Session 4: Equity in Services

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Presenter

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Hearing From You

Everyone is treated equally regardless of race, gender, sexual, economic, and/or other cultural identities.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Communities of color and historically disenfranchised communities (e.g. individuals with disabilities, gender/sexual minorities, etc.) are involved in decisions that impact them directly (whether collectively or as individual communities).

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

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Learning Objectives

By the end today's session, participants will be able to:

- Understand inequities within the client experience
- Recognize the importance of cultural humility
- Describe organizational strategies for combating bias/stigma in patient-provider relationships

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Trauma–Informed Care

A trauma-informed program, organization, or system:

Realizes	• ***Realizes*** the widespread impact of trauma and understands potential paths for recovery
Recognizes	• ***Recognizes*** signs and symptoms of trauma in patients, families, staff, and others involved in the system
Responds	• ***Responds*** by fully integrating knowledge about trauma into policies, procedures and practices
Resists	• Seeks to actively ***resist*** re-traumatization

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Contextualizing Inequities
Clients Experience

A Client Journey

Figure 1

Number of Measures for which Group Fared Better, the Same or Worse Compared to Whites

Black: Better 3, No Difference 5, Worse 19

Hispanic: Better 11, No Difference 2, Worse 14

Asian: Better 21, No Difference 3, Worse 3

American Indian or Alaska Native: Data Limitation 1, Better 7, No Difference 2, Worse 17

Native Hawaiian or Other Pacific Islander: Data Limitation 10, Better 3, No Difference 6, Worse 8

Legend:
- Data Limitation
- Better
- No Difference
- Worse
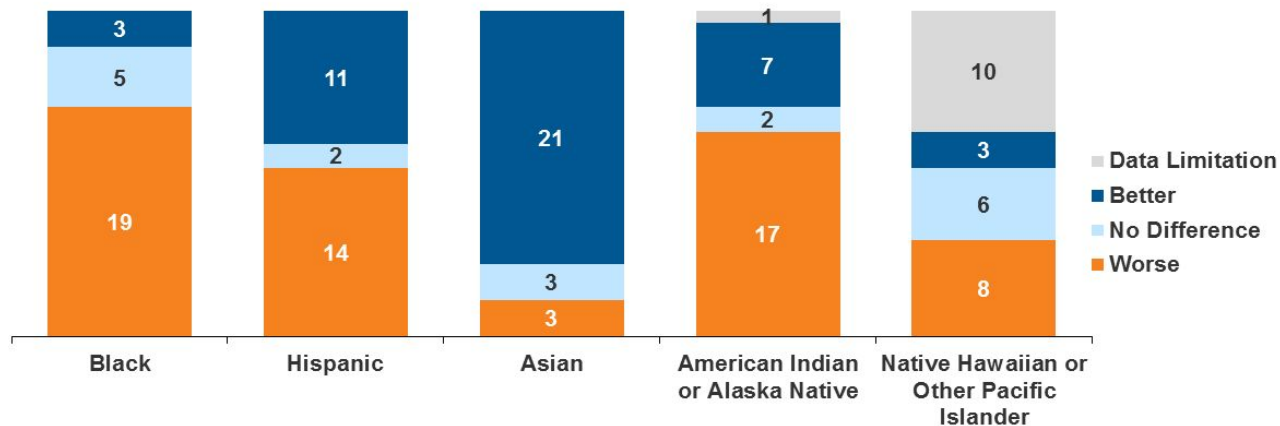
Note: Measures are for 2018 or the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from Whites at the p<0.05 level. No difference indicates no statistically significant difference. "Data limitation" indicates data are no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

