Advancing Health Equity through Integrated Care ECHO

Session 5

Thursday, June 16, 2022
11:30am-1:00pm ET
How to Ask a Question/Make a Comment

Type in a comment in the chat box

Located at the bottom of your screen. We’ll answer as many questions as we can during today’s session.
Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov
Welcome from the National Council!

3,300+ health care organizations serving over 10 million adults, children, and families living with mental health and substance use challenges.

- Advocacy
- Education
- Technical Assistance
We have been socialized to believe that it is not polite to talk about oppression, race and racism (and other –isms) – hearing about & talking about these things may bring up feelings of discomfort.

We ask ourselves and participants to be mindful of assumptions, and biases during this presentation.

We ask ourselves and participants to be aware of multiple identities, backgrounds and perspectives in our virtual space.
Introductions

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National Council for
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Project Coordinator,
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Introductions

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Pierluigi Mancini, PhD,
President, Multicultural Development Institute, Inc.
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<th>Session Topic</th>
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<td>Importance of Integrated Care in Addressing Health Equity</td>
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<td>March</td>
<td>Integrated Care Models and Approaches to Address Health Equity</td>
</tr>
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<td>April</td>
<td>Internal Practices and Policies to Decrease Bias, Racism &amp; Trauma within Organizations</td>
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<tr>
<td>May</td>
<td>How to Decrease Bias, Racism &amp; Trauma in Clinical Services</td>
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<td>June</td>
<td>Providing Culturally and Linguistically Responsive Services</td>
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<tr>
<td>July</td>
<td>Engaging Your Team to Prevent, Identify, and Support Moral Injury and Compassion Fatigue</td>
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Moment to Arrive
Didactic Presentation:
Cultural & Linguistic Responsiveness:
A Strategy to address Health Disparities and Achieve Health Equity

Pierluigi Mancini, PhD
President, Multicultural Development Institute, Inc.
Today's Presenter

Pierluigi Mancini, Ph.D.
President, Multicultural Development Institute Inc.

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Website: www.multiculturaldevelopment.com
North Star: Social Justice

We must understand and believe that all people should be treated fairly, have equal access to goods and resources, and have the right to self-determination and cultural expression.
If you talk to a man in a language he understands, that goes to his head.

If you talk to him in his language, that goes to his heart.

- Nelson Mandela
Learning Objectives

• Recognize the importance of Cultural and Linguistic Responsiveness

• Define key components to achieve equity

• Introduce the CLAS standards

• Review six steps to implementing the CLAS standards
Health Equity
Health Literacy
Health Literacy
Personal & Organizational

• *Personal health literacy* is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

• *Organizational health literacy* is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
Culture
Video - Cultural Identity
I love our culturally diverse country, where were you born?

Same place as my parents.

Los Angeles.
What is Culture?

Definition

**Culture:** The integrated pattern of human behavior that includes the thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, social, or other group.

*Source: United Nations Education, Scientific, and Cultural Organization, 2010*
What Culture is Not

• An individual’s **personality**
• **Static**, it can change and adapt
• The **language** a person speaks
• An **ethnic or racial group**
• Solely related to **geography**

*Source: Adapted from Gonzalez, V.M., Gonzalez, J.T., Freeman, V., & Howard-Pitney, B. (1991).*
Poll #1: The Iceberg Concept of Culture

Think about gender, race and age as aspects of culture. Where would you place them on the iceberg?

Answers:
A) Top part of the iceberg
B) Bottom part of the iceberg
Cultural Responsiveness
Cultural Responsiveness

Definition

“Cultural responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures.”

Source: National Center for Culturally Responsive Educational Systems (NCCREST), TheNationalCouncil.org/Interated-Health-CoE
Cultural Literacy
Linguistic Responsiveness
Definitions

Language - The words, their pronunciation, and the methods of combining them used and understood by a community.

Translation: The conversion of written texts from one language to another.

Interpreting: The re-expression of spoken messages in spoken form in a second language.
Language Competency

Fluency, Attitudes, Accents
OH GREAT, THIS BOOK'S IN COW.

Moo moo moo moo. Moo moo moo. Moo moo moo. Moo moo moo. Moo moo.
Poll #2: Linguistic Diversity in the U.S.

