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**Culture and Spirituality:  
Reaching out to address health disparities**

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## Healthy Living Team Representatives

Jason Cheng, MD, Director of Integrated Health  
 Elisa Chow, PhD, Director, Outcomes Evaluation  
 Marcia Titus-Prescott, RN-BC, Associate Director of Integrated Health  
 Jeanie Tse, MD, Associate Chief Medical Officer and VP Integrated Health  
 Natalie Wisdom, LCSW, Director, Rockaway Parkway Center

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## Presenters



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### **Jason Cheng, MD, Director of Integrated Health-**

psychiatrist and Director of Integrated Health at ICL. With the same agency, he is the medical director of both a mental health outreach team and a homeless shelter mental health clinic.

### **Elisa Chow, PhD, Director, Outcomes Evaluation-**

oversees outcomes of ICL programs and several grant-funded evaluation projects, including the PBHCI project. She is a co-developer of the Diabetes Self-Management and Healthy Living Toolkits

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**Marcia Titus-Prescott, RN-BC, Associate Director of Integrated Health-** is also the Associate Director of Nursing She developed a nursing externship Program with LaGuardia Community College.



**Jeanie Tse, MD, Associate Chief Medical Officer and VP Integrated Health-** is a psychiatrist and also serves on the faculty of the Columbia and NYU Public Psychiatry Fellowship Programs. She Provides psychiatric care in ICL's clinics, school-based and shelter-based mental health programs and supports ICL's residential and case management programs in managing psychiatric issues.

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**Natalie Wisdom, LCSW, Director, Rockaway Parkway Center-** She received her M.S.W. from Springfield College. After receiving her M.S.W she started her work in outpatient mental health working with the underserved population.

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## Objectives

At the end of this webinar, participants will be able to:

- Describe how individual, cultural, and structural factors contribute to health disparities
- Better approach individuals' whole health in a culturally humble and spiritually sensitive way
- Strategize clinical, evaluation, and administrative approaches that can help address health disparities

## Today's Presentation

- Health disparities
- Culture
- Spirituality
- CLAS standards
- PBHCI data by race / ethnicity

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## Physical and Mental Health Disparities

- Racial/ethnic minorities in the U.S. have less access to care for physical and mental health
- Their physical and mental health is overall worse



### National Minority Mental Health Awareness Month

JULY 2014

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## Reasons for Disparities

Preferences

Provider bias

“Structural” access barriers

- geographic location of services
- insurance
- historical settings for care

“Cultural” access barriers

- language
- provider race/ethnicity
- cultural humility



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## Health Disparities & Integrated Care

Collaborative care

- Depression care in primary care setting
- Improves depression outcomes for ethnic minorities

Will primary care in behavioral health settings also address health disparities?



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## Addressing disparities in behavioral health clinics at multiple levels

1. The **individual / clinical level** – cultural humility and spiritual sensitivity
2. The **program / clinic level** – integrated care with CLAS standards
3. The **community level**

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## The individual level: Culture



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## Cultural humility

- Lifelong learning
- Ongoing critical self-reflection (biases)
- Recognizing & challenging power imbalances
- Respectful partnerships
- Institutional accountability
- Feeling comfortable with & enjoying not knowing



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## Importance of culture in diagnosis

Failing to account for culture can lead to misdiagnosis of normal variations in behavior, belief, or experience



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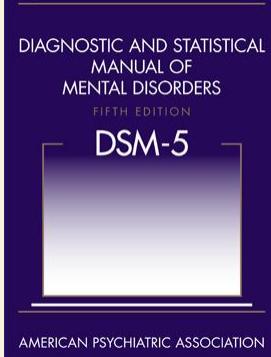
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## DSM Cultural Formulation

- Cultural identity of the individual
- Cultural conceptualizations of distress
- Psychosocial stressors and cultural features of vulnerability and resilience
- Cultural features of the relationship between the individual and the clinician
- Overall cultural assessment



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## Individual cultural identity: more than race & ethnicity

- Age
- Gender
- Sexual orientation
- Region within country or state
- Rural vs. urban
- Language(s)
- Religious/Spiritual Aspects
- Lifestyle (e.g. diet, activity level)
- Literacy
- Socioeconomic status
- Political orientation
- Disabilities
- Migration, acculturation, biculturality

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## Conceptualizations of Distress

- How is your problem affecting you?
- What do you think caused it?
- What do you fear most about your problem?
- What do you think will help?
- How will it help?