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Physical Examination

Establish trust, reinforce care

Exposure to shame, vulnerability

GOAL
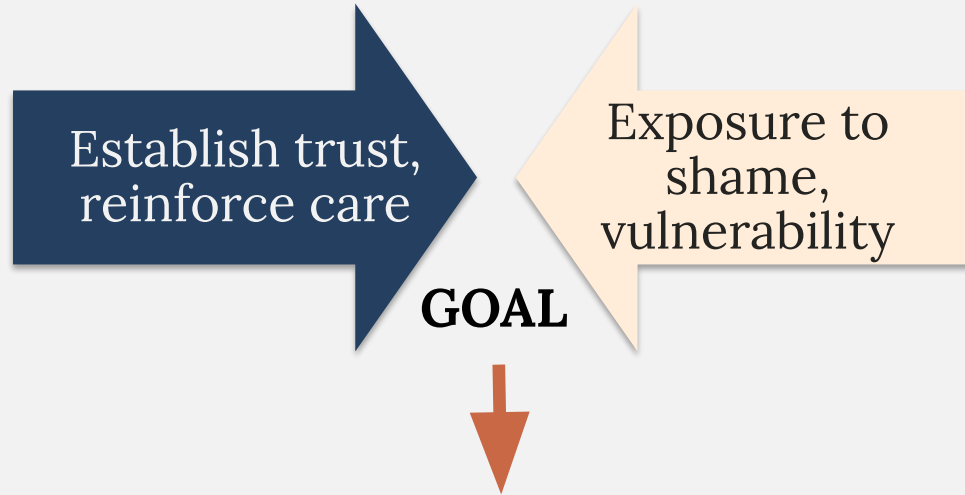
Safe, comfortable experience for all clients, including those with a history of trauma

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What Does Trauma Look Like?

- Cannot assume who has experienced traumatic stress-therefore use **UNIVERSAL EXPECTATIONS**. The best way to identify trauma exposure is to ask!

- Signs of trauma may include:
  - Avoidance of procedures (Pap smear, colonoscopy, dental care)
  - Vague, generalized symptoms (chronic headache, pelvic pain)
  - Appearing nervous or distracted during visit
  - Non-adherence to treatment

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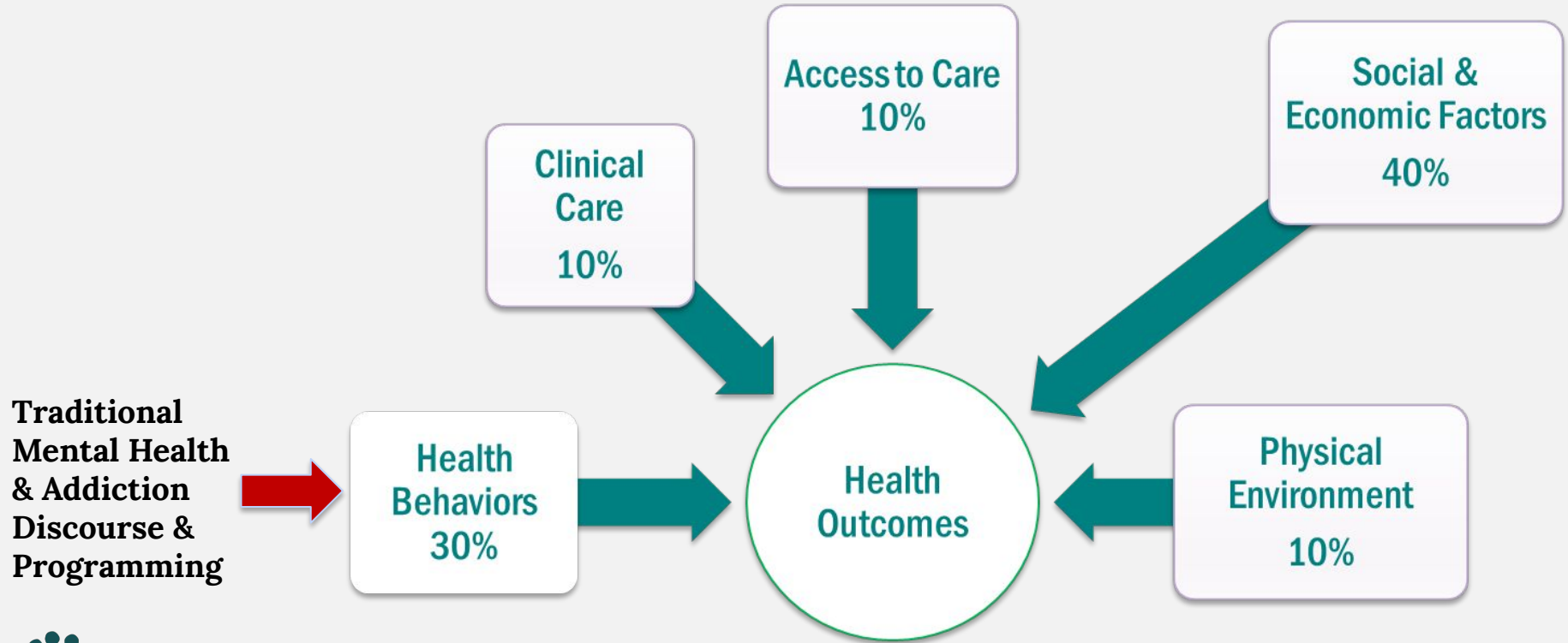HEALTH TRAINING CENTER**

