

Engaging Communities to Address Health Disparities in Washington State

June 23, 2015
8:30 a.m. – 4:30 p.m.
West Resource Team
SAMHSA Center for the Application of Prevention Technologies

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Division of Behavioral Health and Recovery,
Washington Department of Social and Health Services

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.

For training use only.

Welcome!

- Breaks and Lunch
- Bathrooms
- Parking Lot
- Sign-in Sheets
- Evaluation
- Certificates

Roadmap for Today

**Section 2:
Identifying
Barriers and
Strategies to
Address Health
Disparities**

**Section 1:
Defining Health
Disparities/Health
Equity and Cultural
Competence**

**Section 3:
The Cultural
Competency
Continuum: Tools
You Can Use**

**Section 4:
Identifying
Action Steps for
You and Your
Coalition**

Learning Objectives for Today

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As a result of this training, participants will be able to:

- Define health disparities/health equity and cultural competence, and their connection to substance abuse prevention and the Strategic Prevention Framework (SPF)
- Understand the importance of addressing health disparities

Learning Objectives for Today (cont'd.)

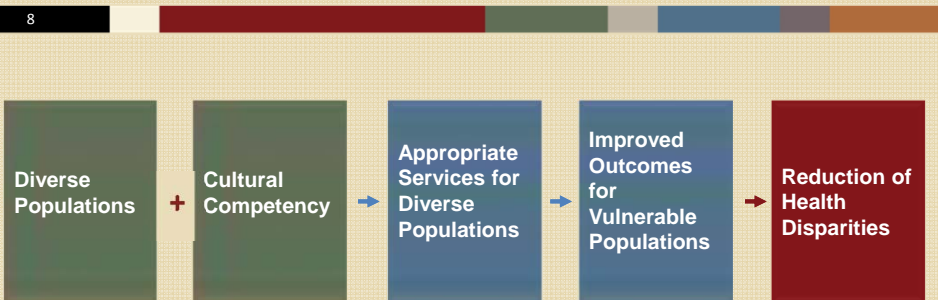
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As a result of this training, participants will be able to:

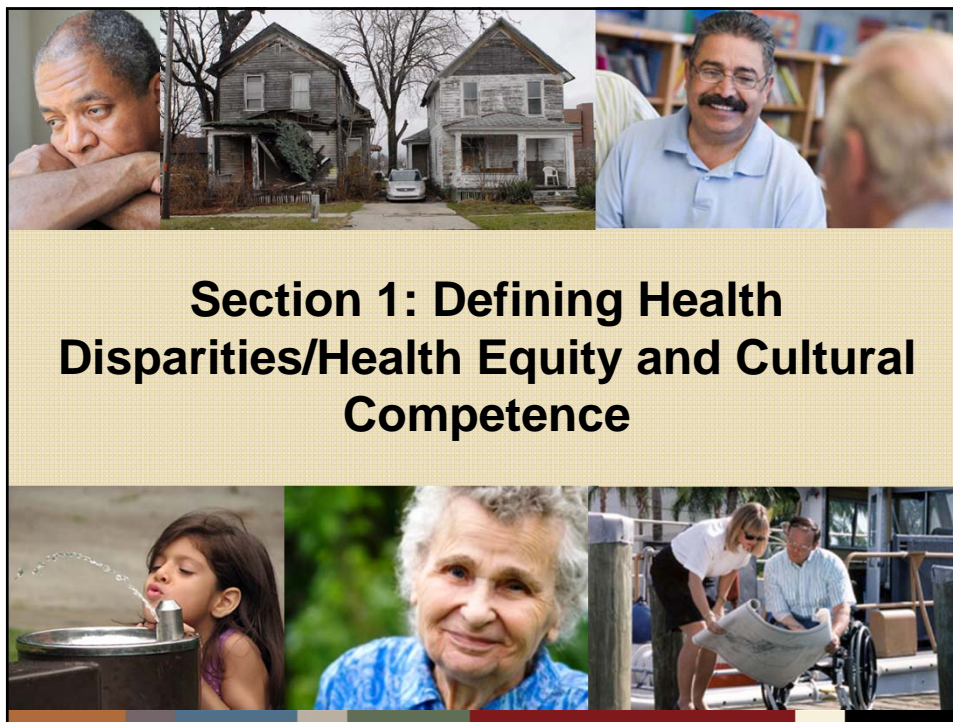
- Identify barriers to addressing health disparities
- Identify a starting point/action step to address health disparities at the individual and/or organizational level



