

Reducing Disparities through Organizational Cultural Competence

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Objectives

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- Introduce the role of organizational and community contexts in engaging diverse populations and reducing mental health service disparities.
- Introduce organizational factors that have been suggested as key to successful implementation of culturally competent evidence based practices.
- Introduce the potential benefits of linking efforts to reduce mental health service disparities with efforts to reduce over-representation in other systems.

Mental Health Services Disparities

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- There are significant, and in many cases growing, ethnicity-based and race-based disparities in:
 - The availability and accessibility of mental health services (e.g., Juszczak, Melinkovich, & Kaplan, 2003; Novins, Beals, Sack, & Manson, 2000)
 - The quality of available mental health services (e.g., Walkup, McAlpine, & Olfson, 2000; Wang, West, & Tanielian, 2000; Young, Klap, & Sherbourne, 2001)
 - The outcomes of mental health care (Huang, 2002; U.S. DHHS, 2001)

Cultural Competence

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- Is proposed as a solution to existing mental health service disparities (e.g., Brach & Fraserirector, 2000; Lu & Prim, 2006)
- Has a good practical base, originally defined as a dynamic set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals enabling effective cross-cultural work (Cross et. al., 1989)
- Has been adopted as a salient feature of APA policy and federal standards (Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, 2002; National Standards for Culturally and Linguistically Appropriate Services in Health Care, <http://www.omhrc.gov/assets/pdf.>)
- Has strong theoretical foundations (see APA, 2002)

However:

- Lacks clear operationalization and has not been linked to mental health outcomes (e.g., Geron, 2002; Sue, 2001; Vega & Lopez, 2001)

