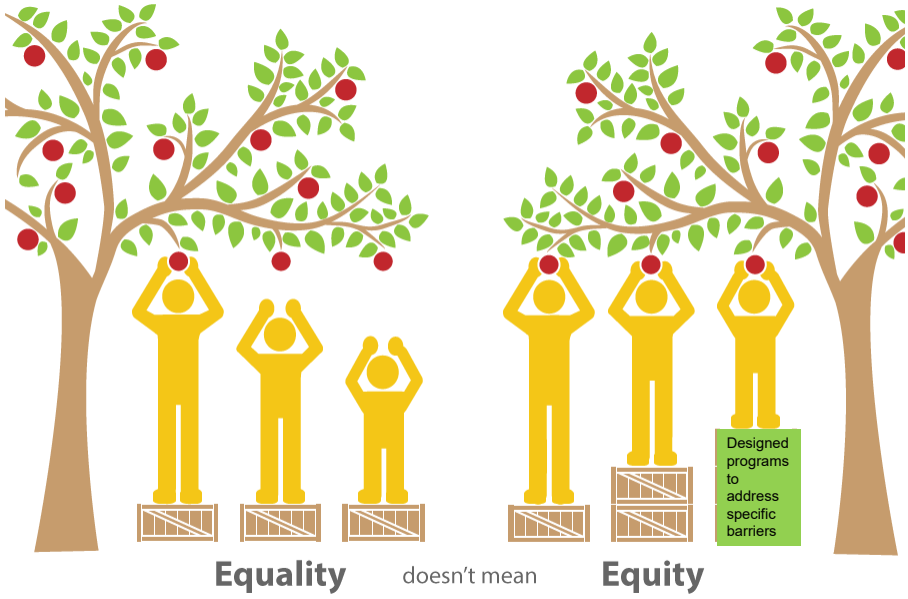
- Definitions of key terms
- The Impact of Health Disparities
- Barriers
- Culturally Appropriate Ways to Reduce Disparities

- Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."
- Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. "Health equity" or "equity in health" implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

Health Equity – Robert Wood Johnson Foundation

- RWJF – Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences- including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. (14:32min)
- For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

Equality vs. Equity

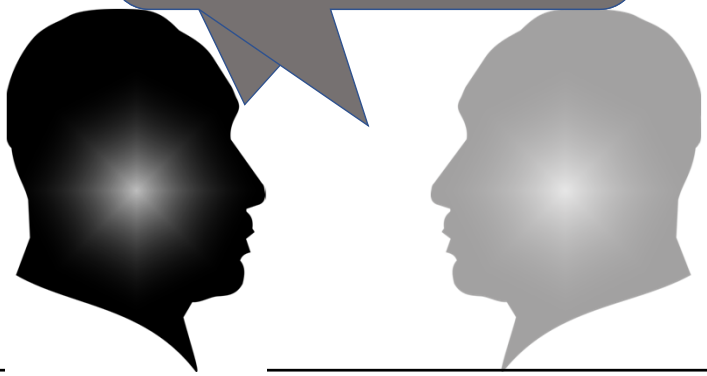


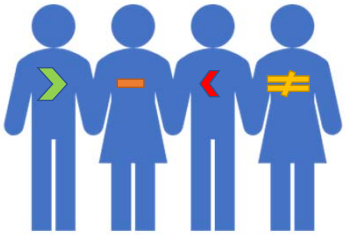
Health Inequity

- Systematic and unjust distribution of social, economic, and environmental conditions needed for health
- Unequal access to quality education, healthcare, housing, transportation, other resources (e.g., grocery stores, car seats)
- Unequal employment opportunities and pay/income
- Discrimination based upon social status/other factors

Facing Health Disparities

"…of all the forms of injustice, inequality in healthcare is the most shocking and inhumane."
-- Dr. Martin Luther King Jr.





Health Disparities Defined

Healthy People 2020 defines a *health disparity* as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. 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. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020.

