



Engaging Communities to Address Health Disparities in Washington State

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Facilitator



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Technical Information

This webinar is being recorded and archived, and will be available to all webinar participants. Please contact the webinar facilitator if you have any concerns or questions.

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Agenda/Roadmap

- Review major themes from the health disparities training held in June, 2015.
- Discuss progress on the action steps each of you identified to address health disparities at the individual and/or organizational level.
- Provide additional tools and resources to help you move forward with your action plan.

Presenter



Haner Hernandez
CAPT Associate

Haner Hernandez, Ph.D., has worked for more than 25 years developing, implementing, and evaluating youth and adult direct health services and leadership development programs for the Latino community, as well as delivering addiction counseling and supervision. He also provides T/TA to organizations that deliver addiction and recovery services to the Latino population.

Definition of Health Disparities

- A health outcome that is seen to greater or lesser extent between populations.¹
- Health disparities are particularly linked with social, economic, and/or environmental disadvantage.

Review: Individual Factors Associated with Disparities in Health Outcomes

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



Review: Social Factors Associated with Disparities in Health Outcomes

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

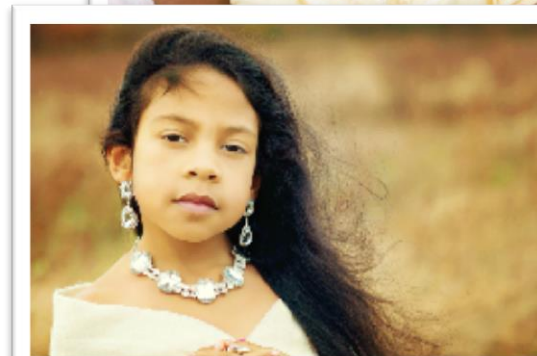
We Can Begin to Address Health Disparities by...

- Understanding the Role of Culture
- Developing Cultural Competence
- Assessing Individuals and Organizations
- Identifying and Reducing Barriers
- Building Health Equity

Review of Culture

A way of being and doing that is shared among a group or community, including:

- Beliefs
- Values
- Institutions/rules
- Artifacts
- Practices
- Rituals
- Language



Culture is...

“Culture is the intersection of people and life itself.
It’s how we deal with life, love, death, birth,
disappointment...all of that is expressed in culture.”
-Wendell Pierce