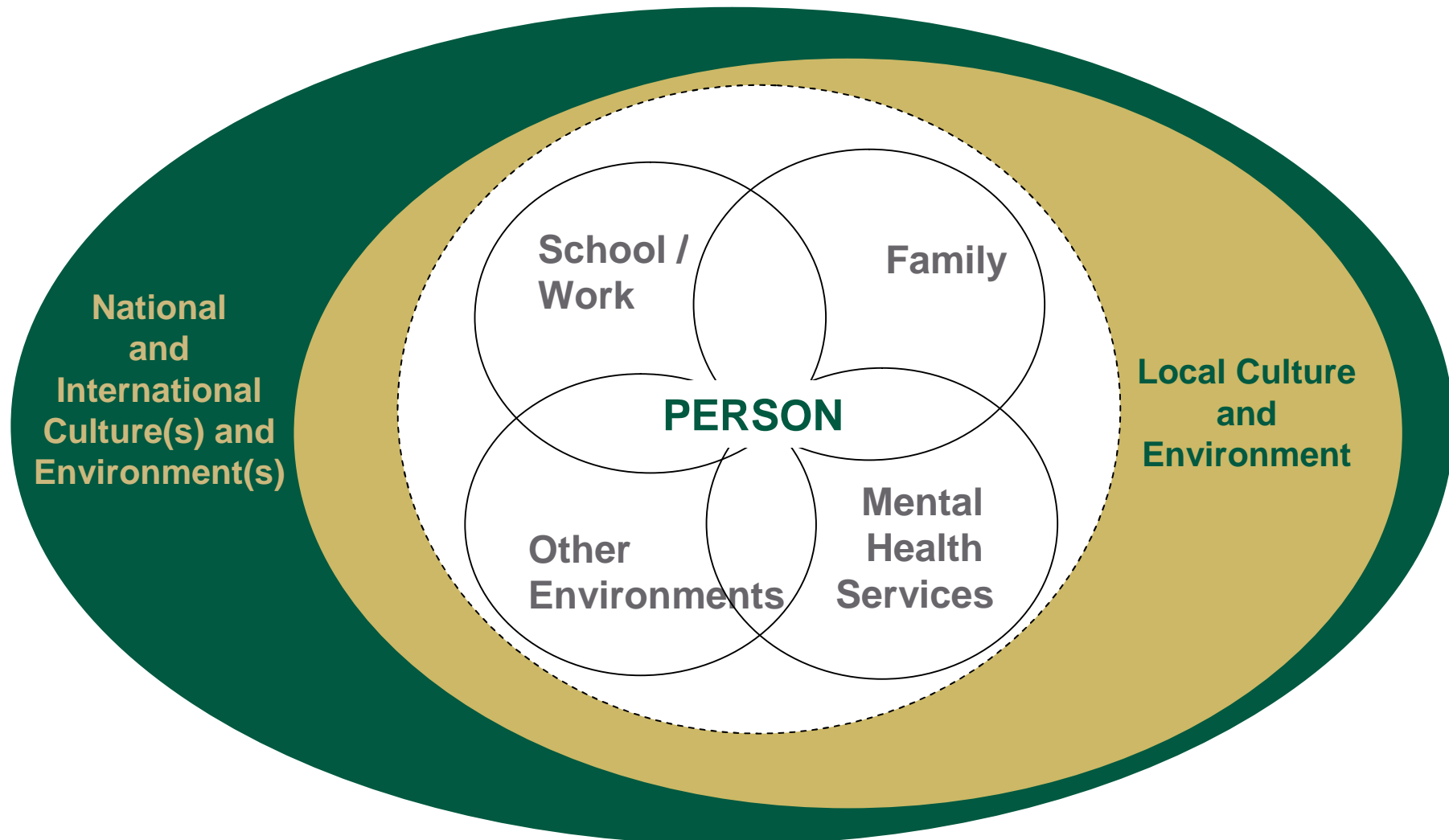
Cultural Competence

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- Has been described as a characteristic of:
 - The individual
 - Models focusing on a provider's (1) cultural self-awareness; (2) awareness of other cultures, and (3) culturally-relevant skills (e.g., Lu & Prim, 2006; Sue et al., 1982)
 - The intervention
 - Models emphasizing characteristics of an intervention that respond to cultural differences in language, appearance and metaphors, concepts, goals, & context, content, & methods of treatment (e.g., Bernal, Bonilla, & Bellido, 1995)
 - The mental health care system
 - System of care model includes values and principles that guide providers to be responsive to the cultural, racial, and ethnic differences of the populations they serve (Stroul & Friedman, 1986).

Systems View Of Cultural Competence

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Adapted from Robbins, Schwartz, & Szapocznik, 2004

RTC Study 5: Summary

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□ Funder

- ▣ National Institute on Disability and Rehabilitation Research (NIDRR, FDOE)

□ Goal

- ▣ Identify and describe measurable organizational factors associated with the effective implementation of mental health services for culturally diverse children with emotional/behavioral disorders.

□ Method

- ▣ Reviewed literature published between 1994-2004 (N = 274 out of 1,186 articles meeting inclusion criteria).
- ▣ Reviewed cultural competence assessment instruments (N=17)

(Research and Training Center for Children's Mental Health, 2004)

Overview of Findings

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- Organizational characteristics associated with cultural competence are driven by conceptual models and planning/evaluation assessments (Harper, Hernandez, Nesman, Mowery, Worthington, & Isaacs, 2006)
- Evidence based culturally competent practices can be:
 - Specific Interventions (e.g., Szapocznik, Hervis, & Schwartz, 2003).
 - Service Enhancements (e.g., Gamst, Dana, Der-Karabetian & Kramer, 2004).

Multiple Facilitators/Barriers to Care

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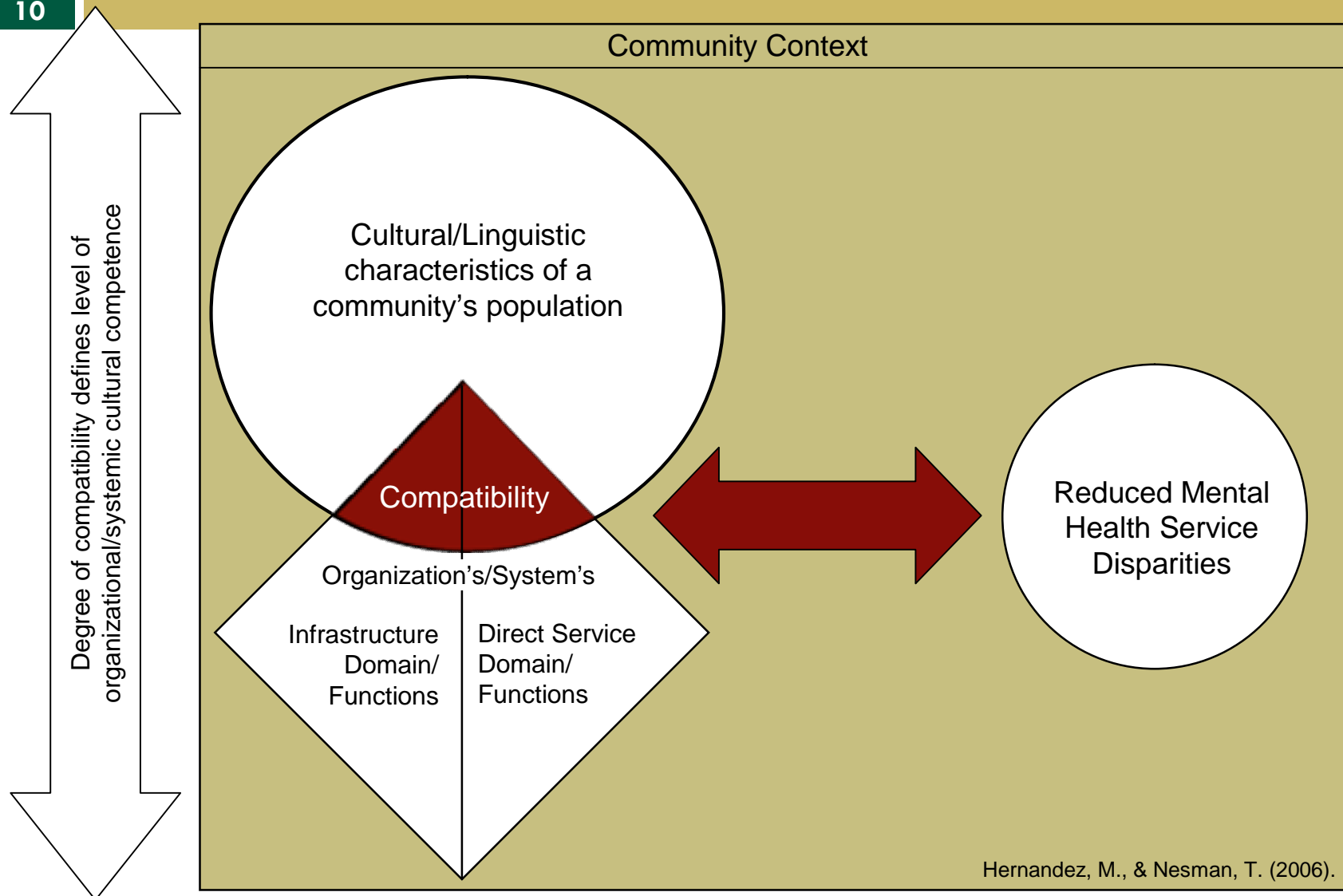
- Income and Geographic Location
- Language and Culture
- Stigma
- Lack of Trust, Negative Experiences
- Insurance and Eligibility Policies
- Managed Care, Medicare/Medicaid
- System Bias and Institutional Racism

