Increasing Cultural Competency to Reduce Health Disparities: Approaches for States, Tribes, and Jurisdictions

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SAMHSA's Center for the Application of Prevention Technologies (CAPT)

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Partnerships For Success 2013 and 2014 Webinar

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Recording
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Objectives

• Describe the connections among behavioral health disparities, cultural competency, and other key terminology
• Describe approaches for identifying behavioral health disparities in access, use, and outcomes throughout SAMHSA's Strategic Prevention Framework process
• Provide examples of strategies for addressing behavioral health disparities, including implementation of the Culturally and Linguistically Appropriate Services (CLAS) standards
Short Answer Poll

What is the most confusing thing about addressing behavioral health disparities?

The **What** of Addressing Behavioral Health Disparities: Understanding the Language

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."¹

Behavioral Health Disparities

Behavioral Health Disparities Experienced by Vulnerable Populations
Eliminating disparities between populations has been identified as a U.S. Department of Health and Human Services-wide priority goal, as this will assist in moving our nation toward health equity.

Reduction of Behavioral Health Disparities

Increased Behavioral Health Equity

The Connection Between Disparities and Health Equity

Behavioral Health Disparities Experienced by Vulnerable Populations

Approaches to Reducing Behavioral Health Disparities

Reduction of Behavioral Health Disparities

Increased Behavioral Health Equity
The Role of Cultural Competency in Reducing Behavioral Health Disparities

Cultural competence describes the ability of an individual or organization to interact effectively with people of different cultures.

Addressing Disparities in Prevention: The Disparity Impact Statement (DIS)

Components of the DIS Quality Improvement Plan:

- What are the prevention needs of your identified vulnerable population(s)?
- How can you involve these populations in your prevention efforts?
- What is the availability of prevention services for identified vulnerable population(s) (breadth/depth)?
- Are your prevention efforts reaching these populations?
- What are the outcomes of your prevention efforts on reducing disparities among these populations?

Addressing Disparities in Prevention: Continuous Quality Improvement
The **How of Addressing Behavioral Health Disparities: Cultural Competency in the SPF Process**

**Identifying Behavioral Health Disparities**

**Institutional Example: Military**

A greater portion of active service members (6% more) reported binge drinking in the last 30 days compared to the civilian population.

**Racial/Ethnic Example: Hispanic vs. White population**

24.9% of Hispanic students surveyed indicated that they had "taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription" at least once, compared to 10.9% of White students.
Identifying Behavioral Health Disparities
Geographic Example: Rural vs. Urban

Case Example: Anystate and Anytown, USA

- Lesbian, gay, bisexual, questioning, and queer (LGBQ) populations have been identified as the vulnerable population of focus
- Anystate has funded nine high-need communities to prevent prescription drug misuse among 12- to 25-year-olds
  - Mix of rural and urban settings and one tribal community

Case Example: LGBQ Disparities in Anystate, USA

Past-Year Prescription Drug Misuse Among Lesbian/Gay vs. Heterosexual Young Adults

- Identify as "LGBQ"
- Identify as "Completely Heterosexual"
Case Example: Anytown, USA cont.

- Anytown, a primarily suburban community, has been funded by the state’s PFS grant.
- Anytown has a student survey that includes questions on prescription drug misuse, but there has been resistance from the school board to include specific questions on sexual orientation and gender identity.
- The survey does include questions about students’ experiences of safety and bullying at school.
- Anytown has recently formed a youth health task force to address rising rates of prescription drug misuse among youth, with a focus on LGBQ youth.

Please Share: Implementing a Culturally Competent Assessment in Anytown

Based on your experience, what advice would you give the Anytown Task Force about approaches it could use to fill gaps in data on prescription drug misuse among LGBQ populations in Anytown?

What are some approaches Anytown could use to include representatives from LGBQ populations in data collection and dissemination efforts?

Assessing & Building Capacity to Address Disparities

- **RESOURCES**
- **READINESS**
- **CAPACITY**
Assessing & Building Capacity to Address Disparities

Involve the priority population in efforts to raise awareness, engage stakeholders, and strengthen collaborative groups.

**Case Example: Anytown’s Capacity to Address the Identified Disparity**

- The Task Force has the support of involved parents and some local school staff to address youth prescription drug misuse with a focus on LGBQ youth.
- Several community partners have emerged, including local prescribers and pharmacists.
- Focus group data reveals that Anytown residents largely do not believe that prescription drugs are as harmful as other substances.