Example Health Disparities

- American Indians and Alaska Natives die at higher rates than other Americans from tuberculosis(750% higher), alcoholism (550% higher), diabetes (190% higher), unintentional injuries (150% higher), homicide (100% higher) and suicide (70% higher).
- Low-income individuals have higher mortality rates than high-income individuals, even when health insurance is universally available.
- Pain of all types, and in all settings, is generally mismanaged among racial and ethnic minorities
- African-American women are more likely to die from breast cancer than white women, in part because the former have lower screening rates and are diagnosed at later stages of the disease.
- Infant mortality rates among African Americans are twice as high as those among whites. African-American infants are almost four times as likely to die from complications related to low birth weight as white infants.
- Hispanics are less likely to receive or use medications for asthma, cardiovascular disease, HIV/AIDS, mental illness or pain, as well as prescription medications in general.

Source: Center for Prevention and Health Services Issue Brief
Posted on May 1, 2010 by Health Justice CT

Disparities by the Numbers

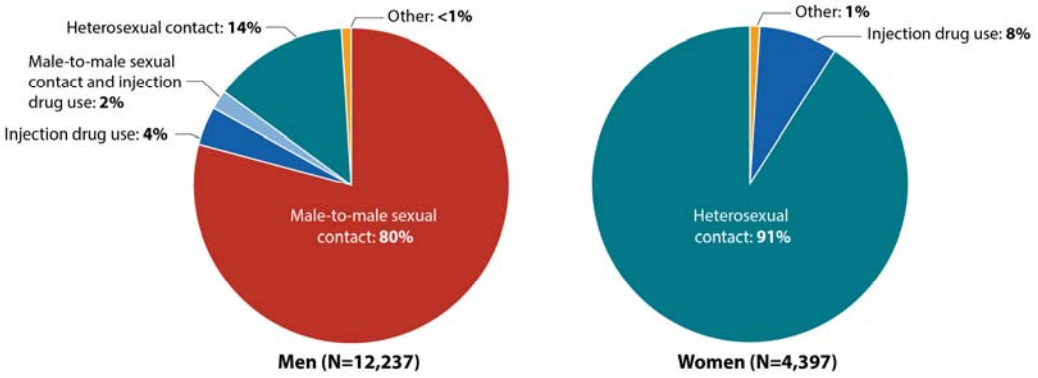
Diagnoses of HIV Infection

Race or Ethnicity	Number of Diagnoses of HIV Infection, 2017
American Indian/Alaska Native	212
Asian	945
Black/African American	16,694
Hispanic/Latino[a]	9,908
Native Hawaiian/Other Pacific Islander	59
White	10,049
Multiple Races	872

https://www.cdc.gov/hiv/statistics/overview/index.html

Disparities in Plain Sight

New HIV Diagnoses Among Blacks/African Americans by Transmission Category and Sex in the US and Dependent Areas, 2017



https://www.cdc.gov/hiv/group/racialethnic/africanamericans/index.html

Behavioral Health

Equity

- Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, geographical location and social conditions through prevention and treatment of mental health and substance use conditions and disorders.

Disparities

- Behavioral health disparities refer to differences in outcomes and access to services related to mental health and substance misuse which are experienced by groups based on their social, ethnic, and economic status.

Negative Health Outcomes

- Cardiovascular conditions
- Pregnancy complications
- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Homicide
- Suicide

Substance Misuse Data

Gender

- In 2017, about 9.4% of men and 5.2% of women age 12 and older had a substance use disorder.
- Men may be more likely to abuse illicit drugs than women, but women may be just as prone to addiction as men when they do abuse them.

Race/Ethnicity

- American Indians and Alaska Natives age 12 and older had the highest rate of substance abuse and dependence in 2017, at 12.8%.
- Whites had a 7.7% rate of substance abuse in 2017.
- About 6.8% percent of African Americans struggled with substance use disorders, while the percentage of Hispanics or Latinos who suffered from substance use disorders was 6.6%.
- Approximately 4.6% percent of Native Hawaiians and Pacific Islanders suffered from substance use disorders.
- Asian Americans had the lowest rate of substance use disorders at 3.8%.

