

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

September 1, 2015

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

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Partnerships For Success 2013 and 2014 Webinar

This training was developed under the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order. Reference #HHSS283201200024I/HHSS28342002T.

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Objectives

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- 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



Behavioral Health Disparities

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

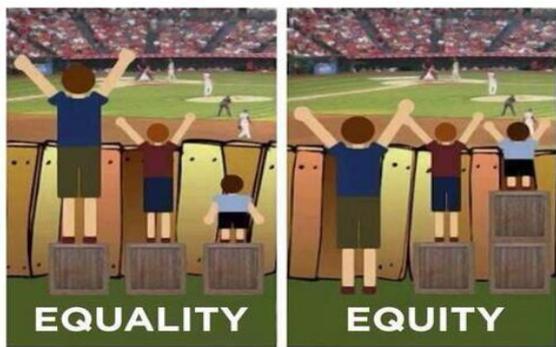
Behavioral Health Disparities Experienced by Vulnerable Populations

Behavioral Health Disparities and Our Road to Health Equity²

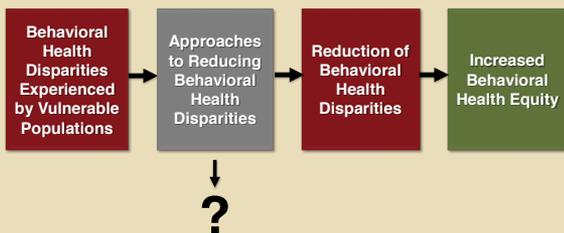
Eliminating disparities between populations has been identified as a U.S. Department of Health and Human Services-wide priority goal, as this will **assist in moving our nation toward health equity**.



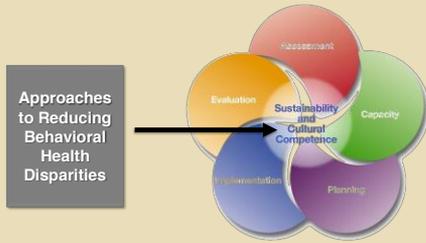
Health Equity



The Connection Between Disparities and Health Equity



The Role of Cultural Competency in Reducing Behavioral Health Disparities



Cultural competence⁴ 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)

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Components of the DIS Quality Improvement Plan:⁵

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

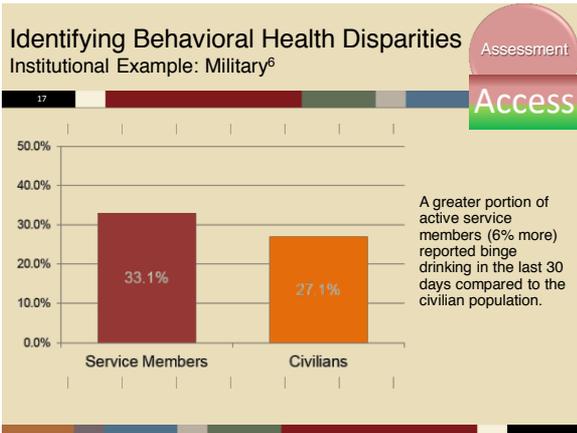
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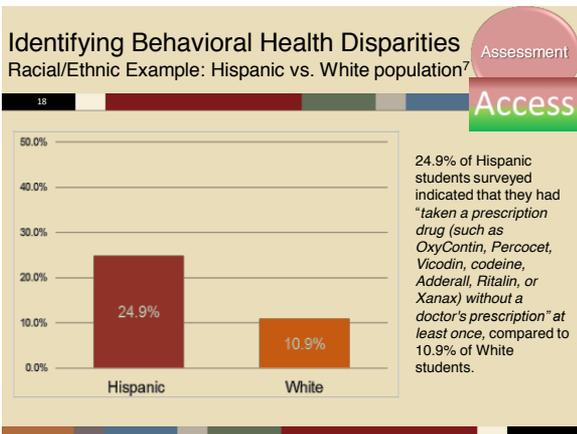




The *How* of Addressing Behavioral Health Disparities: Cultural Competency in the SPF Process