(Hernandez, Nesman, Friedman, Callejas, & Mowery, 2007)

Conceptual Model Summarizing Review Findings

Definition: A human service organization's/system's cultural competence can be described as the degree of compatibility and adaptability between the cultural/linguistic characteristics of a community's population AND the way the organization's combined policies and structures/processes work to affect needed services/supports

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Hernandez, M., & Nesman, T. (2006).

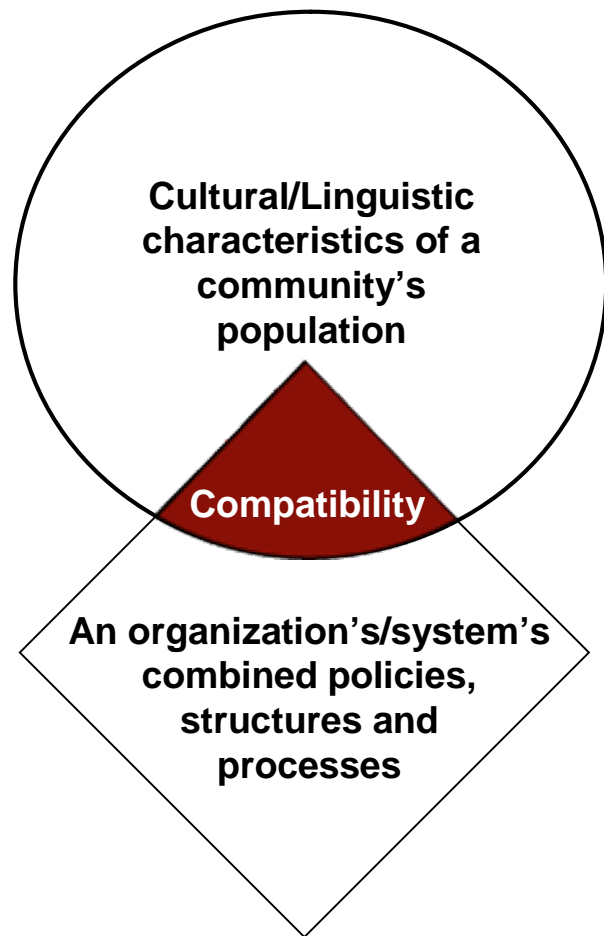
Community Context

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- Resources that are available to and used by diverse populations to address mental health and related concerns
- Organizational/systemic and community mechanisms impacting pathways into various types of services
- Community, state, and national policies and norms that inhibit/facilitate serving diverse populations