Patient Quotes

I blanked out during the exam. I don't know what happened. I'm not sure what the doctor did or didn't do.

I'm just a little jumpy when people come close to me.

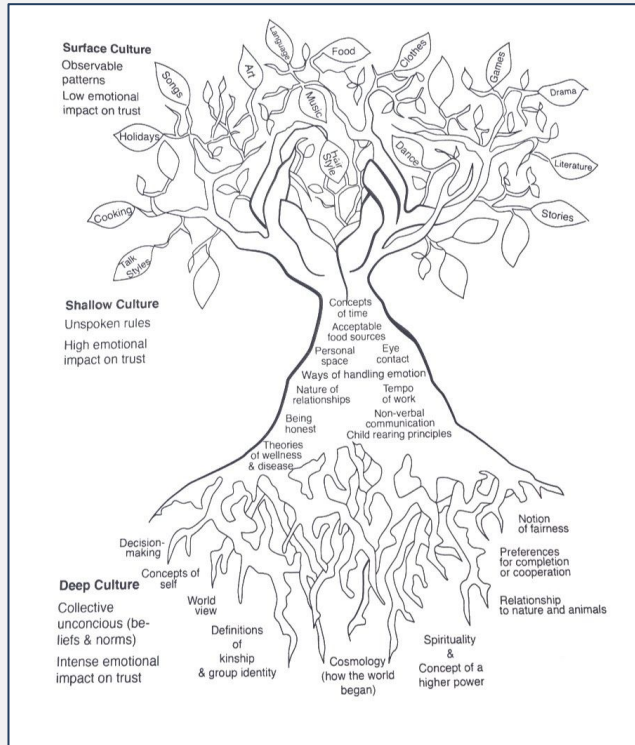The doctor was lingering way too long when touching me.

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Determinants of Health

Access to Care
10%

Clinical
Care
10%

Social &
Economic Factors
40%

Traditional
Mental Health
& Addiction
Discourse &
Programming

Health
Behaviors
30%

Health
Outcomes

Physical
Environment
10%

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Effects of Systemic Trauma and Institutional Racism on Clients

Broad Look at Culture:

☐ Surface Culture

☐ Shallow Culture

☐ Deep Culture

Aliza Maynard
https://www.africanawoman.com/post/the-culture-tree

Organizational Strategies to Combat Bias, Stigma, & Inequities in Services

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Trauma-Informed Physical Exam

Before

- Set the stage for a sensitive exam

During

- Perform a sensitive exam

After

- Provide sensitive closure

Before the Exam

01	02	03	04	05	06
Check non-verbal's	Set an agenda	Make it standard	Identify concerns	Ask about comfort	Offer chaperone

