



Increasing Cultural Competency to Reduce Health Disparities: Approaches for Communities

September 10, 2015

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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Facilitator

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Molly Ferguson
CAPT National and Cohort
Services Manager

Presenters

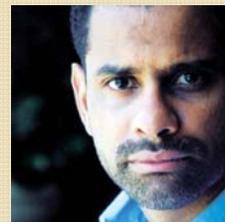
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Productions

Objectives

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- Describe the connections between behavioral health disparities, cultural competency, and other key terminologies
- Describe approaches for identifying and addressing behavioral health disparities among identified sub-populations throughout SAMHSA's Strategic Prevention Framework (SPF) process
- Identify approaches for building community-level readiness and capacity to address behavioral health disparities among identified sub-populations

Short Answer Poll

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



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



Behavioral Health Disparities

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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

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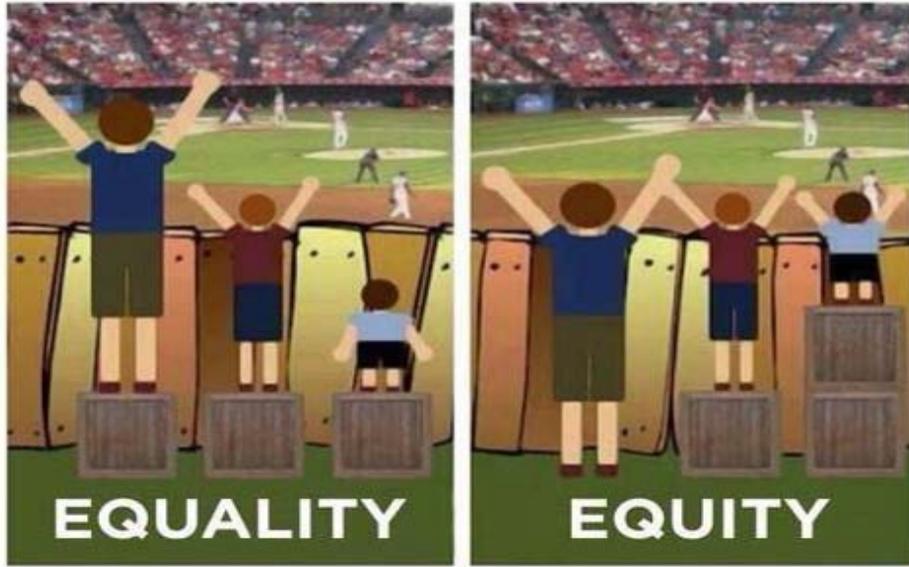
Eliminating disparities between populations has been identified as a U.S. Department of Health and Human Services-wide priority goal, as this will **assist in moving our nation toward health equity.**