Characteristics of the Community Populations

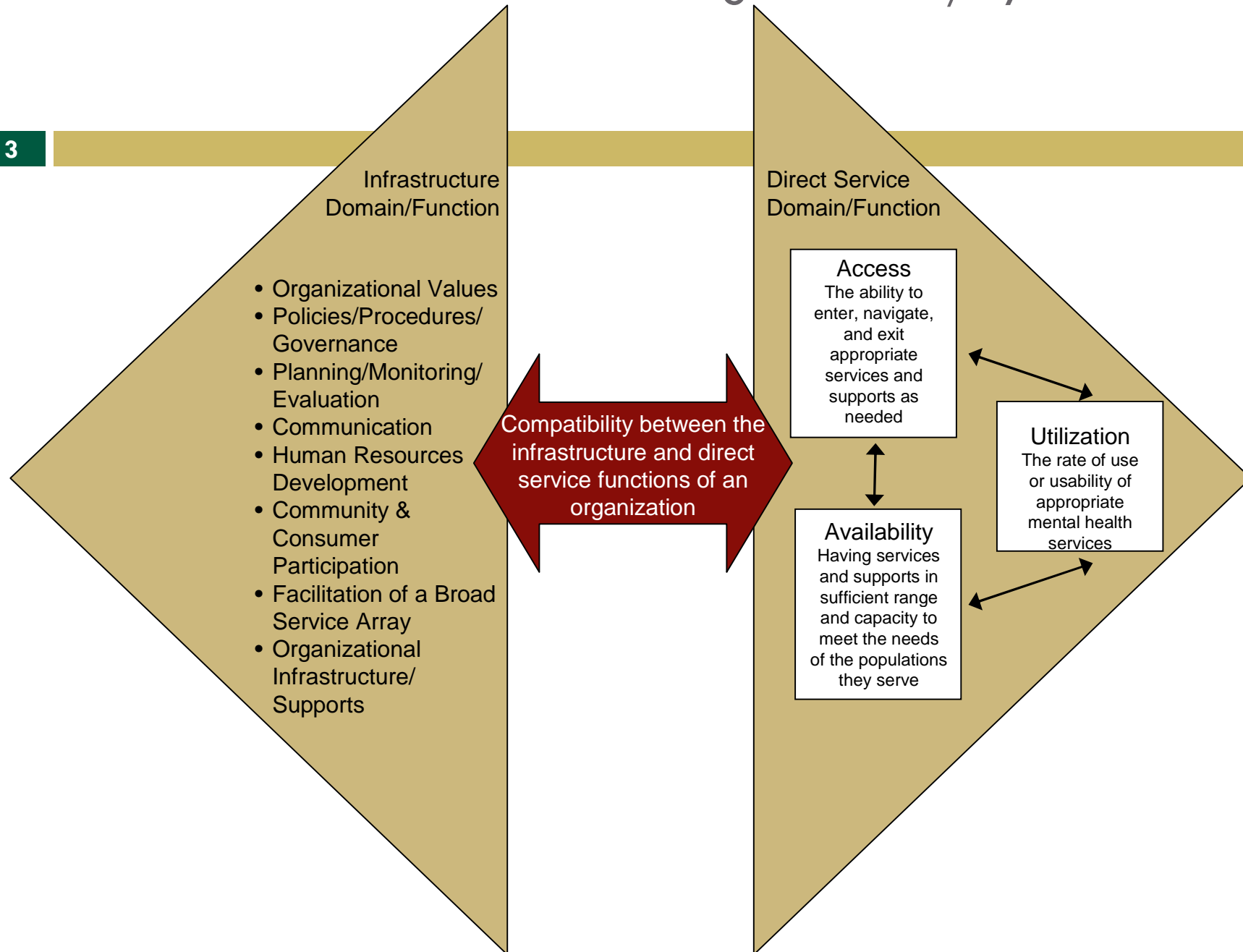
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- *Culture*- shared social norms, beliefs, values, language preferences
- *Race*- self-identification, experiences with stereotyping, inequality, and discrimination
- *Ethnicity*- self-identification, experiences with stereotyping, inequality, and discrimination
- *Acculturation status*- level of culture change and adaptation to a new culture
- *Socioeconomic status*- impact and interaction with other factors
- *Diversity*: Variation in immigration experience, educational level, spiritual preferences, self-identification

Characteristics of the Organization/System

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Organizational Infrastructure Domains

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Infrastructure Domain/Function

- Organizational Values
- Policies/Procedures/
Governance
- Planning/Monitoring/
Evaluation
- Communication
- Human Resources
Development
- Community &
Consumer
Participation
- Facilitation of a Broad
Service Array
- Organizational
Infrastructure/
Supports

The Infrastructure domain is made up of multiple functions that are typical of organizations, each of which must be adapted for cultural competence.

- Organizational **values, policies, procedures and governance** contribute to cultural competence when they promote compatibility with the community served and provide support for staff to carry out needed culturally competent service practices
- Likewise, **planning and evaluation** processes contribute to cultural competence when they include communities of color as fully contributing partners with shared responsibilities, and when they collect data that reflects the diversity of the community

Organizational Infrastructure Domains

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Infrastructure Domain/Function