During the Exam

After the Exam

Express thanks

Discuss results

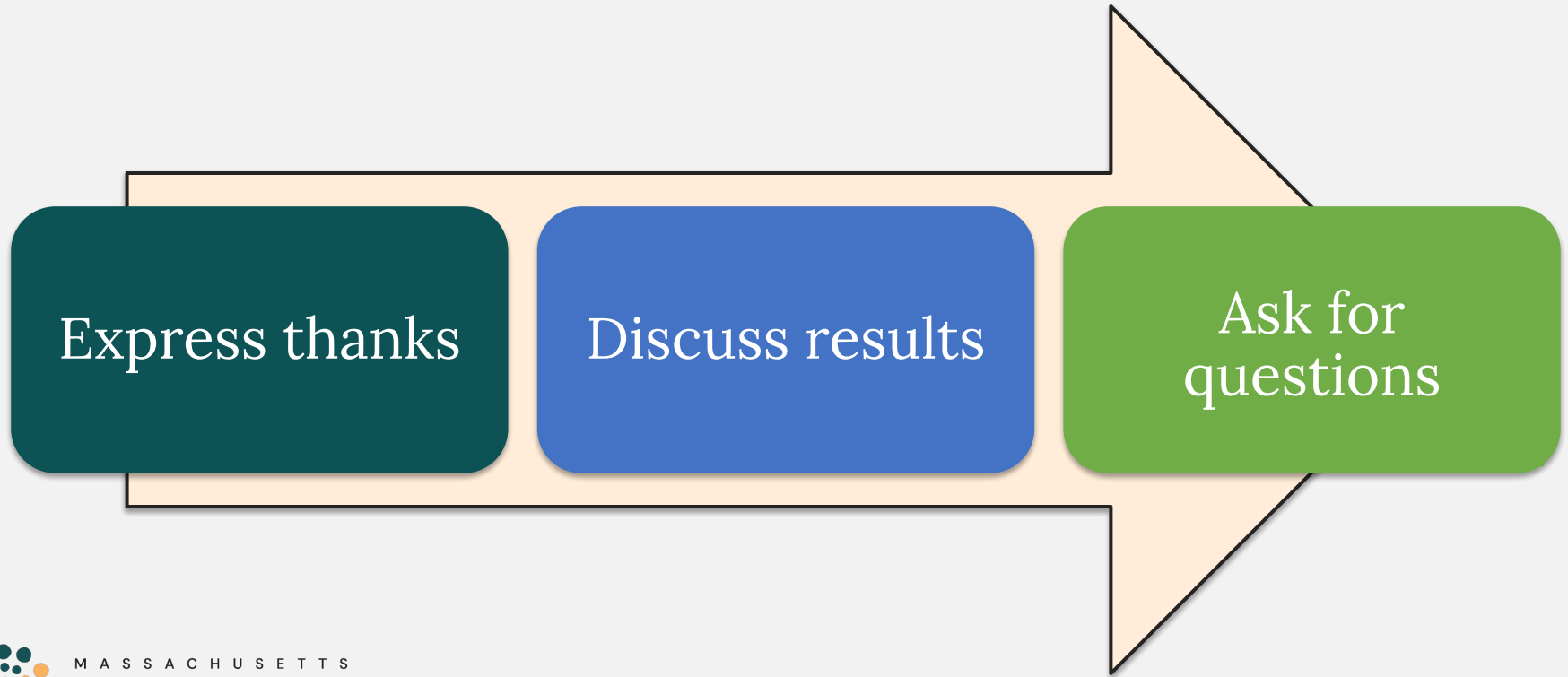Ask for questions

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Organizational Strategies for Combating Bias/Stigma in Patient–Provider Relationships

- Simplify and translate client-facing forms and documentation
- Adopt community-defined, promising practices
- Hire providers that represent the local community
- Client engagement- provide language support and build mental health literacy
- Develop a plan for addressing engagement during the current pandemic, and beyond
- Develop an organizational approach to case management
- Checks for patient understanding of treatment decisions and next steps

Adopt Community–Defined, Promising Practices

Cultural adaptations of evidence-based practices (EBPs)

What is cultural adaptation?