Sources: SAMHSA. (2018). Results from the 2017 National Survey on Drug Use and Health: Detailed Tables.

National Institute on Drug Abuse. (2018). Substance Use in Women.

A Closer Look

Criminal Justice

- Of the 2.3 million people in American prisons and jails, more than 65% meet the criteria for addiction.
- Around 75% of individuals in a state prison or local jail who suffer from a mental illness also struggle with substance abuse, and the opposite is also true.

Employment Status

- Almost twice as many people who are unemployed struggle with addiction than those who are full-time workers, CNN Money Around 17% of the unemployed and 9% of the employed population struggle with a substance use disorder.

Women & Opioids

- Women may more rapidly develop a prescription painkiller dependence than men. They are also more likely to have chronic pain, be prescribed pain relievers, and receive higher doses.

American Society of Addiction Medicine. (2016). Opioid Addiction Facts & Figures

Disparities in Tobacco Use

- LGBT populations have the highest rates of tobacco, alcohol, and other drug use. (Healthy People 2020)
- Reported in the United States, the United Kingdom, and Australia, smoking is two to three times more prevalent among people with mental illness, when compared with the general population

Smoking, Mental Illness, and Public Health, Annual Review of Public Health vol. 38 2017

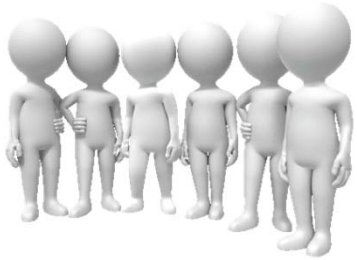
Social Determinants of Health

Life-enhancing resources whose distribution across populations effectively determines length and quality of life.

Health and Health Care

- Access to Health Care
- Access to Primary Care
- Health Literacy

Social and Community Context



- Civic Participation
- Discrimination
- Incarceration
- Social Cohesion

Education

- Early Childhood Education and Development
- Enrollment in Higher Education
- High School Graduation
- Language and Literacy

Economic Stability

- Employment
- Food Insecurity
- Housing Instability
- Poverty

Neighborhood and Built Environment

- Access to Foods that Support Healthy Eating Patterns
- Crime and Violence
- Environmental Conditions
- Quality of Housing

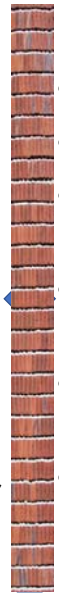
Activity – Factors That Impact Health

Low-Income

Economic-stable

The Experience of Barriers to Health

- High-quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- Culturally sensitive health care providers
- Health insurance
- Clean water and non-polluted air



- Race and ethnicity
- Gender
- Sexual identity and orientation
- Disability status or special health care needs
- Geographic location (rural and urban)
- Income level

SDOH & Community Risk Factors Crosswalk Activity

- Availability of drugs
- Community laws and norms favorable toward drug use, firearms and crime
- Transitions and mobility
- Low neighborhood attachment and community disorganization
- Extreme economic deprivation

- How could you build protection?

SDOH & Family Risk Factors Crosswalk Activity

- Family history of the problem behavior
- Family management problems
- Family conflict
- Parental attitudes and involvement in drug use, crime and violence

- How could you build protection?

SDOH & School Risk Factors Crosswalk Activity

- Academic failure beginning in elementary school
- Lack of commitment to school

- How could you build protection?

SDOH & Individual/Peer Risk Factors Crosswalk Activity

- Early and persistent antisocial behavior
- Alienation/rebelliousness
- Friends who engage in the problem behavior
- Gang involvement
- Favorable attitudes toward the problem behavior
- Early initiation of the problem behavior
- Constitutional factors

- How could you build protection?

