WELCOME.
WHO AM I?

• Chief of Communications
  Franklin County Treasurer’s Office

• Former Director of Programs & Services, Ohio Association of County Behavioral Health Authorities
Goals & Objectives

• **Discuss** culture and how cultural differences in attitudes and beliefs impact behavioral healthcare services

• **Understand** the promotion of the health equity and the National CLAS Standard

• **Describe** the intent and benefits of the National CLAS Standards and how it influences procedures, policies, and practice.
Definitions

Health Disparities
Particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage (*Healthy People 2020*).

Health Equity
Attainment of the highest level of health for all people (*Healthy People 2020*).

Diversity
Variety in customs, attitudes, practices, and behavior that exists among groups of people from different ethnic, racial, or national backgrounds who come into contact. (*Healthy People 2020*).

Culture
Culture is the characteristics and knowledge of a group of people, defined by a multitude of elements which include, but are not limited to:

- Age
- Religion/Spirituality
- Disability status
- Socioeconomic status
- Values
- Language
- Sexuality
- Family roles
- Rituals
Each person is representative of a mixture of “cultures and experiences”...
Multiple individual and systemic factors can limit access to care and impact disparities. Individual factors include:

• Language barriers;
• Cultural beliefs and practices;
• Medical bias, conscious and unconscious, towards specific groups;
• Variations in care access and quality;
• Low health literacy;
• Social determinants, such as socioeconomic status, and/or physical environment; and
• Individual characteristics such as age, race, ethnicity, sexual orientation, gender identity/expression, and disability status

Additionally, historical unethical medical practices that targeted minorities still contribute to lack of trust in the health care system. There are multiple historical instances of studies, medical trials, and procedures performed on minorities without informed consent. This mistrust, further aggravated by the lack of diversity within the health care workforce, can reduce the likelihood that an individual will proactively seek care.
Why It Matters – Impact on Cost, Quality, and Access

Health disparities directly and indirectly cost the U.S. economy $309 billion annually. It is estimated that approximately 30% of direct medical costs for Blacks, Hispanics, and Asians are unnecessary costs resulting from health disparities, and indirect costs include lost work productivity and premature death. Some examples of current health disparities experienced by minority populations that impact health outcomes include:

• Adults with disabilities are more likely to be obese, smoke, have high blood pressure, and be inactive than adults without disabilities. They are also three times more likely to have heart disease, stroke, diabetes, or cancer;
• Black infants are significantly more likely than non-Hispanic white and Hispanic infants to be born pre-term and/or at a low birth weight, the two leading causes of mortality among black infants; and
• Less educated, low-income, and minority populations are less likely to have health coverage, negatively impacting their ability to access and afford care.
How Cultural Competency Affects Behavioral Healthcare

Many things can result from a lack of cultural and linguistic competency and understanding, including but not limited to:

- Behavioral healthcare professionals can come across as being very disrespectful (not intentionally) based on the person’s beliefs;
- Health outcomes can be delayed and decisions not made timely due to communication problems;
- People may feel like they cannot access health care because they do not feel they are “understood” by the people who serve them; and
- It can be a life or death situation for the patient.
PYRAMID OF HATE

Bias
- Stereotyping
- Insensitive remarks
- Justifying biases by seeking out like-minded people
- Accepting negative information/screening out positive information

Individual Acts of Prejudice
- Bullying
- Name-calling
- Slurs/Epithets
- Ridicule
- Social Avoidance
- De-humanization

Discrimination
- Economic Discrimination
- Employment Discrimination
- Educational Discrimination
- Political Discrimination
- Housing Discrimination
- Segregation

Bias-Motivated Violence
- Individual
  - Murder
  - Rape
  - Assault
  - Threats
- Community
  - Arson
  - Terrorism
  - Vandalism
  - Desecration

Genocide
The act or intent to deliberately and systematically annihilate an entire people
“Why Gender Pronouns Matter”

Video
Mrs. Lopez has a Hispanic surname and speaks with an accent. She is often upset when she calls a health care provider’s office or goes in for a visit, and staff assumes she does not speak or understand English. Sometimes this assumption leads staff to speak slowly and loudly. Other times they will have a bilingual staff person interact with her. Although she is pleased that some health care providers make an effort to have bilingual staff for families who require this level of language assistance, she wishes they would ask about her specific needs.
The promotion of a “one-size-fits-all” solution based on perceptions and does not account for the important intersections of race, gender, and culture can lead to disparities within our behavioral health system.
Cultural Competence is the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions in a manner that recognizes, affirms, and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each.
Linguistic competence is the ability of individuals and systems to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. This may include, but is not limited to, the use of:

- Bilingual/bicultural or multilingual/multicultural staff;
- Cross-cultural communication approaches;
- Cultural brokers;
- Foreign language interpretation services including distance technologies;
- Sign language interpretation services; and
- Multilingual telecommunication systems.
Intersectionality 101
Video
Moving Cultural & Linguistic Competence Forward

• Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to teach effectively cross-culturally.

• Build capacity to:
  • (1) Value diversity;
  • (2) Conduct self-assessments (internal/ community – based);
  • (3) Manage the dynamics of difference;
  • (4) Acquire and institutionalize cultural knowledge; and
  • (5) Adapt to diversity and the cultural contexts of the communities they serve.

• Incorporate in all aspects of policy making, administration, practice, service delivery and involve people in recovery, key stakeholders and communities.

National Center for Cultural Competence
National CLAS Standards

1. Principal Standard
2-4. Governance, Leadership and Workforce
5-8. Communication and Language Assistance
9-15. Engagement, Continuous Improvement, and Accountability
The National Standards for Culturally and Linguistically Appropriate Services (CLAS) are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.

**Principle Standard**

Theme I (2-4): Governance, Leadership, and Workforce

Theme II (5-8): Communication and Language Assistance

Theme III (9-15): Engagement, Continuous Improvement, and Accountability
What Are The Phases?

- **Self-understanding**
  - Can be impeded by time management challenges and limited resources.
- **Continuous development of knowledge and skills**
  - Ongoing professional development
- **Leadership**
  - By-in is developed from a top down approach
Moving Through a Cultural Shift

The Ongoing Role of Leadership

• Developing clear policies around inclusion to prevent/combat potential negative interactions
• Celebrating the rich diversity of staff
• Encouraging and rewarding behavior that reinforces the standard
• Develop feedback mechanisms that promote open communication from staff
• Reinforce expectations through your own behavior
The Ongoing Role of Leadership

• Continuous connections to target population
  • Provides invaluable feedback and aids in developing benchmarks
  • Helps in identifying patient/client aspirations for their interactions with staff
  • Remember that staff are community members as well
Each person is representative of a mixture of “cultures and experiences”...

Office of Minority Health
...so lets embrace our diversity....
Dontavious L. Jarrells
Chief of Communications
Franklin County Treasurer’s Office

373 S. High St., 17th Fl.,
Columbus, Ohio 43215
Phone: (614) 525-7516
dmjarrel@franklincountyohio.gov