"...reviewing and changing the structure of a program or practice to more appropriately fit the needs and preferences of a particular cultural group or community"

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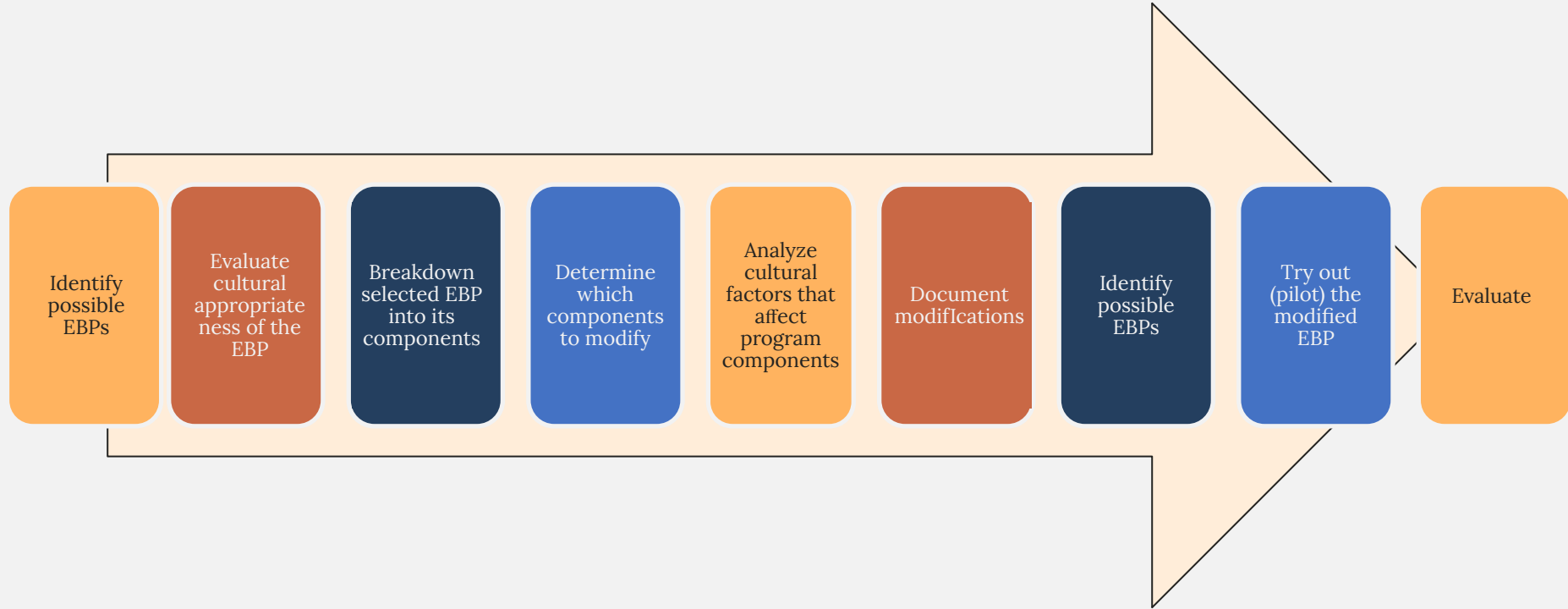
Models of Cultural Adaptation

Surface Level Adaptation:

- Identified sociocultural needs of the family
- Use bilingual/ bicultural staff
- Use of culturally specific interpersonal style

Deeper Structure Approach:

- Also embed values, practices, traditions that reflects help seeking behaviors and view of the world

- How social, cultural, environmental and historical factors influence health related behaviors & practices

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(Barrio & Yamada, 2010; Resnicow & Baranowski, 1999)

EBP in Diverse Communities – Process

Identify possible EBPs → Evaluate cultural appropriateness of the EBP → Breakdown selected EBP into its components → Determine which components to modify → Analyze cultural factors that affect program components → Document modifIcations → Identify possible EBPs → Try out (pilot) the modified EBP → Evaluate

Develop an Organizational Approach to Case Management

Client-level Interventions - Screen for SDoH

- Implementing trauma-informed approaches.
- Establishing strategic partnerships with other organizations.
  - Developing strong partnerships with existing resources.
- Tracking referrals and outcomes.
- Providing direct services that address SDoH
  - Transportation
  - Childcare
  - Housing
  - Legal services
- Establishing benefit navigator positions and resources.

Building Trust with Communities of Color

Strategies for marginalized communities in local health initiatives

Build Empathy	Cultural Humility	Nurture Self Awareness	Develop Skills

https://ssir.org/articles/entry/buiding_trust_with_communities_of_color

Build Empathy for How Culture, Racism, and History Influence Initiatives and Their Evaluation By:

01
Recognizing both universal and culture-specific factors that influence participation in health initiatives and evaluations.