Who's Affected? - The Vulnerable

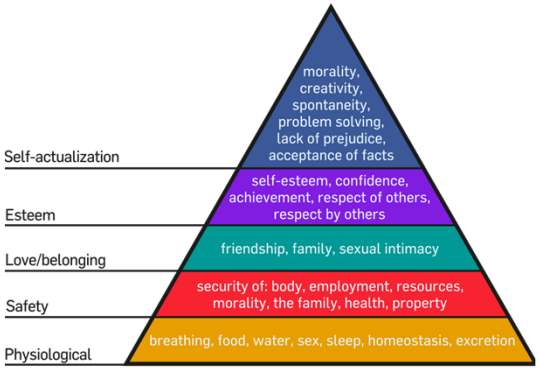
- Racial / Ethnic Minority Groups
- LGBT
- Un/Underinsured
- Homeless
- Mental disabled
- Physical disabled
- People in poverty (economic distress)
- People with chronic Illness
- Immigrants (Migrant Farm workers)
- Rural / Urban

- Military veterans
- Children in poverty
- Children in protective custody
- Incarcerated persons
- Educationally disadvantaged
- Others . . .

What are the Outcomes of These Populations?

What do Vulnerable Populations Experience?

- Disrespect
- Victimization
- Attack
- Assault
- Frustration
- Anguish
- Disappointment
- Oppression (externa / Internal)
- Trauma (Historical)
- Insecurity



- Bias
- Discrimination
- Cultural Barriers
- Linguistic Barriers

Roadblocks to Addressing Health Disparities

The Implicit Bias
The Barrier to Addressing Health Disparities

The negative evaluation of one group and its members relative to another.
Such bias can be expressed directly or indirectly

WARNING

Bias

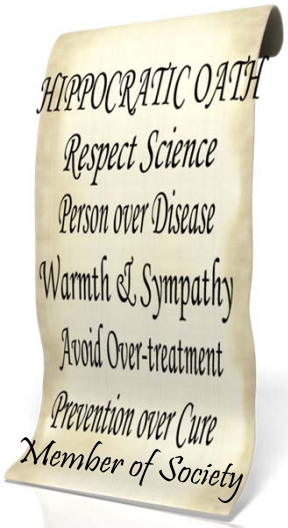
Explicit requires

- Person is aware of his/her evaluation of a group,
- Person believes that evaluation to be correct
- Person has the time and motivation to act on it in the current situation
- In what ways have you been impacted by this form?

Implicit

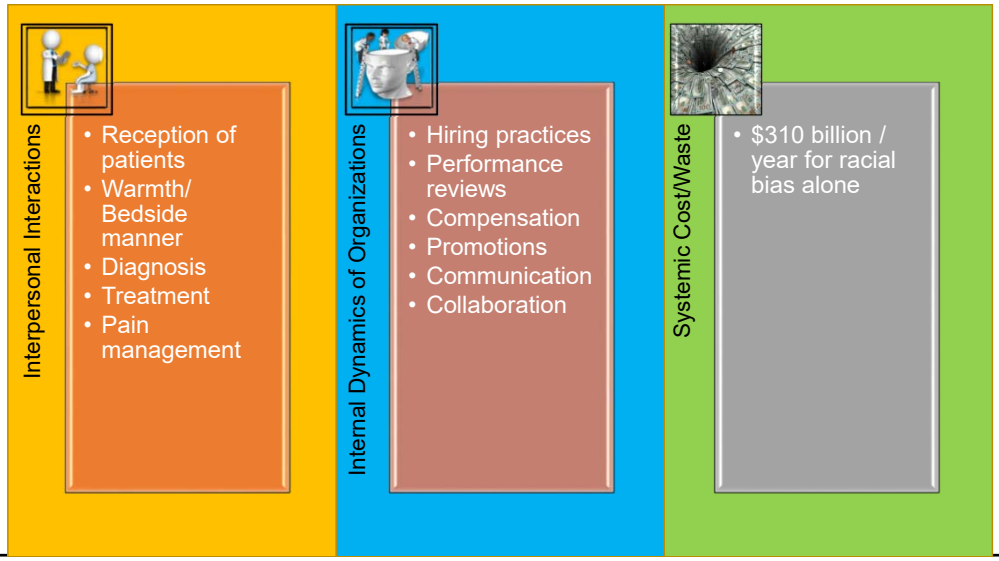
- operates in an unintentional, even unconscious manner.
- does not require the perceiver to endorse it or devote attention to its expression.
- activated quickly and unknowingly by situational cues
- controlling it is not a straightforward matter

The Healthcare Example



Source: https://hslmcmaster.libguides.com/c.php?g=306726&p=2044095

How Bias Works in Healthcare



How Does Bias Affect Interactions with People from Diverse Groups?