Cultural Competency and the Connection to Reducing Health Disparities



Brach C., Fraserictor I. (2000). Can Cultural Competency Reduce Racial And Ethnic Health Disparities? A Review And Conceptual Model. *Medical Care Research and Review*, 57(1), 181-217.



Section 1: Defining Health Disparities/Health Equity and Cultural Competence

Health Equity

SAMHSA's Office of Behavioral Health Equity (OBHE)

- Geared to promote health equity for all racial and ethnic, as well as lesbian, gay, bisexual, and transgender (LGBT) populations, and support populations vulnerable to behavioral health disparities

Mental Health Problems

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- Consistent evidence of higher rates of depression among LGB youth compared to heterosexual youth

IOM (Institute of Medicine). (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press.

- Higher rates of suicidal behaviors

IOM (Institute of Medicine). (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press.

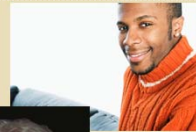
- Limited research with transgender youth suggests high rates of depression and suicidal behaviors

Clements-Nolle, K., Marx, R., and Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51, 53-69.

Individual Factors Associated with Disparities in Health Outcomes

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- Race/ethnicity
- Religion
- Socioeconomic status
- Ability
- Gender
- Age
- Sexual orientation or other characteristics historically linked to discrimination or exclusion



Centers for Disease Control and Prevention (2013). *CDC Health disparities and inequalities report- U.S., 2011*. Retrieved May 24, 2014 from <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>

Social Factors Associated with Disparities in Health Outcomes

- Education
- Neighborhood conditions
- Environmental hazards
- Access to prevention and treatment services
- Health insurance coverage

Centers for Disease Control and Prevention (2013). *CDC Health disparities and inequalities report- U.S., 2011*. Retrieved May 24, 2014 from <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>

Washington (WA) Demographics

- Caucasian (83.9%)
- More than 100 languages spoken in Puget Sound school districts
- Hispanic population has grown 54.9% since 2000
- Two counties are now majority Hispanic
- Twenty-nine federally recognized tribes

Office of Financial Management (2013). Accessed online May, 2013: <http://www.ofm.wa.gov/pop/asr/default.asp>

WA Demographics (cont'd.)

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- African Americans make up 3.4% of the state's total population

Office of Financial Management (2013). Accessed online May, 2013: <http://www.ofm.wa.gov/pop/asr/default.asp>

- 11.5% of 8th graders report experiencing harassment due to perceived sexual identity

Hong, G. (2013). Unpublished analytic results of the 2012 Washington Healthy Youth Survey data

Substance Abuse in WA State

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- Third highest rate nationally of non-medical use of prescription drugs (NMUPD)

Substance Abuse Mental Health Services Administration (2013a). The NSDUH Report: State estimates of non-medical use of prescription pain relievers 2010-2011. This NSDUH report is available at: <http://www.samhsa.gov/data/2k12/NSDUH115/sr115-nonmedical-use-pain-relievers.htm>

- Drug-induced death rates rose from 9.0 to 14.7 per 100,000 population between 2001-2011

Washington Department of Health (DOH) (2012). Death Tables by Topic: Mortality E: External Causes or Injuries Table 1980-2011. <http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathData/DeathTablesbyTopic.aspx>

- Alcohol use has consistently created the highest socioeconomic impact as compared to other substances

Substance Abuse Mental Health Services Administration (2013a). The NSDUH Report: State estimates of non-medical use of prescription pain relievers 2010-2011. This NSDUH report is available at: <http://www.samhsa.gov/data/2k12/NSDUH115/sr115-nonmedical-use-pain-relievers.htm>

High-Need Communities in WA

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- One quarter have high rates of languages other than English spoken at home
- High percentage of adults without a high school degree
- Many rural sites in remote locations
- Poverty levels exceed the state rate in most communities

Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery (DBHR). (2013). Strategic Prevention Framework(SPF) Partnerships for Success (PFS) Application for Federal Assistance.