What are the top 10 foreign languages spoken in households in The U.S.?

Source: Migration Policy Institute tabulations from the U.S. Census Bureau pooled data from 2009 – 2011 American Community Survey.
Top foreign languages spoken in households in the U.S.

<table>
<thead>
<tr>
<th>Language</th>
<th>Number of Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>40,489,813</td>
</tr>
<tr>
<td>Chinese (including Mandarin, Cantonese)</td>
<td>3,372,930</td>
</tr>
<tr>
<td>Tagalog (including Filipino)</td>
<td>1,701,960</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>1,509,993</td>
</tr>
<tr>
<td>Arabic</td>
<td>1,231,098</td>
</tr>
<tr>
<td>French (Including Cajun)</td>
<td>1,216,668</td>
</tr>
<tr>
<td>Korean</td>
<td>1,088,788</td>
</tr>
<tr>
<td>Russian</td>
<td>909,374</td>
</tr>
<tr>
<td>German</td>
<td>905,691</td>
</tr>
<tr>
<td>Other Indo-European Languages</td>
<td>866,747</td>
</tr>
<tr>
<td>Haitian</td>
<td>856,009</td>
</tr>
<tr>
<td>Hindi</td>
<td>810,877</td>
</tr>
<tr>
<td>Portuguese</td>
<td>767,210</td>
</tr>
<tr>
<td>Italian</td>
<td>576,154</td>
</tr>
<tr>
<td>Other Slavic Languages</td>
<td>575,375</td>
</tr>
<tr>
<td>Polish</td>
<td>539,151</td>
</tr>
<tr>
<td>Amharic, Somali, or Other Afro-Asiatic Languages</td>
<td>521,932</td>
</tr>
<tr>
<td>Yoruba, Twi, Igbo, or Other Languages of Western Africa</td>
<td>515,629</td>
</tr>
<tr>
<td>Yiddish, Pennsylvania Dutch or Other West Germanic Languages</td>
<td>487,675</td>
</tr>
<tr>
<td>Urdu</td>
<td>474,481</td>
</tr>
</tbody>
</table>
English Proficiency (age 5 and older) (%)  
U.S. - 2018

- Speak English less than “very well” (LEP): 46.8%
- Speak English "very well": 36.7%
- Speak only English: 16.5%
The National CLAS Standards
What are the enhanced National CLAS Standards?

The Culturally and Linguistically Appropriate Services (CLAS) are services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.
### What’s New in the National CLAS Standards?

<table>
<thead>
<tr>
<th>2000 Standards</th>
<th>2013 Standards</th>
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</thead>
<tbody>
<tr>
<td>Goal: to decrease health care disparities and make practices more culturally and linguistically appropriate</td>
<td>Goal: to advance health equity, improve quality and help eliminate health and health care disparities.</td>
</tr>
<tr>
<td>“Culture”: racial, ethnic and linguistic groups</td>
<td>“Culture”: racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics</td>
</tr>
<tr>
<td>Audience: health care organizations</td>
<td>Audience: health and health care organizations</td>
</tr>
<tr>
<td>Implicit definition of health</td>
<td>Explicit definition of health to include physical, mental, social, and spiritual well-being</td>
</tr>
<tr>
<td>Recipients: patients and consumers</td>
<td>Recipients: individuals and groups</td>
</tr>
</tbody>
</table>

Implicit definition of health: to include physical, mental, social, and spiritual wellbeing

[TheNationalCouncil.org/Interated-Health-CoE](TheNationalCouncil.org/Interated-Health-CoE)
What are the **enhanced** National CLAS Standards?