**Discussion: Anytown’s Capacity to Address the Identified Disparity**

- **Resources:** What are examples of resources (human, fiscal and organizational) that are still needed to address prescription drug misuse among LGBQ youth?
- **Readiness:** How ready is the community to address the problem of prescription drug misuse among LGBQ youth?
Case Example: Factors Influencing Rx Drug Use among LGBQ in Anytown

Anytown Task Force collected additional focus group data and reviewed research literature to fill identified gaps, and prioritized the following risk and protective factors for substance use among LGBQ youth:

- **Risk factor:** Harassment, victimization, bullying at school
- **Protective Factor:** Positive school climate - anti-bullying policies, gay-straight alliance clubs

Key Considerations in Selecting Strategies

- **Fidelity**
- **Adaptability**
- **Feasibility**
- **Sustainability**

Planning

Case Example: Selecting an Intervention for Anytown, USA

**Priority problem:** Prescription drug misuse among youth, with a focus on LGBQ youth

**Risk factor:** Harassment, victimization, bullying at school

**Possible Interventions:**
- Develop and deliver a school-based social marketing campaign to address school climate issues
- Deliver a parent education program aimed at increasing perception of harm
- Push the School Board to update the student survey questionnaire to include more questions focused on LGBQ issues
**Poll: Selecting an Intervention for Anytown, USA**

Considering what you know about youth prescription drug misuse in Anytown, including among LGBQ youth, which strategy would you select to implement? Why?

**Possible Interventions:**
- Develop and deliver a school-based social marketing campaign to address school climate issues
- Deliver a parent education program aimed at increasing perception of harm
- Push the school board to update the student survey questionnaire to include more questions focused on LGBQ issues

**Infusing Cultural Competency:**

**Stages of Cultural Adaptation**

1. Information Gathering
2. Preliminary Adaptation
3. Pilot Testing
4. Refining the Adaptation
5. Cultural Adaptation Trial

**Case Example: Adapting Your Intervention for LGBQ Youth**

- Interview staff that have implemented a similar social marketing campaign in a nearby school district.
- Tailor campaign to fit specific community characteristics and experiences.
- Test campaign messages with a student focus group.
- Incorporate feedback from community members.
- Roll out campaign to school community.
National Standards for Culturally & Linguistically Appropriate Services (CLAS)

CLAS standards, intended to advance health equity, improve quality, and help eliminate health care disparities, are structured as follows:

- **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.

- **Governance, Leadership, and Workforce (Standards 2-4)**
- **Communication and Language Assistance (Standards 5-8)**
- **Engagement, Continuous Improvement, and Accountability (Standards 9-15)**

**Case Example: Implementing the CLAS Standards in Anytown**

**Governance, Leadership, & Workforce (Standards 2-4):** Identify and engage “non-traditional” community partners in prevention efforts (e.g. LGBQ youth, Anytown coalition for violence prevention, etc.)

**Communication & Language Assistance (Standards 5-8):** Customize pictures and terminology on the task force’s prevention program materials to be inclusive of LGBQ youth.

**Engagement, Continuous Improvement, & Accountability (Standards 9-15):** Collect data on approaches to implementing the CLAS standards, and share results with the Anytown LGBQ community.

**Grantee Example: Mississippi**

Training Community-level Providers to Implement the CLAS Standards in Mississippi

Dr. John Bartkowski
Department of Sociology
University of Texas at San Antonio
Grantee Example: Mississippi cont.

Protocol Development
(Health Disparities Statement)

Training

Program Evaluation

Evaluation

- Conduct both process and outcome evaluations
  - Process: Did we do what we said we would do?
  - Outcome: What changed?

Infusing Cultural Competency

- The priority population is represented in the evaluation process
- Data collection tools reflect their culture
- Evaluation findings are disseminated back to the priority population

Case Example: Evaluating Outcomes in Anytown, USA

- Anytown Task Force’s evaluation activities:
  - Conducted pre- and post-surveys and a focus group with school staff and students to discuss impact of social marketing campaign
  - Tracked adaptations made to programs, including use of CLAS standards, for LGBQ youth
  - Conducted key informant interviews on impact of efforts to customize task force images and terminology on prevention program materials to be inclusive of LGBQ youth

- Outcomes:
  - Increase in number of students reporting on student survey that they feel safe at school
  - Small reduction in prescription drug misuse among LGBQ students
Identify populations vulnerable to behavioral health disparities, the specific disparities experienced by these populations, & where they are located.

Build the capacity of support structures and sub-recipient communities to address behavioral health disparities.

Develop guidance for sub-recipient communities on incorporating effective strategies for identifying, addressing, & monitoring behavioral health disparities among identified populations.

Implement, and adapt as needed, prevention programs that target populations experiencing behavioral health disparities.

Conduct process and outcome evaluations to demonstrate whether the project is having the intended impact on behavioral health disparities among identified populations.

Please Share…

Think about your Disparity Impact Statement Quality Improvement Plan and the content we covered today . . .

• What is one approach you will take in the next 3-6 months to address behavioral health disparities among your identified sub-populations?

Contact Information

If you have any questions, please don’t hesitate to contact:

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Evaluation

Please click on the link below to provide feedback on this event:
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References


References (cont’d.)


8. Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies), Substance Abuse and Mental Health Services Administration (SAMHSA). The Treatment Episode Data Set (TEDS) Report, July 31, 2012