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What is Cultural Competence?



Defining Cultural Competence

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SAMHSA's Center for Substance Abuse Prevention (CSAP):

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

SAMHSA's Center for the Application of Prevention Technologies (2012). Cultural Competence. Retrieved from <http://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf/cultural>.

Defining Cultural Competence (cont'd.)

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“A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.”

Cross, T., B. Bazron, K. Dennis & M. Isaacs, (1989). *Towards a culturally competent system of care*. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

CSAP Principles of Cultural Competence

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- Ensure community involvement in all areas
- Use a population-based definition of community (that is, let the community define itself)
- Stress the importance of relevant, culturally-appropriate prevention approaches

SAMHSA's Center for the Application of Prevention Technologies (2012). Cultural Competence. Retrieved from <http://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf#cultural>.

CSAP Principles of Cultural Competence (cont'd.)

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- Employ culturally competent evaluators
- Promote cultural competence among program staff and hire staff that reflect the community they serve
- Include the target population in all aspects of prevention planning

SAMHSA's Center for the Application of Prevention Technologies (2012). Cultural Competence. Retrieved from <http://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf#cultural>.

CLAS Standards

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National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

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Intended to advance health equity, improve quality, and help eliminate health care disparities:

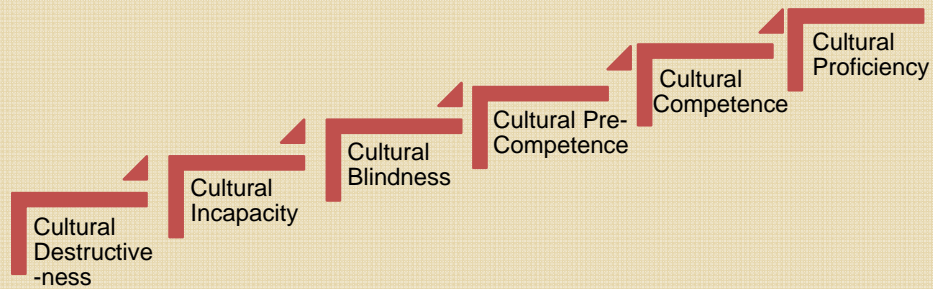
- Principal Standard
- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability



Handout: CLAS Standards

Cultural Competence Continuum

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Handout: Cultural Competence Continuum

Adapted by T. Goode (2004) from: Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a Culturally Competent System of Care, Volume 1. Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.

Self-Assessment Checklist

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For personnel providing behavioral health services and supports to children, youth and their families

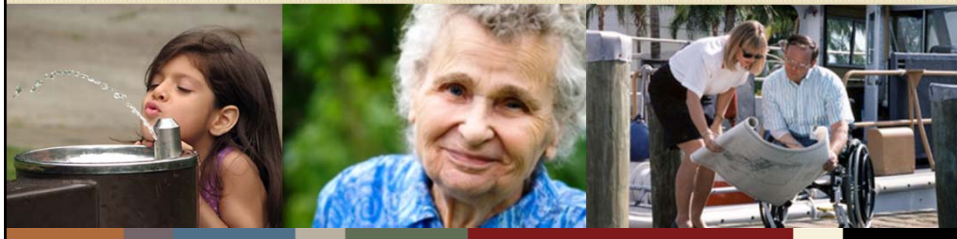
<http://nccc.georgetown.edu/documents/ChecklistBehavioralHealth.pdf>

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BREAK



Section 2: Identifying Barriers and Strategies to Addressing Health Disparities



Small Group Activity: Identifying Barriers

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Join one of the following groups that represents the work of your coalition:

- Urban, suburban, rural
- Building capacity of the coalition
- Policy interventions
- Media interventions
- Community engagement

What barriers have you identified?