Reduction of
Behavioral
Health
Disparities



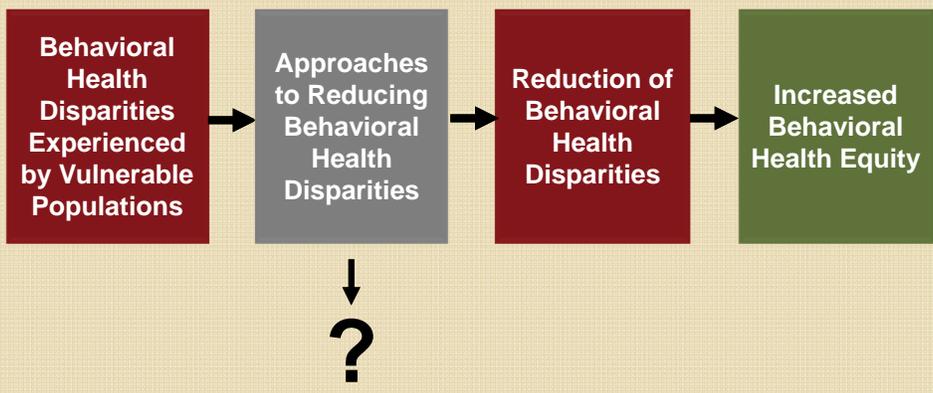
Increased
Behavioral
Health
Equity

Health Equity



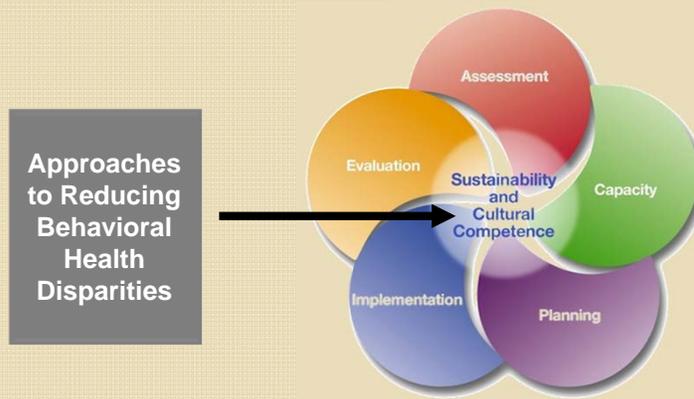
The Connection Between Disparities and Health Equity

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The Role of Cultural Competency in Reducing Behavioral Health Disparities

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Cultural competence⁴ describes the ability of an individual or organization to interact effectively with people of different cultures.



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

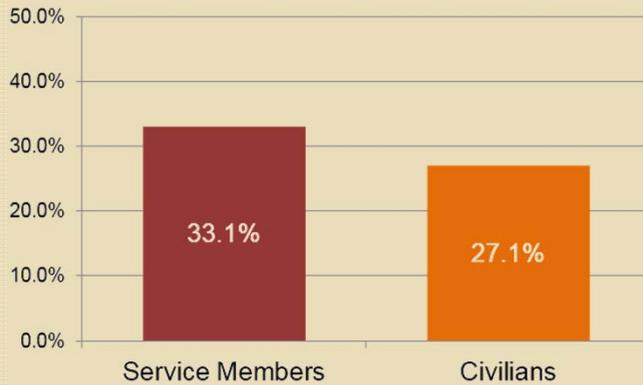


Identifying Behavioral Health Disparities

Institutional Example: Military⁶

Assessment

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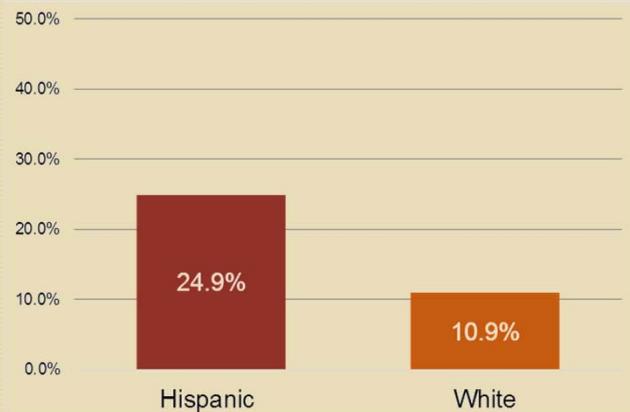
A greater portion of active service members (6% more) reported binge drinking in the last 30 days compared to the civilian population.

Identifying Behavioral Health Disparities

Racial/Ethnic Example: Hispanic vs. White population⁷

Assessment

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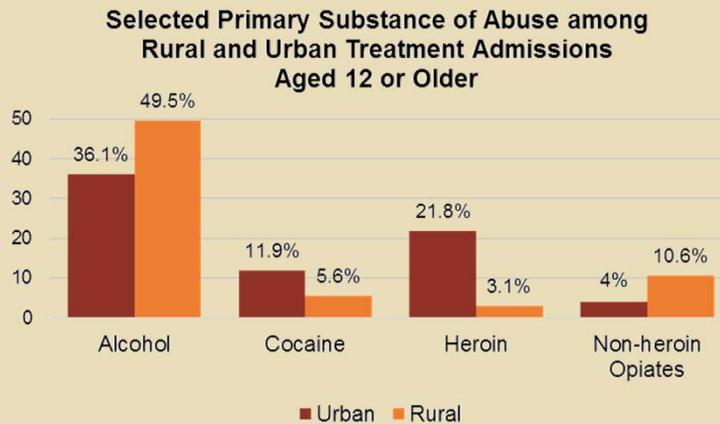


24.9% of Hispanic students surveyed indicated that they had "taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription" at least once, compared to 10.9% of White students.

