

NATIONAL REGISTER

OF HEALTH SERVICE PSYCHOLOGISTS

Exploring the Intersection of Cultural Diversity, Health Equity, & Integrated Behavioral Health

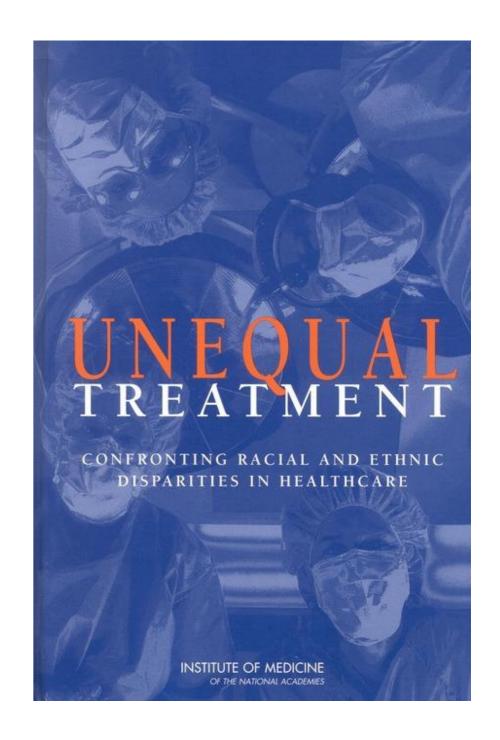
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Health Disparities

"Racial and ethnic disparities in healthcare exist, and because they are associated with worst outcomes in many cases, are unacceptable."

(Unequal Treatment, 2001, p. 19)



Sample NQF-Endorsed™ National Performance Measures to Address Health Care Disparities

•	
Priority Area	Measure Description
Asthma	Use of appropriate medications
Diabetes	Percentage of patients with most recent A1c level >9.0% (poor control)
Heart disease	Coronary artery disease: beta blocker treatment after a heart attack
Screening	Breast cancer screening Colorectal cancer screening
Prenatal care	Prenatal screening for HIV Prenatal anti-D immune globulin
Mental health	Antidepressant medication management
Immunization	Childhood immunization status Flu shots for adults aged 50 to 64
Prevention	Tobacco use assessment and cessation intervention
Patient experience	Ambulatory Consumer Assessment of Health Care Providers and Systems (ACAHPS)

Behavioral Health Disparities



- High burden because of unmet needs
- Oppression & discrimination
- Poverty & violence
- Barriers to care: cost, fragmentation of care
- Mistrust/fears
- Language & literacy
- Likelihood of receiving treatment

Equity & Quality

- Mission, vision, and guiding principles: "highest quality healthcare to ALL patients"
- Integrating equity into quality improvement makes sense
- "Reducing disparities can improve patient satisfaction scores, foster partnerships with local organizations, and increase opportunities for community recognition and support." (RWJF)





doesn't mean



Equity

Targeted Universalism

- Inclusive of needs of both dominant & marginal groups
- Pays particular attention to situation of marginal group
- Rejects blanket universal = indifferent to reality
- Reject formal equality = denies differences
- Evaluate by outcome, not just intent

Inputs Outcomes **Process Patient** Mission Health Equity Experience Staff Quality Health Literacy Disparities Partnerships Cultural Competence

Health Equity

When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

-Braveman (2003, p. 181)

Inputs Process Outcomes **Patient** Mission Health Equity Experience Staff Quality Health Literacy Disparities Partnerships Cultural Competence **Social Determinants of Health Targeted Universalism**

Social Determinants

in Behavioral Health



- We need to do better
- Everyone should afford behavioral healthcare
- Prevention should be easy to access (depression, trauma, AODA, etc.)
- Behavioral Health starts in our families, school,
 & workplaces

Building Capacity



- Establish a Health Equity Committee with explicit Senior Leadership support
 - Space to identify and respond to cultural barriers to team-based care (training, PD)
- Select a Health Equity Framework
 - SolvingDisparities.org
 - IHI's Achieving Health Equity
- Assessment and data

IHI Health Equity Self-Assessment Tool for Health Care Organizations

This self-assessment tool is intended to help organizations evaluate their current focus on health equity and improvement efforts related to the five components in the health equity framework described in this white paper, *Achieving Health Equity: A Guide for Health Care Organizations*. On a scale of 1 to 5, rate your organization's current level of focus on each framework component. Components with low scores can be used to prioritize areas in which to begin or strengthen your work.

IHI Health Equity Framework Component

Self-Assessment Scale: Level 1 to 5 (definitions noted in italics)

1. Make Health Equity	a Strategic Priority									
Level 1	Level 2	Level 3	Level 4	evel 4 Level 5						
Not strategic					Health equity is operations. There is a susta			-		
Is health equity a strategic pr	ealth equity a strategic priority for the organization? Level: 1 2 3		4	5						
Is leadership committed to in	ership committed to improving equity at all levels of the organization? Level: 1 2 3 4		5							
Is there a sustainable funding source for health equity work?		Level:	1	2	3	4	5			

2. Develop Structure a	and Processes to Supp	ort Health Equity Work							
Level 1 None to support this work	Level 2	Level 3	Level 4		Level 5 The organization stakeholder continue organization support health of the continue of t	nmittees to n has dedic	support the sated resour	work.	
Is there a governance structure to support work on health equity?		Level:	1	2	3	4	5		
Are there dedicated resource	s to support health equity work	e?		Level:	1	2	3	4	5

PRAPARE

Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

- Housing
- Highest level of school
- Current work situation
- Food security
- Lack of transportation
- Social and Emotional Health
 - Social support
 - Stress
 - Personal safety
 - Fear of partner

PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
Paper Version of PRAPARE for Implementation As of June 13, 2016

Personal Characteristics		7. What is yo	ır housin	ng situa	tion today?	
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qu	estion				g outside on t	
					ar, or in a parl	()
	not a	I choose	not to a	nswer t	his question	
. Which race(s) are you? Check a	ill that apply.					
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		Yes	No		I choose not	to answer this
	ack/African American				question	
	ther (please write)					
I choose not to answer this q	uestion	9. What addre	ss do yo	u live a	t?	
. At any point in the past 2 years		Street:				
arm work been your or your fami	ily's main source of	City, State, Zip	code:			
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Yes No Ici	hoose not to answer this	,				
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Leverage Data

Descriptive Data

Specific Questions

Comparisons

Race

Ethnicity

Sex

Language

Zip Code

Insurance

Payor

Level of Education

Health Disapirities: Does a specific group have significant outcome disparities compared to other groups?

Patient Experience: Is patient experience different for different populations?

Do historically marginalized groups have have similar outcomes to the general population?

Multicultural Practice

Know Thy Cultural Self

Cultural Knowledge

Relational dynamics



Cultural Strategies

- Contextual lens... explore their situation
 - Stress, Typical day, Living your situation, 'What is most important for you in your life?'
- Do not underestimate the power of 'contextual empathy'
- Integration of family and natural supports
- Role Flexibility: advocacy
- Explore the impact of our interventions

How do we respond to this cultural **complexity** in a skillful way?

Curiosity
Acceptance
Humility
Courage



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