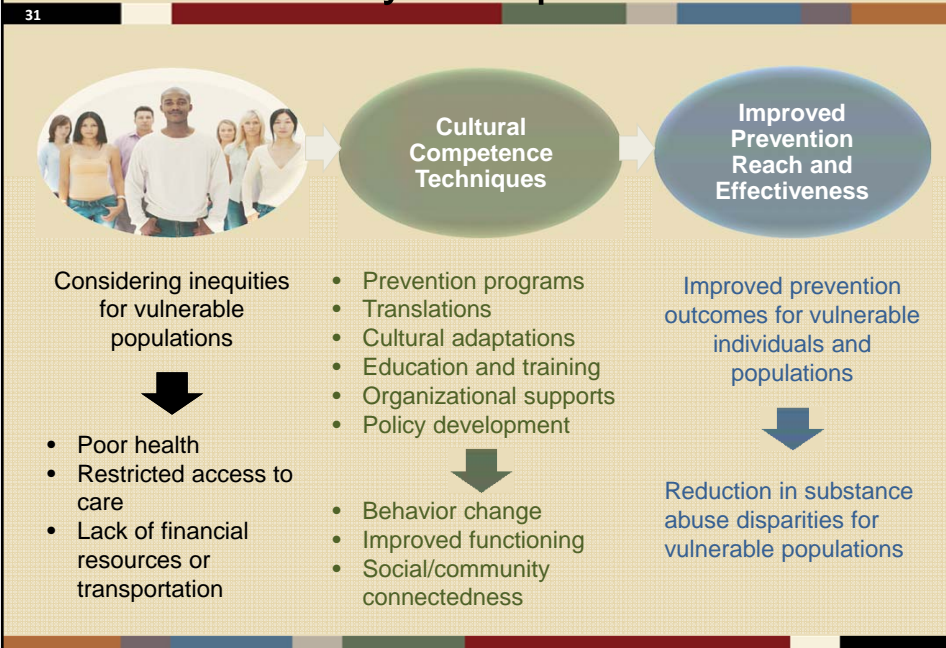


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LUNCH

Make sure you have signed in!

Model: Culturally Competent Prevention



Strategies for Addressing Health Disparities and Improving Cultural Competency

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Examples:

- Incorporate CLAS Standards into clinical settings
- Identify and engage “non-traditional” community partners (faith community, veterans service organizations, urban planners, etc.)
- Engage community health workers (CHWs)