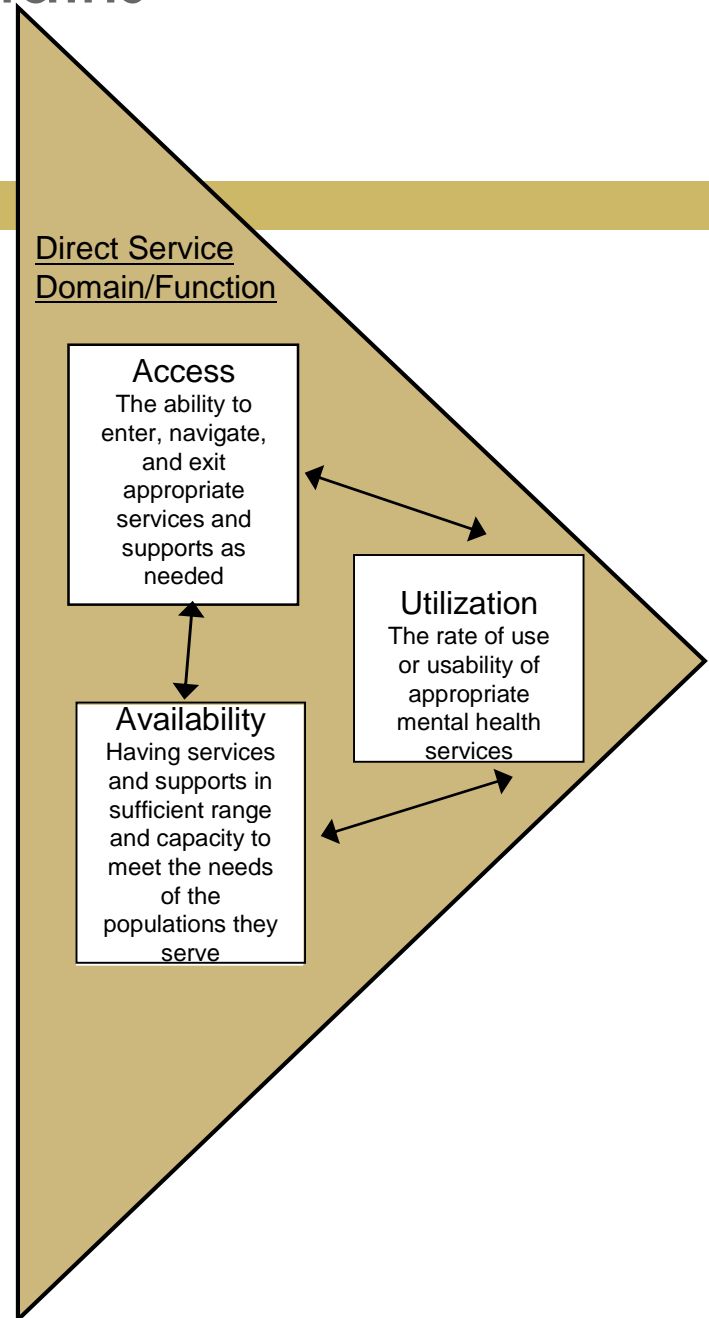
- Organizational Values
- Policies/Procedures/Governance
- Planning/Monitoring/Evaluation
- Communication
- Human Resources Development
- Community & Consumer Participation
- Facilitation of a Broad Service Array
- Organizational Infrastructure/Supports

- **Communication** that supports cultural competence includes two-way communication and learning within the organization and between the organization and the community
- **Human resources** and **service array** domains include strategies to increase bilingual/bicultural capacity, recruitment, and retention, and availability of services that are appropriate and of high quality for the target population
- Methods of outreach to communities and opportunities for **community/consumer participation** are important mechanisms that can lead to greater compatibility
- **Organizational infrastructure** can promote cultural competence by bringing in financial, technological and other needed resources