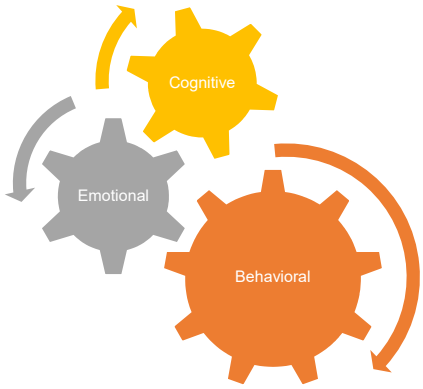
Collective Integrated Bias

- Bias unchecked leads to
  - Stigmas
  - Fears
  - Dangerous Myths
  - Prejudice
  - Discriminatory Practices

Prejudice

Definition:

- Prejudice is an unjustified or incorrect attitude (usually negative) towards an individual based solely on the individual's membership of a social group.



Source: https://www.simplypsychology.org/prejudice.html

Forms of Prejudice

Discrimination

Business Dictionary Definition:

1. Bias or prejudice resulting in denial of opportunity, or unfair treatment regarding selection, promotion, or transfer. Discrimination is practiced commonly on the grounds of age, disability, ethnicity, origin, political belief, race, religion, sex, etc. factors which are irrelevant to a person's competence or suitability.
2. Unequal treatment provided to one or more parties on the basis of a mutual accord or some other logical or illogical reason.
3. Differences in two rates not explainable or justifiable by economic considerations such as costs.

Source:
http://www.businessdictionary.com/definition/discrimination.html

Countering Bias

Contact Hypothesis:

- Contact with people from other groups tends to reduce prejudice against them.
- Following conditions must be maintained:
  1. Mutual interdependence
  2. Common goal
  3. Equal status and power
  4. Friendly and informal environment
  5. Must learn that members they come to know are typical of their group
  6. Social norms that promote / support equality among groups are operating in situation.

Ways to Reduce Disparities

Cultural Competence

having the capacity to function effectively – individually and as an organization – within the context of the cultural beliefs, behaviors, and needs of a community or population group.

U.S. Department of Health and Human Services, Office of Minority Health

Why is it Important?

- Culturally responsive skills can improve participant engagement in services, relationships between populations of focus and providers, and retention and outcomes.
- Cultural competence is an essential ingredient in decreasing disparities in behavioral health.
- Provides more opportunities to access services that reflect a cultural perspective on and alternative, culturally congruent approaches to their presenting problems.
- Culturally responsive services will likely provide a greater sense of safety from the participant's perspective, supporting the belief that culture is essential to better behavioral health outcomes.

A Question of Competence or Humility

Competence Vs. Humility

Cultural Competence

Cultural Humility

- encourage personal reflection and growth around culture to increase awareness
- Introspection & Co-learning
- Challenging for professionals to learn with and from clients.
- No end result, which those in professional fields can struggle
- Lifelong learning, no end goal, Joy in the Journey
- Mutual beneficial relationship

Why Consider Culture?

Benefits With

Consequences Without

Why Would Organizations Not Want to Acknowledge Cultural Considerations?