02
Understanding how racism and ethnocentrism operate with the aim of developing evaluation methodologies that are respectful of diverse communities

03
Appreciating the historical context in which evaluations have taken place, paying close attention to the negative affect on communities of color and their resulting loss of trust in agencies

04
Developing an understanding of the interface between individuals' ethnic and racial experiences and their health beliefs; such knowledge may strengthen both the design of interventions and evaluation approaches.

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Cultural Humility

Another way to understand and develop a process-oriented approach to competency

"the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]"

Hook et al, 2013

Aspiring to develop partnerships with people and groups who advocate for others

Lifelong commitment to self-evaluation and self-critique

Desire to fix power imbalances where none ought to exist

-Tervalon & Murray-Garcia, 1998

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The Ties That Bind Us: Empathy & Cultural Humility

"Cultural humility and empathy are inextricably tied."

- Working with diverse people requires both empathy and cultural humility.

- Practitioners and administers equally have to be willing to take on the tenets of both empathy and cultural humility.

- They must engage in the practice of becoming cultural learner, exposing themselves to embarrassment, and accessing their own vulnerability.

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Nurture Self-Awareness

Become

Become aware of your attitudes, biases, prejudices, and resulting stereotypes; failing to do so may detrimentally affect the establishment of trust with the communities you wish to engage

Develop

Develop the ability to see and understand the cultures of people of color as sources of strength and resilience

Gain

Gain awareness of the racial and cultural socialization of individuals in communities of the marginalized, as it may assist in finding culturally congruent ways to connect and build trust

Be

Be mindful of similarities and differences between how health professionals view and conceptualize health and healing practices, and how communities of color view them

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How do we increase our Cultural Humility? Reflection on System

Reflect on System

Reflect on practices

Processes, and policies using quantitative & qualitative data.

Create Plan

Prioritize areas of need & create goals, action steps.

Integrate with any school-wide plans.

Reflect

Reassess using the CQI process.

Have practices changed?
Has data changed?

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Building on Trust and empathy...

Develop common missions intentions language efforts policies

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Develop Skills

Participating in training programs to learn cultural nuances, including ways to communicate and interpret verbal and nonverbal messages appropriately

Developing partnerships with local agencies and providers of health services that are respected by the community, as a way to facilitate establishing trust between the community members and evaluators

Assisting community members to develop an understanding about the process of evaluation, its rationale, and its expectations; such understanding may facilitate their engagement in health initiatives

Implementing a strategic decision-making approach, where the voices of the community are included in every step of the evaluation process.

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Questions?

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Case Presentation(s)

Staten Island University Hospital

We have an unwritten policy, when someone is 30 minutes late for an appointment they are 'no-showed' or rescheduled.

- **Strengths:** Advocate for the patient, educate the them on the 'policy' and help them find a way to avoid this from happening again. Work with the providers to help them to be more understanding.

- **Short term goal:** Help providers be more understanding and help the Patient to be more time conscious.

- There is no written policy.

Hear From You

Take 3 minutes of quiet time to think about an example from your work setting based on the content we've talked about today. We'll ask for volunteers to share.

Details to consider:
- Strengths related to the situation/case
- Short-term goal
- Policies and/or support you need to address case

Mock Case

Organization puts a call out to hire a new provider in a community that is predominantly Spanish speaking, but none of the applicants to the job posting are Spanish speakers.

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Resources

- [Implicit Bias in Healthcare (video)](#)
- [Using Virtual and Remote Outreach to Meet CPEP Requirements Job Aid (RHNTC)](#)
- [Engaging Diverse Community Partners Job Aid (RHNTC)](#)
- [Addressing Social Determinants of Health in Family Planning Care Video (RHNTC)](#)
- [Addressing Social Determinants of Health in Family Planning Care Meeting Package (RHNTC)](#)
- [Support LGBTQ+ Clients with Affirming Language Job Aid (RHNTC)](#)

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