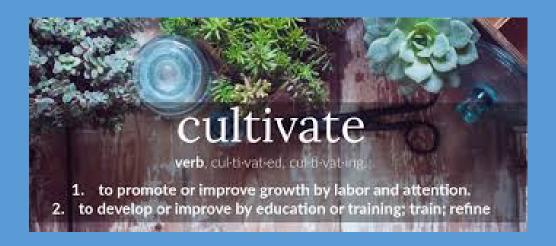
Cultivating Meaningful Connections with Members

The impact of culture, equity, diversity, and inclusion Lynne A. Bakalyan, LPC



Learning Points

Learn about Healthcare, Policy & Financing (HCPF's) direction with Equity, Diversity, and Inclusion

Understand that the language we use is our portal to connecting with members

Cultivating Competency

Recognize health disparities and medical risks for various populations

Identify resources for interpreters and for your future learning

HCPF's Goal is to Cultivate Awareness



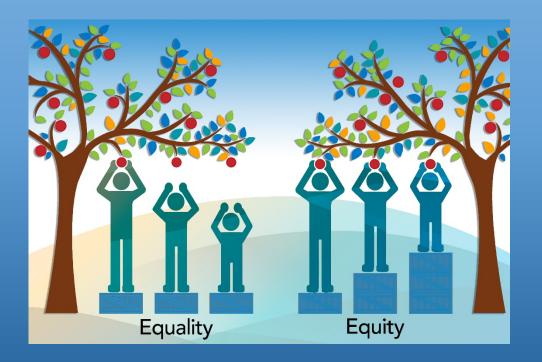
The State of Colorado believes that an equitable, diverse, and inclusive workplace is one where all employees and community partners, whatever their gender, race, ethnicity, religion, national origin, age, sexual orientation, gender identity, citizenship status, education, disability, socio-economic status, or any other identity, feel valued and respected.

Healthcare, Policy, and Financing (HCPF) created a position -- Health Disparities and Equity, Diversity and Inclusion (EDI) Officer -- as part of an executive order (D2020 175) to champion EDI at HCPF and to identify and facilitate the developments of solutions for healthcare disparities.

Cultivating Health Equity



• Health First Colorado (Colorado's Medicaid Program) members should have a fair and just opportunity to be as healthy as possible and to thrive. The goal is to reduce and eliminate disparities and its determinants that adversely affect and exclude marginalized groups and underserved populations.



Cultivating Relationships

- "To form meaningful connections with others, we must first connect with ourselves, but to do either, we must first establish a common understanding of the language of emotion and human experience."
- "Language is our portal to meaning-making, connection, healing, learning, and self awareness. Having access to the right words can open up entire universes."
- (Brene Brown, Atlas of the Heart)



Cultivating Common Language

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations

Culture: the distinctive customs, values, beliefs, knowledge, art, and language of a society or a community. These values and concepts are passed on from generation to generation, and they are the basis for everyday behaviors and practices.

<u>Cultural patterns</u> are a set of beliefs, values and norms that a person develops by being a member of a cultural group, which in turn, influences the person's thinking and behavior. Example: The ways Amish people have structured their daily lives and their communities to reflect their spiritual values of humility, godliness, hard work, nonviolence, and simplicity.

A <u>stereotype</u> is a preconceived or oversimplified generalization about an entire group of people without regard for individual differences. The generalization is applied to all members of the group. Example: The belief that Amish people are simple, backward and ignorant about life in the 21st century. They are naïve and can be easily taken advantage of.

Prejudice is an unfavorable <u>attitude</u> or <u>belief</u> about a particular individual or group

Discrimination refers to <u>behaviors</u> or <u>actions</u> that are unfavorable toward an individual or group, depriving them of certain basic rights and opportunities

Equity: When everyone, regardless of who they are or where they come from, has the opportunity to thrive. Equity recognizes that some individuals have an advantage because of their identity, while others face barriers. Unlike equality, which suggests giving the same thing to everyone, equity works to provide opportunities to those facing barriers by providing additional resources to those who do not have these advantages. This requires eliminating barriers like poverty and repairing systemic injustices.

<u>Diversity</u>: A description of differences usually based on identities such as race, gender, sexual orientation, class, or ability, etc. Diversity does not equal equity and does not always occur intentionally.

<u>Inclusion</u>: What an organization (RAE) does with diversity to ensure individuals have the opportunity to fully participate. Inclusion intentionally promotes a sense of belonging where people's inherent worth and dignity are recognized and their abilities, qualities, and perspectives are leveraged for the collective good. (from: Equity, Diversity & Inclusion Universal Policy, DPA (Section III) September 16, 2020)

Cultivating Positive Health Care Attitudes



Mental Health Disparities and Medical Risks – Hispanics and Latinos

Report poor communication with their health provider

1 out of 10 Hispanics with a mental health disorder use mental health services from a PCP, while only 1 out of 20 use a behavioral health specialist

Cultural stigma associated with mental illness is a barrier to treatment

US-born Hispanics report higher rates for most psychiatric disorders than Hispanic immigrants

20-42% of Colorado's population are Hispanic 21% are uninsured

Mental Health Disparities and Medical Risks – African Americans

More likely to use the ED or PCP rather than a behavioral health specialist

Often receive poorer quality of care and lack access to culturally competent care

