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Pathways to Behavioral Health Equity: Leveraging Culture and Language to Address Immigrant Health Disparities

Roslyn Holliday Moore

Senior Public Health Analyst

SAMHSA, Office of Behavioral Health Equity

Columbus, Ohio

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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Office of Behavioral Health Equity

Vision

- All populations will have equal access to high quality behavioral health care.

Mission

- To reduce the impact of substance abuse and mental illness on populations that experience behavioral health disparities by improving access to quality services and supports that enable individuals and families to thrive, participate in and contribute to healthy communities.

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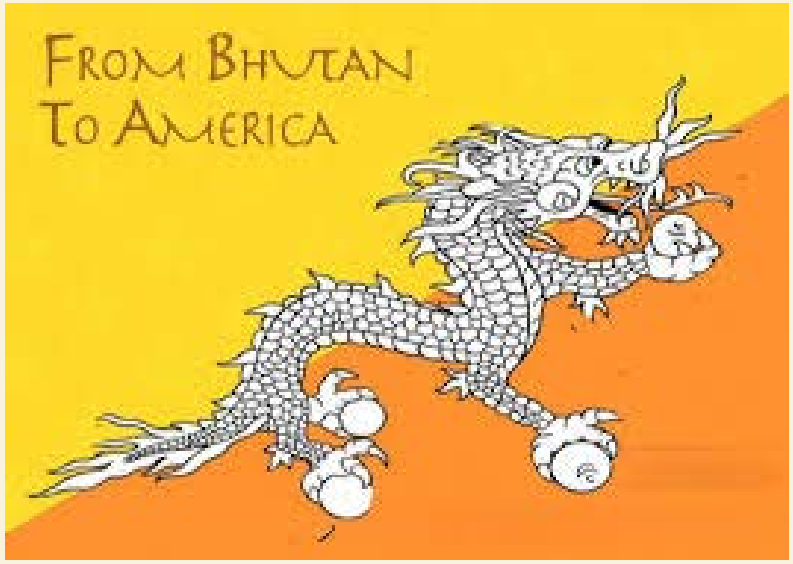
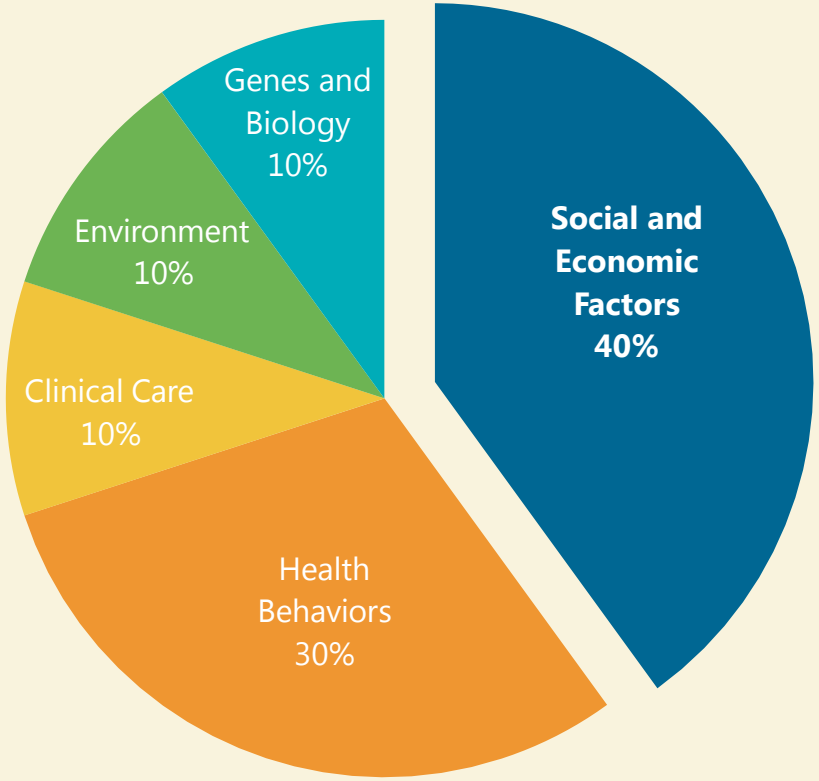
Today's Conversation

- America and Health
- What Creates Health
- Social Determinants of Mental Health
- Role and Opportunity for Communities
- Government Efforts

What creates health?