Direct Service Domains

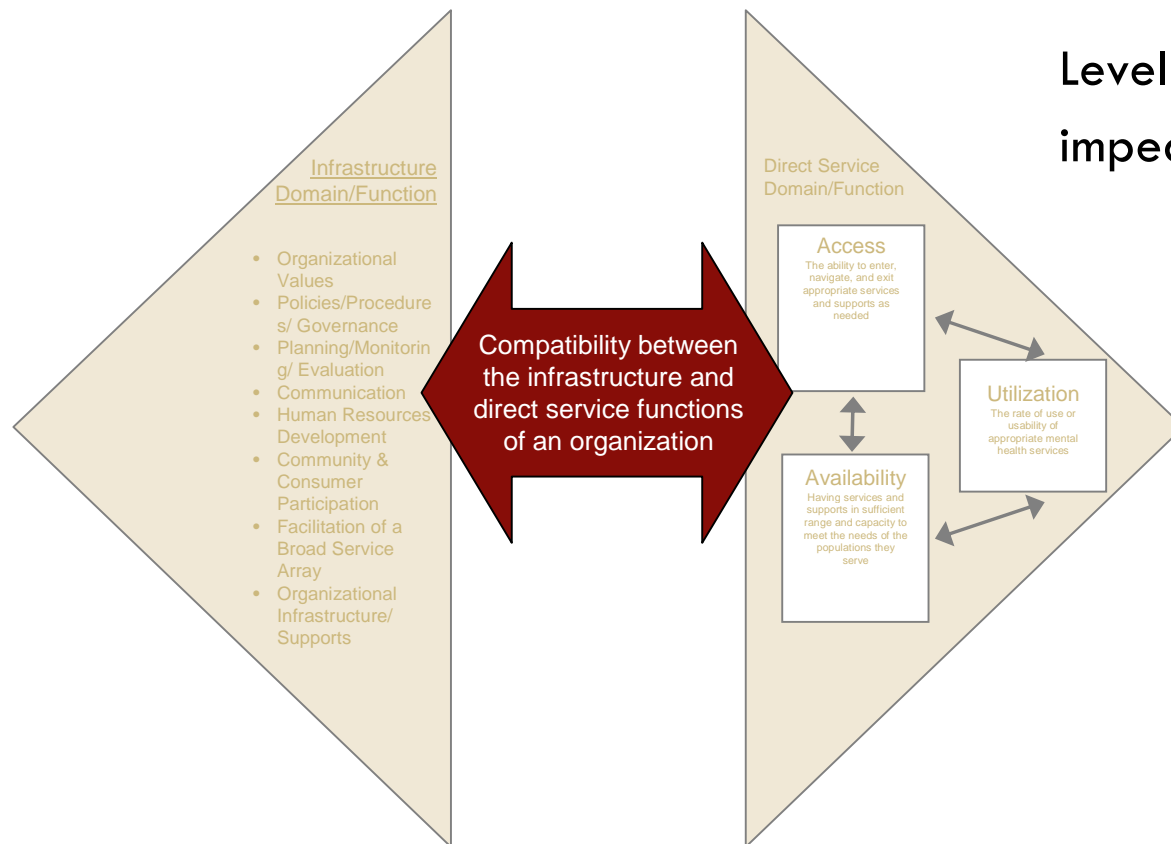
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- **Access** is defined as mechanisms that facilitate entering, navigating, and exiting appropriate services and supports as needed
- **Availability** is defined as having services and supports in sufficient range and capacity to meet the needs of the populations they serve. This may include availability of bilingual personnel and/or trained translators
- **Utilization** is defined as the rate of use of services or their usability for populations served. Utilization may include issues such as length of time in service, retention, or dropout rates



Importance Of Compatibility Between Infrastructure and Direct Service Domains

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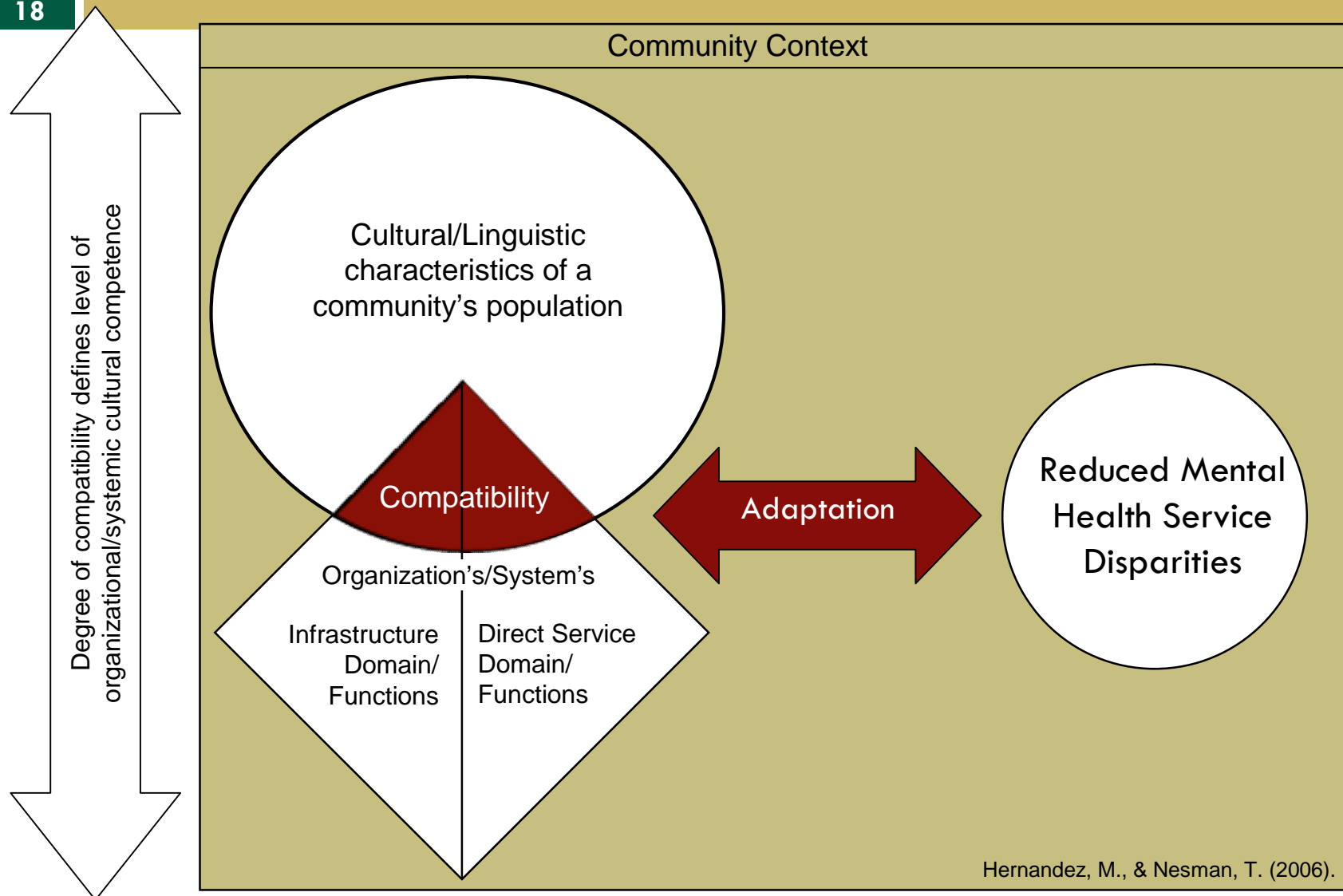
Level of compatibility can facilitate or impede utilization of services