Advantages

Disadvantages

Discovering . . . ALICE

- Asset
- Limited
- Income
- Constrained
- Employed

The Journey of Cultural Humility

Application #1: Know Thy Self

Cultural groups to which you belong. And what aspects are Healthy vs unhealthy

- Language/s preferred
- Values
- Norms
- Beliefs
- Symbols
- Practices
- Sanctions

Self-Assessment (part 1) - Activity

Awareness		Never	Sometimes/ Occasionally	Fairly Often/ Pretty Well	Always/Very Well
Value Diversity	I view human difference as positive and a cause for celebration.				
Know Myself	I have a clear sense of my own ethnic, cultural, and racial identity.				
Share my culture	I am aware that in order to learn more about others I need to understand and be prepared to share my own culture.				
Be Aware of areas of discomfort	I am aware of my discomfort when I encounter differences in race, color, religion, sexual orientation, language, and ethnicity.				
Check my assumptions	I am aware of the assumptions that I hold about people of cultures different from my own.				
Challenge my stereotypes	I am aware of my stereotypes as they arise and have developed personal strategies for reducing the harm they cause.				

Self-Assessment Tool (part 2) - Activity

Awareness		Never	Sometimes/ Occasionally	Fairly Often/ Pretty Well	Always/Very Well
Reflect on how my culture informs my judgment	I am aware of how my cultural perspective influences my judgment about what are "appropriate," "normal," or "superior" behaviors, values, and communication styles.				
Accept ambiguity	I accept that in cross-cultural situations there can be uncertainty and that uncertainty can make me anxious. It can also mean that I do not respond quickly and take the time needed to get more information.				
Be curious	I take any opportunity to put myself I place where I can learn about differences and create relationships.				
Aware of my privilege	If I am of majority working with a person of minority or disadvantage status, I understand that I will likely be perceived as a person with power and privilege, and that I any not be seen as "unbiased" or as an ally.				

Self-Assessment Tool Scoring

- At the end of each section add up the number of times you have checked that column
- Multiple the number of times you have checked the columns by:
  - Never - 1
  - Sometimes/Occasionally - 2
  - Fairly Often/Pretty Well - 3
  - Always/Very Well - 4
- *The more points you have, the more culturally competent you are becoming.*

Adapted from: http://static.diversityteam.org/files/414/cultural-competence-self-assessment-checklist.pdf?1342126927

This Journey Brings Gifts Along the Way

AWARENESS: The process of conducting a self examination of one's own biases toward other cultures and in-depth exploration of one's own culture.

ATTITUDE provides the motivation of an individual to become more culturally competent and to continue in that forward progression.

HUMILITY: The understanding that you can never know all things about cultural groups and therefore submit to others (clients) for continual guidance.

SKILLS: The ability to effectively apply awareness and knowledge to interactions and relationships with people from different cultures.

KNOWLEDGE: The process in which the professional seeks and obtains a worldview of different cultural and ethnic groups.
- Recognizing different values
- What is important in your culture?

Step #1 (Continued): Know Thy Self . . . In Relation to Others

- How do others view me?
- How do I view others?
- Privileges?
- Biases (implicit)?
  - Project Implicit through Harvard University: https://implicit.harvard.edu/implicit/takeatest.html

Step #1 (Cont.): Learn at the Feet of Your Focus Population

- Ask permission to enter
- Be willing to be rejected
- Drop your guard & title
- Move past fear, stigma
- Become the learner

How Does Bias Affect the Internal Dynamics of Organizations?

Step #2: Recognize and Challenge Power Imbalances

Acknowledging and challenging the power imbalances inherent in our practitioner/client dynamics

The National Standards for Culturally and Linguistically Appropriate Services (CLAS)

- The National Standards for Culturally and Linguistically Appropriate Services (CLAS) were designed by the Office of Minority Health within the U.S. Department of Health and Human Services.
- **CLAS Standards** address health disparities by providing guidelines for organizations to advance health equity by implementing culturally and linguistically appropriate services.
- The language of the CLAS Standards tends to focus on health care, but SAMHSA promotes the use of the CLAS Standards for substance abuse prevention efforts.
- There are 15 Standards that are categorized into 4 themes.

Department of Health and Human Services, 2015

Enhanced CLAS Standards

Principal Standard (Standard 1):

- 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.