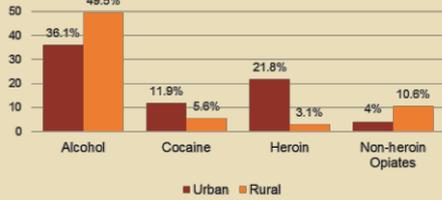




Identifying Behavioral Health Disparities Geographic Example: Rural vs. Urban⁸



Selected Primary Substance of Abuse among Rural and Urban Treatment Admissions Aged 12 or Older



Case Example: Anystate and Anytown, USA

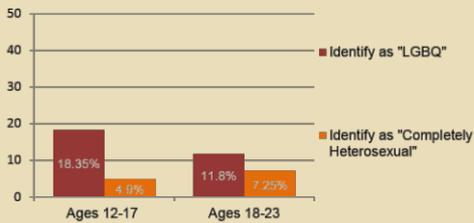


- Lesbian, gay, bisexual, questioning, and queer (LGBQ) populations have been identified as the vulnerable population of focus
- Anystate has funded nine high-need communities to prevent prescription drug misuse among 12- to 25-year-olds
 - Mix of rural and urban settings and one tribal community

Case Example: LGBQ Disparities in Anystate, USA



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



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 LGBTQ 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 LGBTQ populations in Anytown?

Infusing
Cultural
Competency

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

Assessing & Building Capacity to Address Disparities



Assessing & Building Capacity to Address Disparities

Capacity

Access Use

What **resources** do you have AND still need to address the identified disparity?



How **ready** are you AND your funded communities to address this disparity?



CAPACITY to address health disparity

Infusing Cultural Competency

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

Text

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 school¹⁰
- **Protective Factor:** Positive school climate - anti-bullying policies, gay-straight alliance clubs¹¹

Key Considerations in Selecting Strategies



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



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Considering what you know about youth prescription drug misuse in Anytown, including among LGBTQ 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 LGBTQ issues

Infusing Cultural Competency: Stages of Cultural Adaptation¹²



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Case Example: Adapting Your Intervention for LGBTQ Youth



Cultural adaptation to intervention: Social marketing campaign

Information Gathering	Interview staff that have implemented a similar social marketing campaign in a nearby school district.
Preliminary Adaptation	Tailor campaign to fit specific community characteristics and experiences.
Pilot Testing	Test campaign messages with a student focus group.
Refining the Adaptation	Incorporate feedback from community members.
Cultural Adaptation Trial	Roll out campaign to school community.

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. LGBTQ 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 LGBTQ youth

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

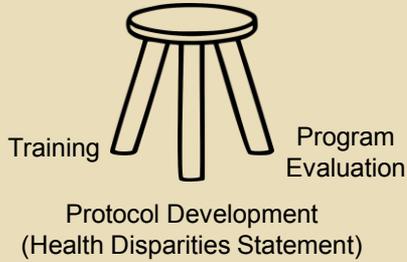
Grantee Example: Mississippi

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

Dr. John Bartkowski
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University of Texas at San Antonio

Grantee Example: Mississippi cont.

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Evaluation

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

Infusing Cultural Competency

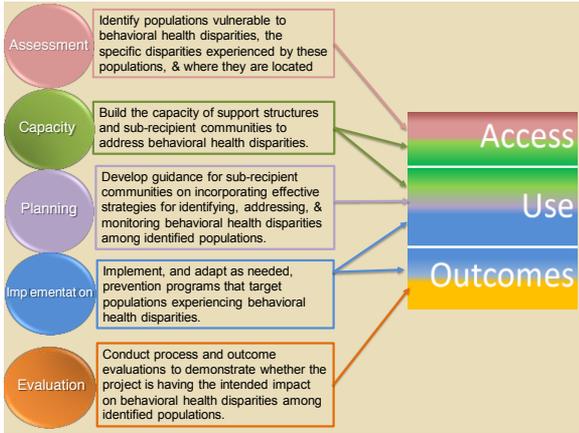
- The priority population is represented in the evaluation process
- Data collection tools reflect their culture
- Evaluation findings are disseminated back to the priority population

Case Example: Evaluating Outcomes in Anytown, USA

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- **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



Please Share...

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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

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

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Evaluation

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Your feedback is very important to us!

References

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