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## Cultural practices & alternative therapies that individuals might be involved in

- Mind-body interventions like yoga
- Medication alternatives like herbal
- Body work like massage
- Energy therapies like qigong
- Other practices like cupping



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## Psychosocial & environmental factors to consider in treatment

- Stresses vs. sources of support in the local environment
- Role of religion and kin networks
- Immigration and acculturative stress

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## Acculturative stress & clash of cultural norms



(De La Rosa et. al, 2006)

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## Cultural features of the treatment relationship

- Cultural differences between consumer and provider
- Provider's culture from training
- Similarities can facilitate the relationship but can also result in incorrect assumptions and blind spots

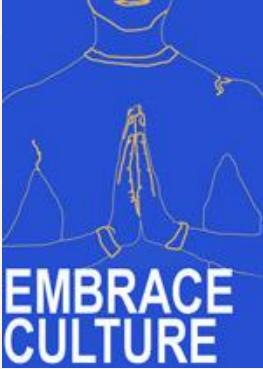
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**LEARN**



**Listen with sympathy**

**Explain your perceptions of the problem**

**Acknowledge and discuss differences and similarities in explanation of illness**

**Recommend treatment**

**Negotiate treatment**

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**Culture and integrated care**



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## The individual level: Spirituality



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## Religion and Spirituality

Spirituality is about one's relationship with the transcendent questions (including those of meaning) that confront one as a human being and how one relates to these questions.

A religion is a set of texts, practices, and beliefs about the transcendent, shared by a particular community.

The distinction is blurry!

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## HOPE Questionnaire



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## HOPE Questionnaire: Sources of hope, meaning, comfort, strength, peace, love, and connection

- What are your sources of hope, strength, comfort and peace?
- What do you hold on to during difficult times?
- What sustains you and keeps you going?

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## **HOPE Questionnaire:** **Organized religion**

- Do you consider yourself part of an organized religion?
- How important is this to you?
- What aspects of your religion are helpful and not so helpful to you?
- Are you part of a religious or spiritual community? Does it help you? How?

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## **HOPE Questionnaire:** **Personal spirituality and practices**

- Do you have personal spiritual beliefs that are independent of organized religion?  
What are they?
- Do you believe in God? What kind of relationship do you have with God?
- What aspects of your spirituality or spiritual practices do you find most helpful to you personally?

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## **HOPE Questionnaire:** **Effects on healthcare**

- Has your current situation affected your ability to do the things that usually help you spiritually? (Or affected your relationship with God?)
- Is there anything that I can do to help you access the resources that usually help you?
- Are you worried about any conflicts between your beliefs and your situation or healthcare?

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## **ICL Healthy Living Toolkit:** **Achieving Wellness Through Spirituality**



What does spirituality / religion mean to you?

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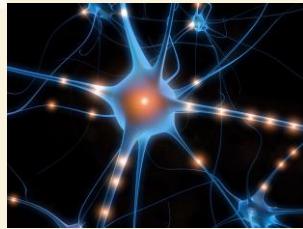
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## Spirituality and integrated care

What are your beliefs around self care?

Idea of the body as a temple or gift



Does your spiritual community offer support around wellness and health care?

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## Treatment

Some ways to approach spiritual health:

- Attending religious services
- Community services
- Praying
- Meditating
- Listening to music
- Reading inspirational books



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## The Program Level: CLAS Standards



National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

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## Principal CLAS Standard

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.

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## ICL & CLAS: Government, Leadership, and Workforce

- Employees receive cultural training during orientation
- Many staff are multicultural and multilingual
- Intake identifies cultural background and needs, as well as linguistic needs

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## ICL & CLAS: Communication and Language Assistance

Available in Russian and Spanish:

- Consent form for PBHCI program
- Posted notices of the right to receive language services
- Self-management workbooks and other health-related materials

Phone translation services are available

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## ICL & CLAS: Engagement, Continuous Improvement, and Accountability

- The majority of focus groups participants are of minority background.
- Integrated health outcomes are tracked by race/ethnicity.
- ICL Diversity Council is involved in trainings, cultural events, oversight of policies and paperwork, and creation of an open and respectful work environment