Identifying Behavioral Health Disparities Geographic Example: Rural vs. Urban⁸

Assessment

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Case Example: Anystate and Anytown, USA



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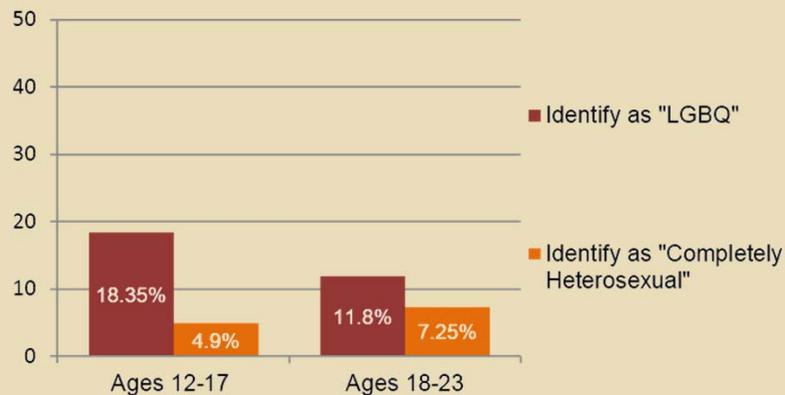
- Lesbian, gay, bisexual, questioning, and queer (LGBQ) populations have been identified as the vulnerable population of focus
- Anystate has funded nine high-need communities to prevent prescription drug misuse among 12- to 25-year-olds
 - Mix of rural and urban settings and one tribal community

Case Example: LGBTQ Disparities in Anystate, USA



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Past-Year Prescription Drug Misuse Among LGBTQ vs. Heterosexual Young Adults



Case Example: Anytown, USA cont.

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- 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



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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?

Infusing Cultural Competency

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

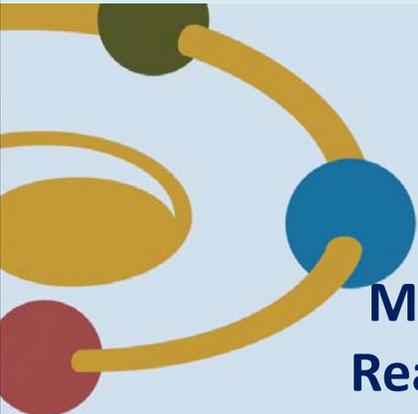
Capacity

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Infusing Cultural Competency

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



MEE's Approach to Reaching & Engaging Underserved, Hard-to-Reach Communities/Audiences (A Review)

MEE
NATIONAL EDUCATIONAL NETWORK

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Building Community Readiness 

Supporting Communities on Their Journey to Optimal Health



**Health Disparities
(Stress/Trauma)**

- Poverty, Violence & Other Social Determinants
- Lack of Access to Quality Care
- Institutional Racism
- Unhealthy Relationships
- Food Deserts
- Chronic Disease
- Dysfunctional/Unstable Homes





**Improved Health Outcomes
(Thriving)**

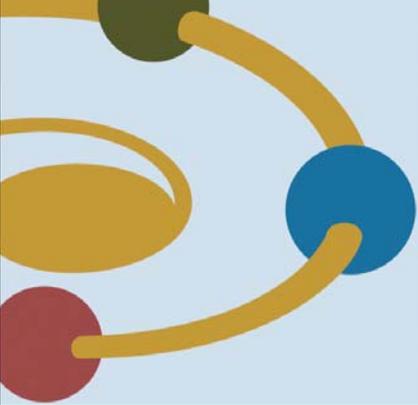
- Effective Parenting
- Early Childhood Education
- School Success
- Resiliency Skills
- Life Plan
- Connectedness to Positive Influencers
- Health for Life



Sender
Messages
Channel
Receiver

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Why Community Engagement?