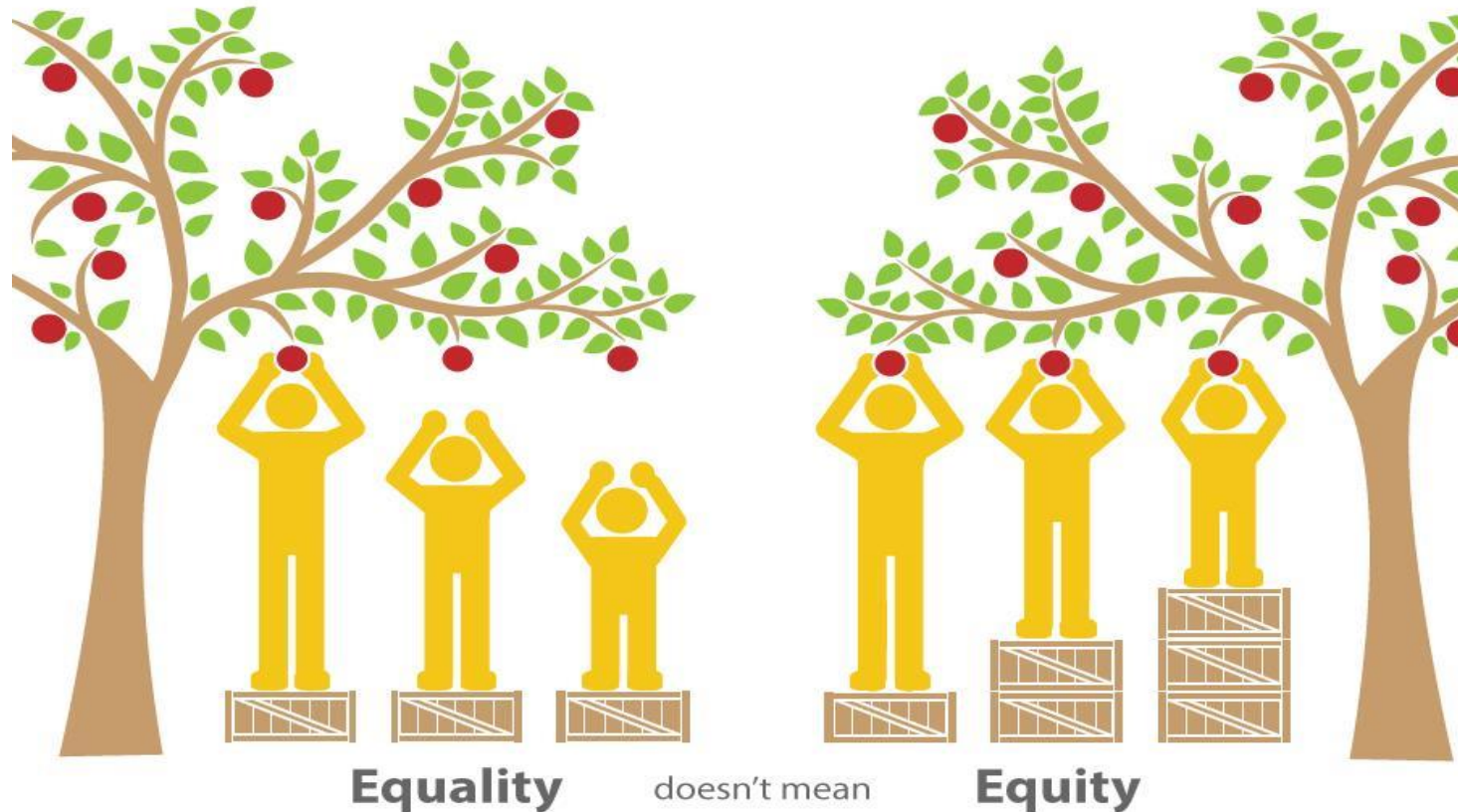
Quote Source: BrainyQuote.com (n.d.) *Wendell Pierce Quotes*. Retrieved from http://www.brainyquote.com/quotes/authors/w/wendell_pierce.html.

Review of Cultural Competence



The ability of an individual or organization to interact effectively with people of different cultures²

Review: What is Health Equity?



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

Review: Four Questions for Coalitions and Organizations

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?

Community Engagement

- Identifying stakeholders and community leaders.
- Defining their role(s) and what we are asking of them in terms of commitment. Make sure there is reciprocity.
- Providing mentorship, guidance, and support for participation.

Community Engagement, (cont.)

- Considering the location of meetings and the language(s) used.
- Identifying whether your priority communities are represented on your staff. If no, what are your plans for making it happen?

Language Matters

- What materials and communications need to be translated and to what languages?
- Are there people on your staff that can speak the language(s)?
- What resources do you use for translation?



Chat Question

What are the disparities you have identified in your community?



Review: High-Need Communities in Washington

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

What would you like to address in a more culturally competent way?

- Data collection
- Materials development and adaptation of curricula and evidence-based programs to be more culturally appropriate
- Policy work

Cultural Competence Continuum³



Poll Question

Have you completed a cultural competency assessment as an individual?

YES

NO

PLAN TO SOON



Poll Question

Has your
agency/coalition
completed a cultural
competency
assessment?

YES

NO

PLAN TO SOON



Chat Question

What did you learn from the assessment(s)?

What strategies have you implemented as a result?



Strategies for Improving Cultural Competency (Examples)

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

Chat Question

What other strategies have you incorporated as a coalition?



What tools and resources do you need at the community level?

- Data on disparate communities
- Human resources: culturally competent coalition members; partners; stakeholders

Questions and Discussion

Please Contact Us

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

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Citations

¹U.S. Department of Health and Human Services, Healthy People 2020 (n.d.). *Disparities*. Retrieved from <http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

²SAMHSA's Center for the Application of Prevention Technologies (2012). *Cultural competence*. Retrieved from <http://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>.

³T. Goode (2004) from: Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care* [Monograph], 1. Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.