- Example: Increased access through a one-stop family services center mechanism may be offset by lack of availability of bilingual services and lack of trust in an organization that is not connected with the community. This can result in low utilization.

Linking Cultural Competence to Reduction in Disparities

Definition: A human service organization's/system's cultural competence can be described as the degree of compatibility and adaptability between the cultural/linguistic characteristics of a community's population AND the way the organization's combined policies and structures/processes work to affect needed services/supports

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Hernandez, M., & Nesman, T. (2006).

Contextualizing Disparities

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Eliminating Mental
Health Service
Disparities

- ▣ Leads to focus on mental health...
 - Access
 - Quality
 - Outcomes
- ▣ However, the relation between social inequities and mental health must be addressed.
- ▣ Other disproportionalities exist in:
 - Juvenile Justice
 - Child Welfare
 - Education
 - Health

Current Definition of Disparities

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□ **National Institutes of Health (2000):**

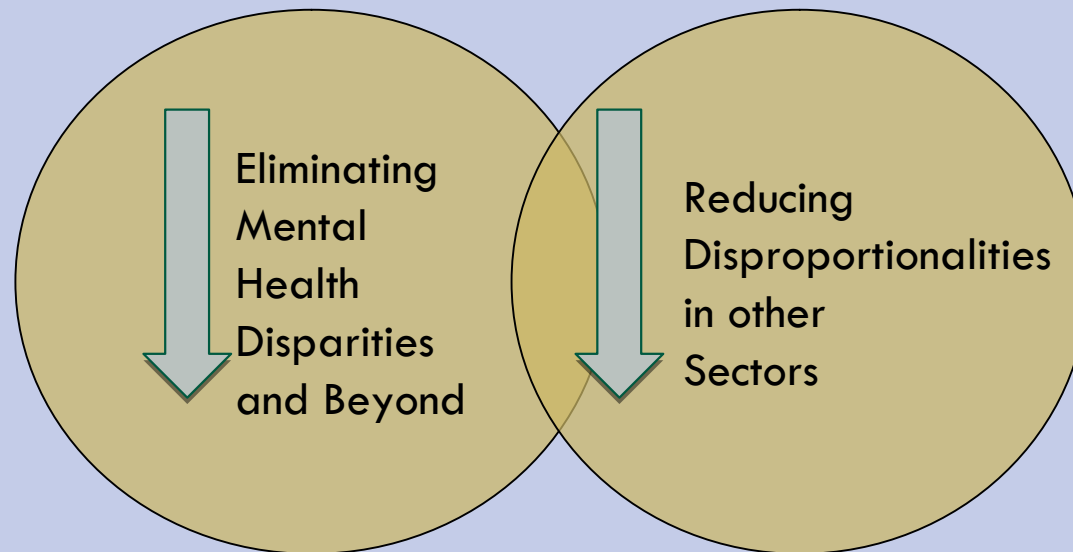
“...differences in the incidence, prevalence mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States. Research on health disparities related to socioeconomic status is also encompassed in the definition.”

See: Carter-Pokras, O., & Baquet, C. (2002).
What is a "Health Disparity"? *Public Health Reports*, 117(5), 426-434.

Aligned Approach

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Social Inequities: Economic, Jobs, Housing, Health, and Racism/Discrimination