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Building Community Readiness 

Why Community Engagement is Critical

- Addressing challenges to promoting health & wellness and preventing risky behaviors in underserved, hard-to-reach and low-income communities requires collaboration
 - Broad Range of Community Partners
- Messages reinforced by people the audience knows and trusts (have more credibility/impact)
- Rebuilds the community from the inside out
 - Trauma-Informed Approach Supports Healing/Coping
 - Reciprocity
 - Long-Term Gains

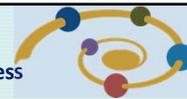
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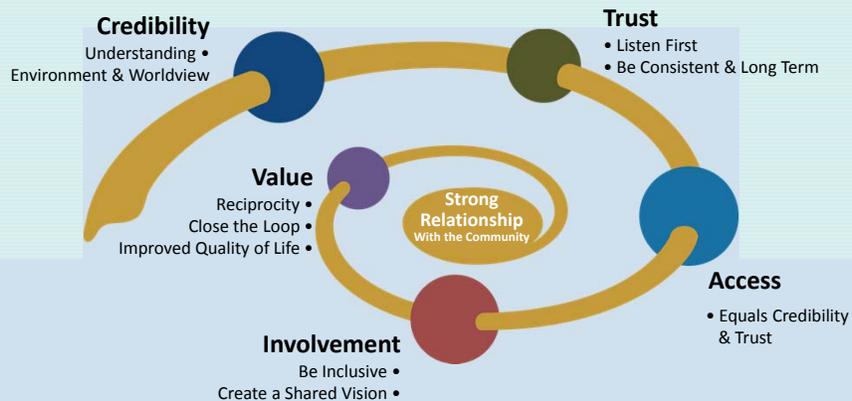


Why Community Engagement is Critical

- The Goal: Gaining Credible Access and Reach
 - Your own distribution channel (*that competes effectively with media messages*)
 - “Multiplier Effect” (from 25-to-1 up to 100-to-1)
- The Benefits (The 3 C’s)
 - Cost-effective (vs. traditional media)
 - Culturally relevant (credibility & trust)
 - Community ownership
- The End Game
 - The 3 D’s: Display/Disseminate/Dialogue
 - Word-of-mouth
 - Referrals (to Access Programs & Services)

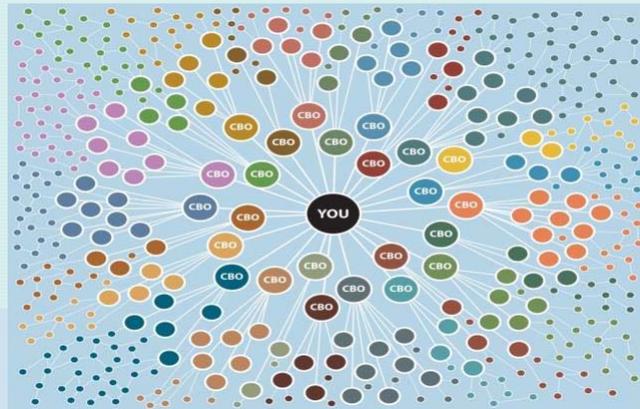


Keys to Effective Community Engagement

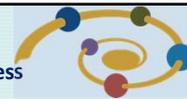




The CBO “Multiplier Effect”



“The Power Channel” (from 1-to-25 up to 1-to-100)



Reflecting Oral Communications Culture

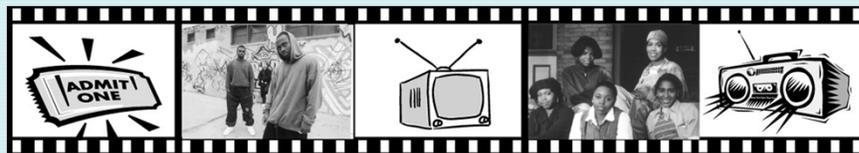
- Particularly important in communities of color
- Word-of-mouth is a key way information is shared; communication in a social context
- Allows your message to live beyond initial push
- Through dialogue & discussion, community takes ownership (i.e., changed awareness, attitudes, norms)
- Highly interactive: argument/counter-argument exchange
 - Challenge and/or question the sender (defend position, convince)
 - Messages and ideas are debated (on way to legitimacy)
 - Receiver: venting, sharing realities (“why” behind the behavior)



Moving from Engagement to Activation

- Success will be all about building and maintaining trusting and authentic community relationships
- Every level of the community must be engaged and mobilized (not just low-hanging fruit)
- Creating word-of-mouth supports community taking ownership of the message

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Polls: Community Engagement

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- Have you encountered any challenges around engaging community members in your prevention efforts? If so, what are the greatest challenges you've encountered?
- Describe any successes that you have had in building relationships and trust among community members you are trying to engage.