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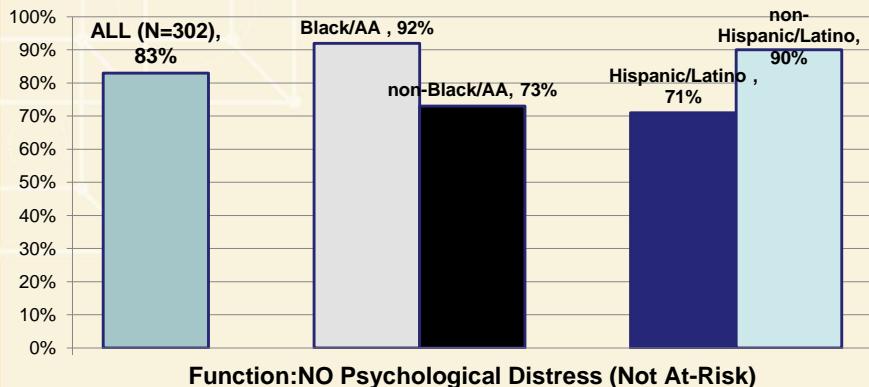
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## Understanding PBHCI data analyzed by race & ethnicity

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## NOMs Baseline Function: No Psychological Distress



\*Statistically significant p<.05

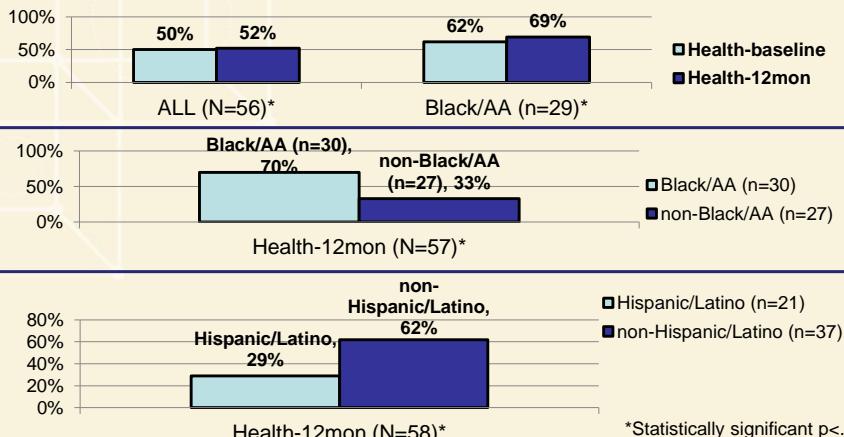
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## NOMs and Twelve-Month Reassessment: Overall Health

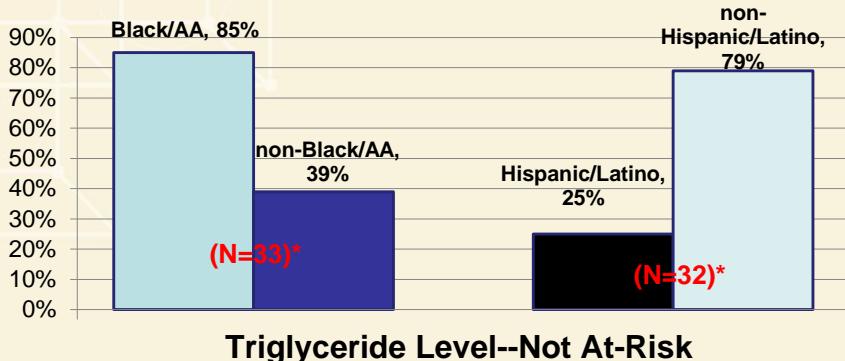


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## Baseline and Twelve-month Reassessment Section H: Triglyceride Level



\*Statistically significant p<.05

## Take Home Points

- Integrated care can help reduce health disparities by improving access to care and accounting for the whole person
- Cultural humility improves engagement with a client's reality
- Spirituality and religion are relatively neglected in traditional assessments, but guides are available
- The enhanced CLAS standards are a good starting point for assessing an organization's approach to meeting the cultural and linguistic needs of its clients
- Data analysis with attention to race / ethnicity differences can inform care provision

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# Thank you!

## ICL's Integrated Health Team:

Sabrina Alestin	Caitlin McKeever, MD
Shivonne Blake, CDM	Yves Moise
Jason Cheng, MD	Anita Rivera-Rodriguez
Ruth Chiles, RD	Rosemarie Sultana-Cordero, MA, LMHC
Judy Chong, CASAC	Cheryl Taruc, MSW
Elisa Chow, PhD	Marcia Titus-Prescott, RN
Elizabeth Cleek, PsyD	Jeanie Tse, MD
Evelyn Escobar, MD	and numerous program staff
Mia Everett, MD	*Special thanks to Raymond Alberts, LCSW-R,
Jacqueline James, RN	Carissa Caban-Aleman, MD, Courtney Policano,
Eduard Levy, MD	LCSW, Natalie Wisdom, LCSW & David Woodlock, CEO

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