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Principal Standard</td>
</tr>
<tr>
<td>2-4</td>
<td>Governance, Leadership &amp; Workforce</td>
</tr>
<tr>
<td>5-8</td>
<td>Communication &amp; Language</td>
</tr>
<tr>
<td>9-15</td>
<td>Engagement, Continuous Improvement &amp; Accountability</td>
</tr>
</tbody>
</table>
CLAS Implementation

- Foster Cultural Competence Standards 1,4
- Reflect & Respect Diversity Standards 2,3,14
- Ensure Language Access Standards 5-8
- Build Community Partnerships Standards 13,15
- Collect Diversity Data Standards 11,12
- Benchmark, Plan, Evaluate Standards 9,10

CLAS

TheNationalCouncil.org/Interated-Health-CoE
CLAS Implementation I

Foster Cultural Competence Standards 1,4

CLAS
CLAS Implementation II

- Reflect & Respect Diversity
  - Standards 2, 3, 14

CLAS
CLAS Implementation III

- Collect Diversity Data Standards 11,12

CLAS
CLAS Implementation IV

Ensure Language Access
Standards 5-8

CLAS
CLAS Implementation V

Build Community Partnerships
Standards 13,15

CLAS
CLAS Implementation VI

Benchmark, Plan, Evaluate Standards 9,10

CLAS
Questions, Comments?
Through a standard review of call recordings for quality control, it was discovered that better processes needed to be implemented to accommodate Spanish speaking patients calling to make appointments. The call center’s quality control review includes searching for telephone numbers that make multiple incoming calls on the same date. After reviewing call logs and recordings, we found that a Spanish speaking patient made several different phone calls and utilized his child as an interpreter to make multiple appointments. He first pressed the number for behavioral health (BH) when he needed a family medicine appointment. The BH staff member subsequently transferred him back to the call center. That was one of a few times he was transferred back and forth between departments after selecting different options on the telephone. He ended up making 2-3 different appointments on different calls. We have both bilingual staff and a contracted language line service but for some reason, this patient was not adequately served. There was a breakdown somewhere, or there may be a lack of coordination internally to ensure the patient is linguistically supported throughout the service experience. The Medical Interpreter training is new to our organization and has never been offered to our staff in the past, but we feel like we have the resources and support necessary to make it happen.

This situation left the patient very frustrated and was an inefficient use of staff time. We feel that our team failed in the following ways: lack of ownership - lack of probing - lack of communication /offering other service or offering to schedule more than one person while on the call - lack of cross training - lack of quality customer service

Our main concern is to ensure our organization reduces all barriers to care, including language barriers. Other patients may not be as persistent as this patient and may simply discontinue trying to make an appointment and then not receive needed care and services.

**Main Question:** We would love to hear other organization’s experiences and advice in this area and also on how to best accommodate patients over the telephone who are best served in another language.
Open Discussion
Discussion Conclusion
What's next?

1. Complete Today’s **Session Survey**

2. Final Session (Session 6)
   Thursday, July 21st, 11:30am-1pm ET

   **Topic:** Engaging Your Team to Prevent, Identify, and Support Moral Injury and Compassion Fatigue
Resources

Project ECHO

Racial Equity Tools
https://www.racialequitytools.org/

National Council Equity Climate Assessment

Furthering the Wellbeing of Black, Indigenous & People of Color through Integrated Care (Blog Post)

Health Equity and Racial Justice Webpage
National Council for Mental Wellbeing

For more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice

Access for Everyone: A Toolkit for Addressing Health Equity & Racial Justice within Integrated Care Settings
## Upcoming CoE Events:

<table>
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<th>Event</th>
<th>Details</th>
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<tr>
<td>Perinatal Health Part 3: Integrating Services for Pregnant &amp; Postpartum People in High Need Settings</td>
<td><strong>Register for the webinar</strong> on June 23, 2-3pm ET</td>
</tr>
<tr>
<td>June Health Equity Office Hour: Providing Affirming &amp; Supportive Care to Transgender Individuals in Integrated Care Settings</td>
<td><strong>Register for the office hour</strong> on June 27, 3-4pm ET</td>
</tr>
<tr>
<td>Interested in an individual consultation with the CoE experts on integrated care?</td>
<td><strong>Contact us through this form here!</strong></td>
</tr>
<tr>
<td>Looking for free trainings and credits?</td>
<td><strong>Check out integrated health trainings from Relias here</strong></td>
</tr>
<tr>
<td>Subscribe for Center of Excellence Updates</td>
<td><strong>Subscribe here</strong></td>
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</table>
Thank You

Questions?
Email VictoriaP@thenationalcouncil.org

SAMHSA’s Mission is to reduce the impact of substance abuse and mental illness on America’s communities.

www.samhsa.gov
1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)