Return to Your Group: Identifying Strategies

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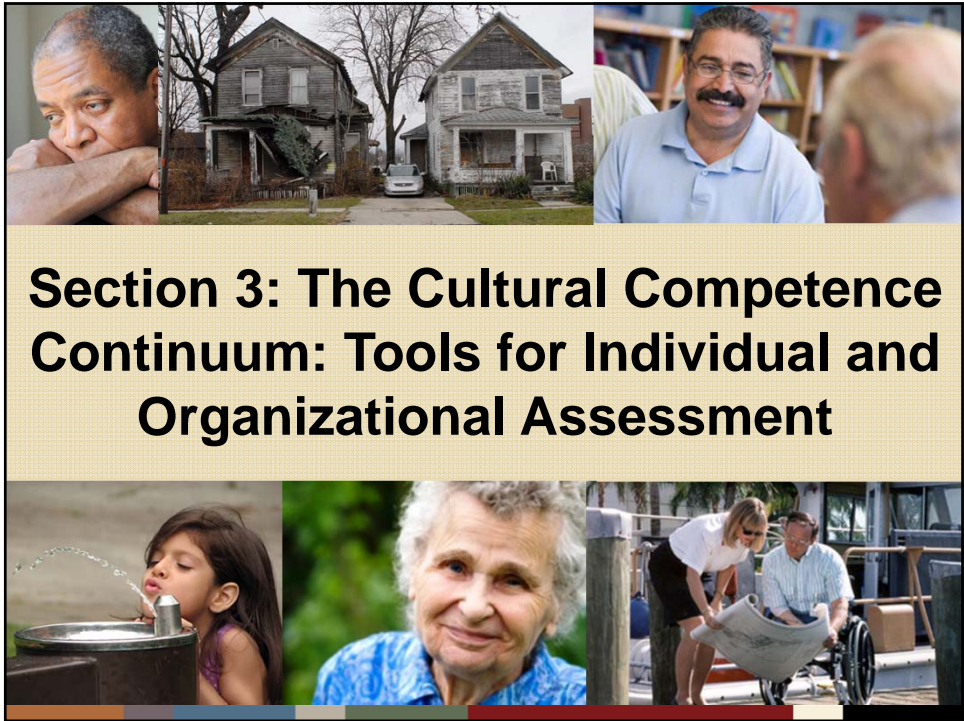
- Urban, suburban, rural
- Building capacity of the coalition
- Policy interventions
- Media interventions
- Community engagement

What strategies have you identified?



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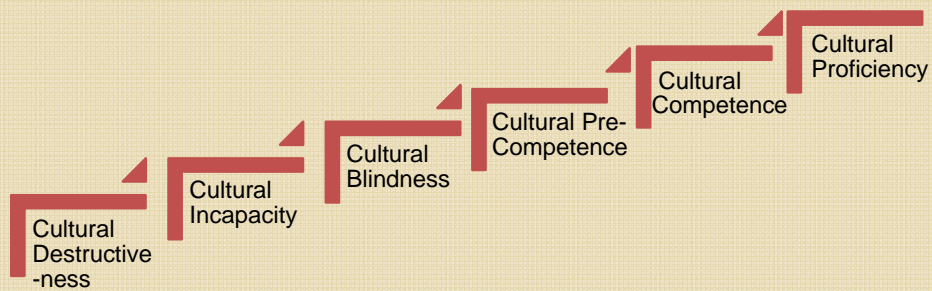
BREAK



Section 3: The Cultural Competence Continuum: Tools for Individual and Organizational Assessment

Cultural Competence Continuum

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Handout: Cultural Competence Continuum

Adapted by T. Goode (2004) from: Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a Culturally Competent System of Care, Volume 1. Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.

Self-Assessment

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- Gauge the degree to which you are effectively addressing the needs of culturally and linguistically diverse groups
- Determine your strengths and areas for growth
- Strategically plan for the systematic incorporation of culturally and linguistically competent policy, structures, and practices

Cultural Competence and Self-Awareness Tools

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National Center for
Cultural
Competence,
Georgetown
University

<http://nccc.georgetown.edu/resources/assessments.html>



IM.7
JUP7

Self-Assessment Checklist

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For personnel providing behavioral health services and supports to children, youth and their families

<http://nccc.georgetown.edu/documents/ChecklistBehavioralHealth.pdf>

Organizational Self-Assessment

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Organizations and coalitions should also engage in self-assessment in order to achieve cultural competence

<http://nccc.georgetown.edu/foundations/assessment.html>

Slide 39

JM7 This slide already appeared with the same link/resource earlier in the presentation as slide 29.
McGuirk, Julia, 6/1/2015

JUP7 Yes, the facilitator wants to revisit this again at this point in the presentation.
Janet U Porter, 6/2/2015