Heather Schjenken, STEP Coalition
Deer River, MN

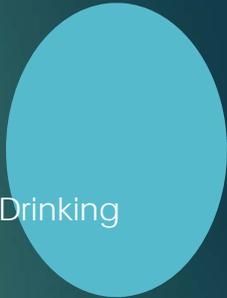
Infusing Cultural Competency To
Address Disparities At The Local Level

Who we are:

Standing Together Embracing
Prevention Coalition (*S.T.E.P.*)
The Movement

Prevention Work around Underage Drinking
within School District 317 Deer River

Planning and Implementation grant funded by:
MN Department of Human Services-Alcohol & Drug Abuse Division

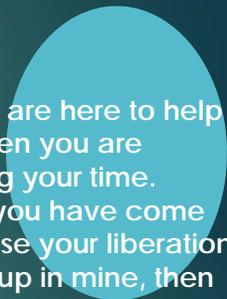


Relationships matter:
Who sits at your Table?



"If you are here to help
me, then you are
wasting your time.
But, if you have come
because your liberation
is tied up in mine, then
let us begin."

Lilly Walker, Australian Aborigine



Messaging - Are you hearing from everyone?



PILOT TESTING

Case Example: Anytown's Capacity to Address the Identified Disparity



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- The Task Force has the support of involved parents and some local school staff to address youth prescription drug misuse with a focus on LGBTQ 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 LGBTQ youth?
- **Readiness:** How ready is the community to address the problem of prescription drug misuse among LGBTQ youth?

Case Example: Factors Influencing Rx Drug Use among LGBTQ youth 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 LGBTQ youth:

- **Risk factor:** Harassment, victimization, bullying at school¹⁰
- **Protective Factor:** Positive school climate - anti-bullying policies, gay-straight alliance clubs¹¹

Selecting Interventions: Things to Consider¹²

Planning

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Effectiveness

- Is the intervention effective?

Conceptual Fit

- Will the intervention impact the selected risk factor?

Practical Fit

- Is the intervention feasible for the community?

Infusing Cultural Competency

Consider not just the priority problem, but also the identified vulnerable population experiencing the behavioral health disparity.

Case Example: Selecting an Intervention for Anytown, USA



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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? Consider effectiveness and fit.

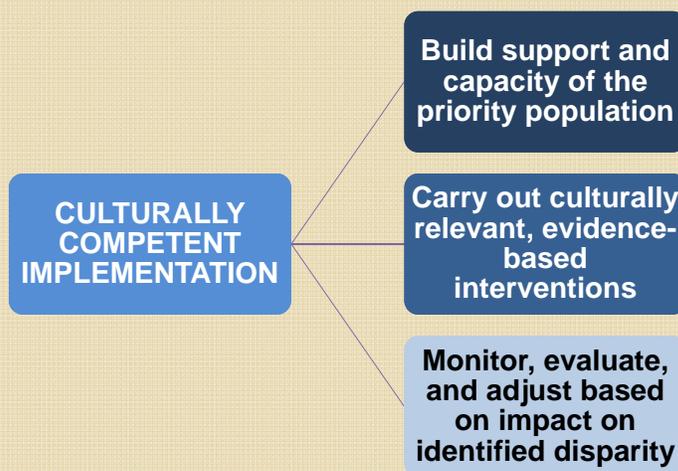
Possible Interventions:

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What Does Culturally Competent Implementation Involve?

Implementation

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Case Example: Implementation in Anytown, USA



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Build support and capacity of the priority population

Involve school personnel and LGBTQ youth in the development and delivery of the social marketing campaign

Carry out culturally relevant, evidence-based interventions

Tailor the campaign to fit Anytown's community characteristics and feedback from LGBTQ youth

Monitor, evaluate, and adjust based on impact on identified disparity

Pilot test the campaign and refine based on preliminary results and feedback from school personnel and LGBTQ youth

Evaluation

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 the National Standards for Culturally and Linguistically Appropriate Services (CLAS), 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

Poll:

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- Thinking about what you've learned today, what can you do in the next 3-6 months to increase cultural competency in your prevention efforts?

Contact Information

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

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Training and Technical Assistance Associate

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Evaluation

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Your feedback is very important to us!

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