Department of Health and Human Services, 2015

Enhanced CLAS Standards 2 - 15

Standards 2-4

- Governance
- Leadership
- Workforce

Standards 5-8

- Communication
- Language Assistance

Standards 9-15

- Engagement
- Continuous Improvement
- Accountability

Department of Health and Human Services, 2015

CLAS Standards (continued)

- Examples:
  - Offering language assistance
  - Offering services in languages other than English
  - Translating documents into languages other than English
  - Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
  - Ensure that the literacy level of your audience is reflected in your communications (verbal & written).

Department of Health and Human Services, 2015

CLAS Standards (continued)

- Examples:
  - Conduct ongoing assessments on the demographics of your community to ensure you are providing appropriate services.
  - Establish goals for your organization to meet that relate to cultural competence and health disparities.
  - Create policies within your organization to ensure that language and cultural considerations are addressed and monitored.
  - Make sure that your organization is representative of your community in workforce and leadership.

Department of Health and Human Services, 2015

Step #3 (Cont.): Transform into an Action Player

Ally

An ally is any person who supports, empowers, or stands up for another person or a group of people in a marginalized community.

Accomplice

An accomplice will focus more on dismantling the structures that oppress that individual or group—and such work will be directed by the stakeholders in the marginalized group.

Source: https://www.codepink.org/be_accomplices_not_allies

National Prevention Strategy

1. Ensure a strategic focus on communities at greatest risk.
2. Reduce disparities in access to quality health care.
3. Increase the capacity of the prevention workforce to identify and address disparities.
4. Support research to identify effective strategies to eliminate health disparities.
5. Standardize and collect data to better identify and address disparities.

Department of Health and Human Services, National Prevention Council 2010

What Individuals and Families Can Do

- Participate in community-led prevention efforts.
- Use community resources (e.g., libraries, literacy programs) to improve the ability to read, understand, and use health information.
- Understand and own your biases

Department of Health and Human Services, National Prevention Council 2010

Community, Nonprofit, and Faith-Based Organizations

- Bring together professionals from a range of sectors (e.g., transportation, health, environment, labor, education, and housing) with community representatives to ensure that community health needs are identified and that needs and barriers are addressed.
- Help ensure that prevention strategies are culturally, linguistically, and age appropriate, and that they match people's health literacy skills.
- Provide Internet access and skill building courses to help residents find reliable health information and services.

Department of Health and Human Services, National Prevention Council 2010

Early Learning Centers, Schools, Colleges, and Universities

- Conduct outreach to increase diversity (e.g., racial/ethnic, income, disability) in health care and public health careers.
- Offer preventive services (e.g., mental health services, oral care, vision and hearing screenings) for all children, especially those at risk.
- Develop and implement local strategies to reduce health, psychosocial, and environmental conditions that affect school attendance and chronic absenteeism.

Department of Health and Human Services, National Prevention Council 2010

Health Care Systems, Insurers, and Clinicians

- Increase the cultural and communication competence of health care providers.
- Train and hire more qualified staff from underrepresented racial and ethnic minorities and people with disabilities.

Department of Health and Human Services, National Prevention Council 2010

Business and Employers

- Provide opportunities for workplace prevention activities, including preventive screenings.
- Partner with local resources such as libraries and literacy programs to enhance employees' ability to identify and use reliable health information.

Department of Health and Human Services, National Prevention Council 2010

State, Tribal, Local, and Territorial Governments

- Use data to identify populations at greatest risk and work with communities to implement policies and programs that address highest priority needs.
- Improve coordination, collaboration, and opportunities for engaging community leaders and members in prevention.

Department of Health and Human Services, National Prevention Council 2010

Albert Gay

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Pacific Southwest (HHS Region 9)

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Funded by Substance Abuse and Mental Health Services Administration

Please provide your feedback!

https://www.surveymonkey.com/r/9910TR1015_CulturalCompetencyAndHealthDisparitiesInSubstanceMisuse_Post

CASAT Center for the Application of Substance Abuse Technologies University of Nevada, Reno