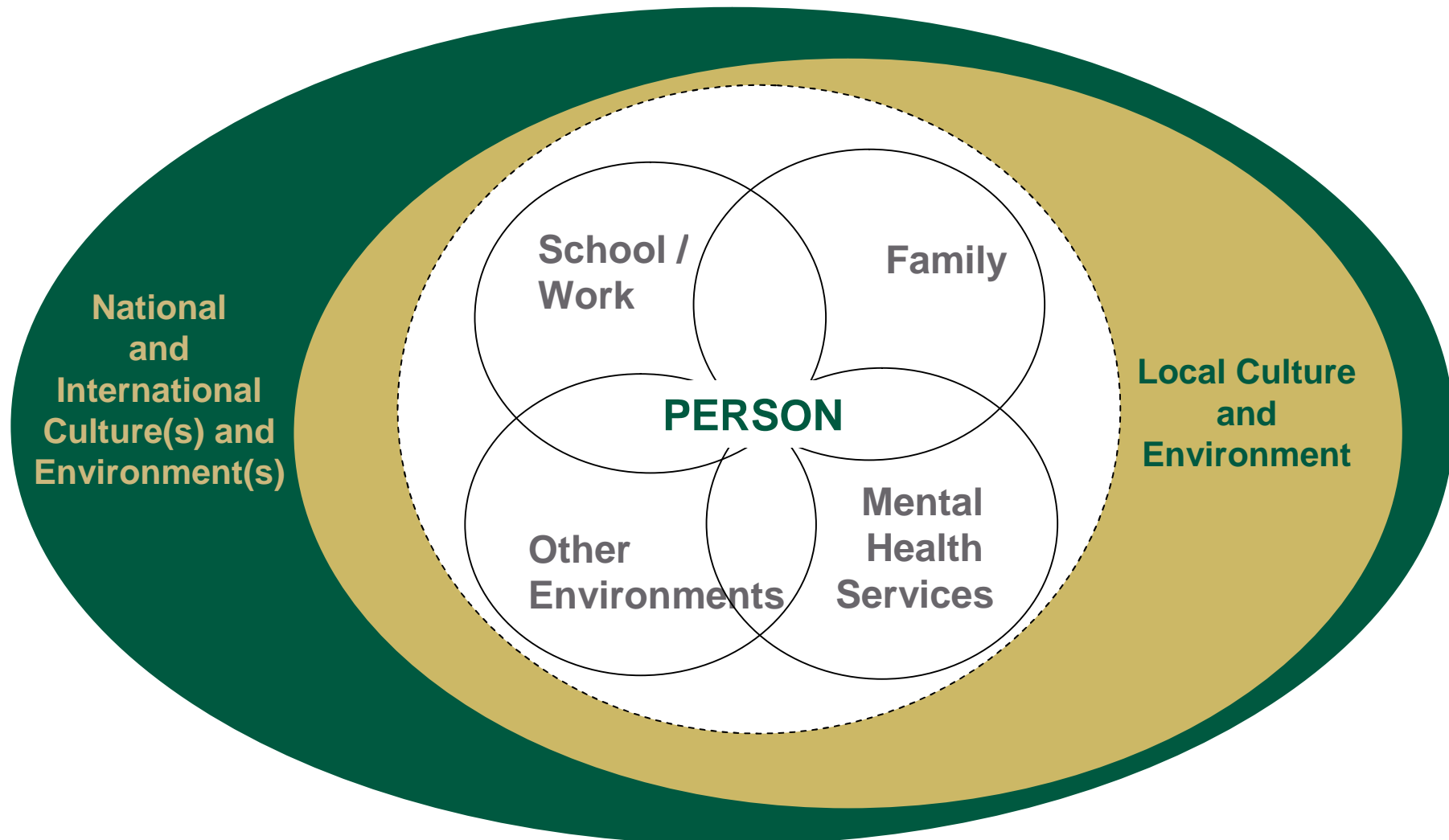


This leads to planning and “solution making” that:

- ❑ Focuses on a community as a whole
- ❑ Focuses on the linkages and overlaps across sectors

Applying the Systems View

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Adapted from Robbins, Schwartz, & Szapocznik, 2004

A Revised Definition for Disparities

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- Within a community context, the goal of eliminating mental health disparities and beyond, must be linked to the elimination of the disproportional representation of children and youth in Juvenile Justice, Child Welfare, and Special Education in order to support the sustained wellbeing of children and their families.

Conclusion

- An organization's responsiveness to community contexts appears to meaningfully influence the ability to successfully reduce mental health service disparities by providing culturally competent evidence based practices.
- Organizational factors can be grouped in two broad domains: infrastructure and direct service support.
- A contextual consideration of factors involved in reducing disparities suggests that efforts within the mental health sector will benefit from being linked with efforts to reduce over-representation in other sectors (e.g., J.J., CW.).

Additional Resources

The Research and Training Center for Children's Mental Health, Study 5: <http://rtckids.fmhi.usf.edu/rctcpubs/CulturalCompetence/default.cfm>

- Hernandez, M., Nesman, T., Isaacs, M., Callejas, L. M., & Mowery, D. (Eds.). (2006). Examining the research base supporting culturally competent children's mental health services (*Making children's mental health services successful series, FMHI pub. no. 240-1*).
- Harper, M., Hernandez, M., Nesman, T., Mowery, D., Worthington, J., & Isaacs, M. (2006). *Organizational cultural competence: A review of assessment protocols (Making children's mental health services successful series, FMHI pub. no. 240-2)*.
- Callejas, L. M., Nesman, T., Mowery, D., & Hernandez, M. (2008). *Creating a front porch: Strategies for improving access to mental health services (Making children's mental health services successful series, FMHI pub. no. 240-3)*.