Only 1 out of 3 who seek mental heath care receives it

Compared with whites with the same symptoms, they are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders

More likely to be incarcerated if they have a mental health condition

Death rate is higher than whites for heart disease, stroke, cancer, asthma, flu, pneumonia, diabetes, HIV/AIDs and homicide

Mental Health Facts on Refugees, Asylumseekers and survivors of forced displacement

Most will not receive mental health care due to scarcity of services and stigma of mental health and beliefs that a dx would interfere with jobs and housing

Mental health care should be provided in partnership with social, cultural and family supports

Despite high rates of traumatic events among refugee population, many do not have chronic psychiatric impairment. Clinicians should make the distinction between normal responses to the abnormal situations of war, protracted violence and other traumatic experiences

Common Language

Refugees are defined as someone who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion is outside the country of their nationality and is unable to or, owing to such fear is unwilling to avail himself to the protection of that country."

An <u>Asylum Seeker</u> has also experienced persecution but has crossed borders to seek sanctuary. They differ from refugees based on where they are located and making a request for protection

<u>Forcibly Displaced Youth</u> may have endured chronic pervasive exposure to community violence, uncertainty of the future, persecution, violent loss of loved ones or exposure to high violence such as war.

Health Disparities Among LGBTQ Individuals

More than twice as likely as heterosexual men and women to have a mental health disorder in their lifetime.

2.5 times more likely to experience depression, anxiety and substance misuse then heterosexual individuals.

Bisexual males are more likely to have experienced physical abuse and or non-consensual sex in their childhood

Bisexual women were more vulnerable to heavy drinking, marijuana use and other drugs compared to heterosexual women

Transgender individuals from other colors are at increased risk of suicide than white transgender individuals.

Experience higher levels of anxiety over depression

Cultivating Mindfulness with LGBTQ

Always assume someone from the LGBTQ community is present. Be inclusive, supportive, and protective

Recognize that someone's gender identity does not dictate their sexuality

Listen for cues or politely ask for someone's preferred pronouns: "Hi, I'm [name], and I use the pronouns, 'He' and 'Him'. What about you?"

Consider the reason for your personal questions and be polite. If asking about surgeries, ensure that it is pertinent to counseling

Avoid asking for someone's "real name" (note, you may need legal name for insurance)

Cultivating Awareness with LGBTQ

Apologize! Mistakes happen and it's okay. "I'm sorry. I didn't mean to offend you."

What do your words mean? Wellintentioned compliments can be unkind "You're so attractive for a transgender person," "You look like a real man!"



Be understanding and patient. Being self-confident can take time, and there are many ways to "be" transgender.



Keep it confidential. Outing a transgender person can be dangerous for

Cultivating Cultural Responsiveness

Providers and provider staff deliver effective treatment with a members' culture in mind

Providers create an attitude of understanding

Providers are responsible for respectful care in a manner compatible with members' cultural health beliefs, practices and preferred language

Access to Health Care

RAEs need to identify members whose cultural norms and practices may affect their access to health care.

Efforts include asking members about their preferred language when they call to request a referral for therapy.

Providers should take a member's preferred language into consideration when they call to make an appointment.

Interpreter Services

The RAE asks members their preferred language for therapy and try to match them with a therapist who speaks their primary language, including ASL.

The RAE will complete a Single Case Agreement if an innetwork provider cannot be located that meets a member's need

If we cannot find a provider, the RAE will cover the cost for an interpreter. This is a member's right.

Call us at HCI: 888-502-4185 or NHP: 888-502-4189 and ask to speak to a Member Engagement Specialist if you need help setting up interpretation services

Tips for Using an Interpreter

Speak in a normal tone; speak slowly and clearly.

Avoid technical terms or jargon; use lay-person language when appropriate

Keep your statements short, pausing to allow for interpretation.

Ask one question at a time.

Expect interruptions from the interpreter to ask for clarification; the interpreter might take notes.

Avoid using family or friends as interpreters, even when the member asks. NEVER ask a member's child to do interpretation.

Allow extra time for the appointment – the appointment may take at least twice as long.

Arrange seating in a "triangle"

Don't say anything to the interpreter that you do not want the member to hear.

Use carefully chosen words to convey meaning;

Avoid hand gestures

Want to Learn More?



Join our cultural competency roundtable with special guest, Aaron Green, HCPF's new Health Disparities & EDI Officer



HCIs Roundtable is Monday, April 11, 2022 from 1-2 pm MT



NHPs Roundtable is Thursday, April 14, 2022 from 10-11am MT

I don't need to know everything, I just need to know where to find it, when I need it. Albert Einstein

Resources

Mental Health Disparities: Diverse Populations (psychiatry.org)

https://www.samhsa.gov/section-223/cultural-competency/resources

https://www.apa.org/topics/lgbtq/transgender

1% Better. . . Small changes over time have lasting results (James Clear)

What is 1 thing you can start doing?

What is 1 thing you can stop doing?

What is 1 thing that you need to continue to provide services to diverse clients?

Rose, Thorn, Unicorn

What was helpful about the content? (rose)

What was unhelpful about the presentation? (thorn)

What was unexpected from your participation in this training?

(unicorn)