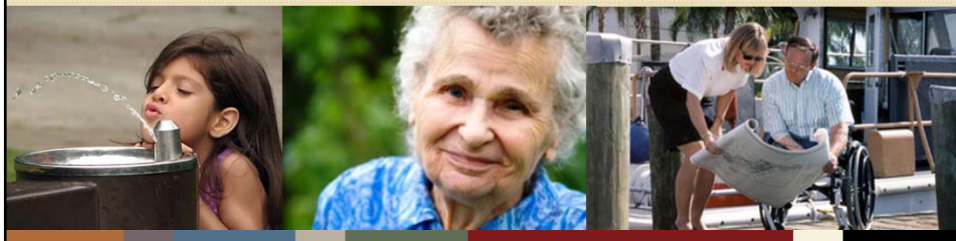
Four Questions for Coalitions/Organizations

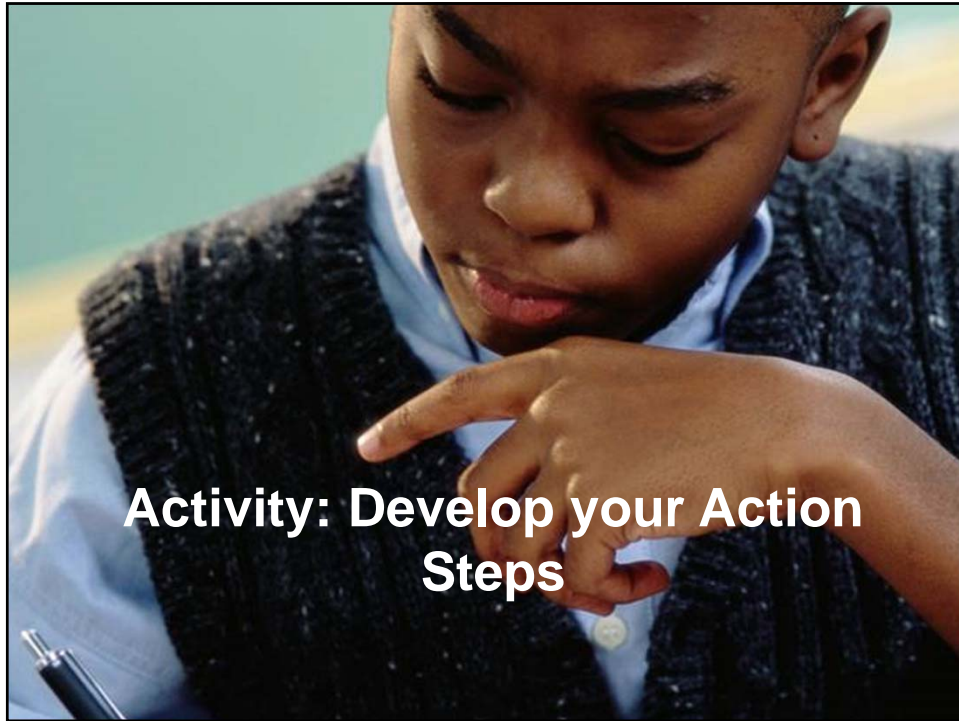
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1. Who is in my service area?
2. Who is not being served?
3. What are the special needs of these underserved populations?
4. How can I include these populations in service decisions and evaluations?



Section 4: Identify Action Steps for You and Your Coalition





Final Thoughts and Reflections

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References

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- Brach C., Fraserictor I. (2000). Can Cultural Competency Reduce Racial And Ethnic Health Disparities? A Review And Conceptual Model. *Medical Care Research and Review*, 57(1), 181-217.
- U.S. Department of Health and Human Services, Healthy People 2020 (n.d.). *Disparities*. Retrieved from <http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx>
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- Garofolo, R., Deleon, E., Osmer, M., Doll, L., and Harper, G. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health*, 38: 230-236.

References (cont'd.)

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- Clements-Nolle, K., Marx, R., and Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51: 53-69.
- Grossman, A.H., and D'Augelli, A.R. (2007). Transgender youth and life-threatening behaviors. *Suicide & Life Threatening Behavior*, 37: 527-537.
- Centers for Disease Control and Prevention (2013). *CDC Health disparities and inequalities report- U.S., 2011*. Retrieved May 24, 2014 from <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>
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Thank You!

Please complete the feedback form and turn it in prior to leaving.