NATIONAL COUNCIL for Mental Wellbeing

Advancing Health Equity through Integrated Care ECHO

Session 5

Thursday, June 16, 2022 11:30am-1:00pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

How to Ask a Question/Make a Comment



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).



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

Session Norms



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



Alicia Kirley, MBA Senior Director, Integrated Health National Council for Mental Wellbeing



Sarah Neil, MPH Director, Integrated Health National Council for Mental Wellbeing



Paula Zaremba, MHS Project Manager, Integrated Health National Council for Mental Wellbeing



Victoria Pauline, MPH Project Coordinator, Integrated Health National Council for Mental Wellbeing

Introductions



Aaron Williams, MA, Integrated Care Consultant, Senior Advisor, National Council for Mental Wellbeing



Amelia Roeschlein,

DSW, MA, LMFT

Consultant, Trauma

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Terence Fitzgerald, PhD, Ed.M., MSW Clinical Associate Professor, Department of Children Youth & Families, USC Suzanne

Dworak-Peck School of Social Work, University of Southern California



Pierluigi Mancini, PhD, President, Multicultural Development Institute, Inc.

Curriculum

Month	Session Topic	
February	Importance of Integrated Care in Addressing Health Equity	
March	Integrated Care Models and Approaches to Address Health Equity	
April	Internal Practices and Policies to Decrease Bias, Racism & Trauma within Organizations	
May	How to Decrease Bias, Racism & Trauma in Clinical Services	
June	Providing Culturally and Linguistically Responsive Services	
July	Engaging Your Team to Prevent, Identify, and Support Moral Injury and Compassion Fatigue	

Moment to Arrive



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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.

Connect with Pierluigi: Email: <u>Pmancini@multiculturaldevelopment.com</u>

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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.

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TheNationalCouncil.org

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

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Health Equity









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



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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



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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),

Cultural Literacy





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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





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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.

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Top foreign languages spoken in households in the U.S.

Spanish	40,489,813
Chinese (including Mandarin, Cantonese)	3,372,930
Tagalog (including Filipino)	1,701,960
Vietnamese	1,509,993
Arabic	1,231,098
French (Including Cajun)	1,216,668
Korean	1,088,788
Russian	909,374
German	905,691
Other Indo- European Languages	866,747

Haitian	856,009
Hindi	810,877
Portuguese	767,210
Italian	576,154
Other Slavic Languages	575,375
Polish	539,151
Amharic, Somali, or Other Afro-Asiatic Languages	521,932
Yoruba, Twi, Igbo, or Other Languages of Western Africa	515,629
Yiddish, Pennsylvania Dutch or Other West Germanic Languages	487,675
Urdu	474,481



The National CLAS Standards



Office of Minority Health U.S. Department of Health and Human Services

NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY Appropriate Services in Health and Health Care

A Blueprint for Advancing and Sustaining CLAS Policy and Practice

APRIL 2013


What are the <u>enhanced</u> 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?

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

What are the <u>enhanced</u> National CLAS Standards?

Standard 1

Principal Standard

Standards 2-4

Governance, Leadership & Workforce

Standards 5-8

Communication & Language

Standards 9-15

Engagement, Continuous Improvement & Accountability

CLAS Implementation



CLAS Implementation I



CLAS Implementation II



CLAS Implementation III



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CLAS Implementation IV



CLAS Implementation V



CLAS Implementation VI



Questions, Comments?



Case Presentation

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 <u>Session Survey</u>

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 https://www.thenationalcouncil.org/wpcontent/uploads/2020/11/TI-ROC-Equity-Climate-Assessment FINAL.pdf?daf=375ateTbd56

<u>Furthering the Wellbeing of Black, Indigenous & People of Color</u> <u>through Integrated Care</u> (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



National Council Social Justice Leadership Academy (SJLA) Workbook

Upcoming CoE Events:

Perinatal Health Part 3: Integrating Services for Pregnant & Postpartum People in High Need Settings

Register for the webinar on June 23, 2-3pm ET

June Health Equity Office Hour: Providing Affirming & Supportive Care to Transgender Individuals in Integrated Care Settings <u>Register for the office hour</u> on June 27, 3-4pm ET

Interested in an individual consultation with the CoE experts on integrated care? <u>Contact us through this form here!</u>

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Questions?

Email VictoriaP@thenationalcouncil.org

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