Determinants of Health



- Necessary conditions for health (WHO)

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Health Care
- Transportation
- Social justice and equity

Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <http://www.who.int/hpr/archive/docs/ottawa.html>.

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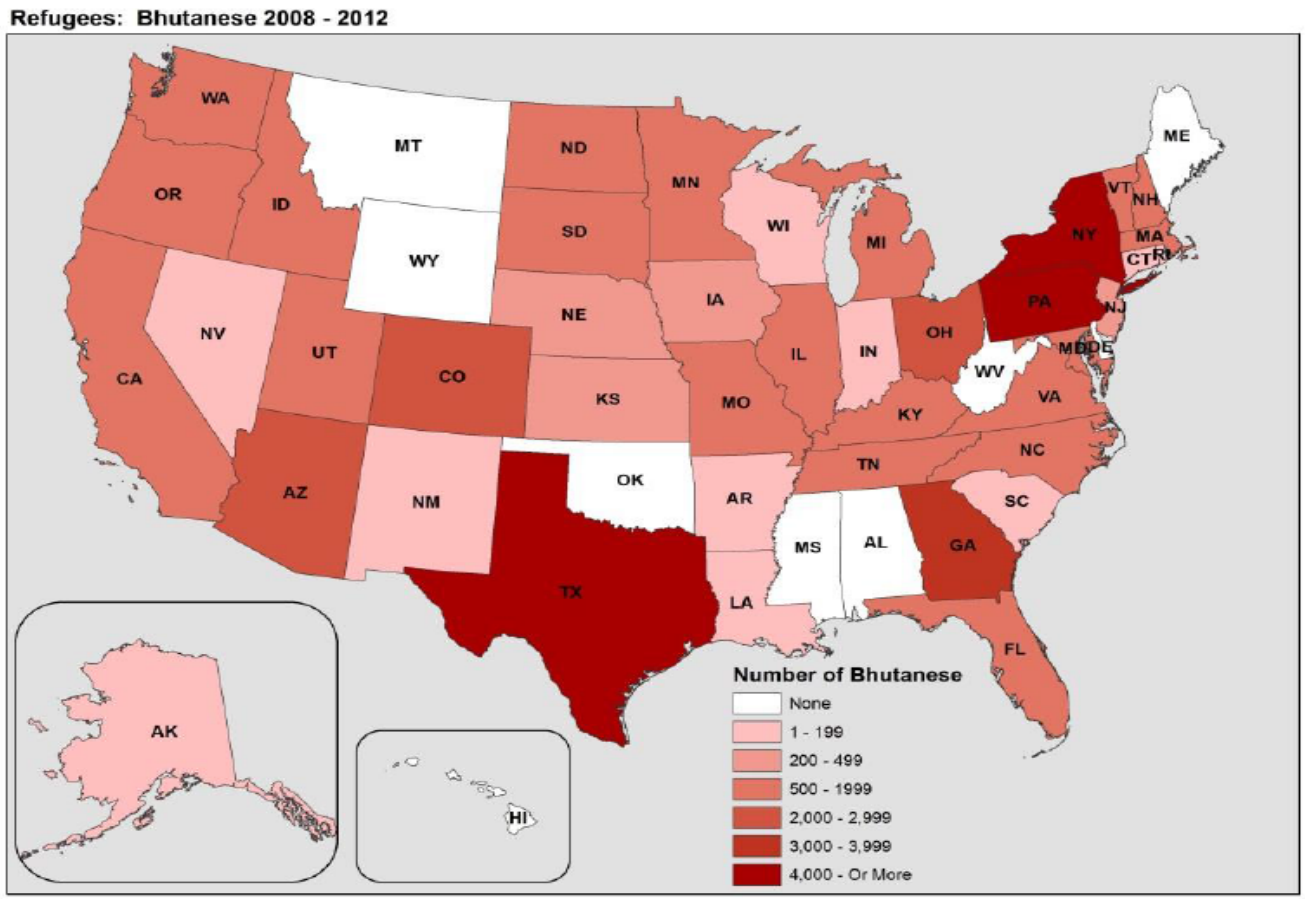
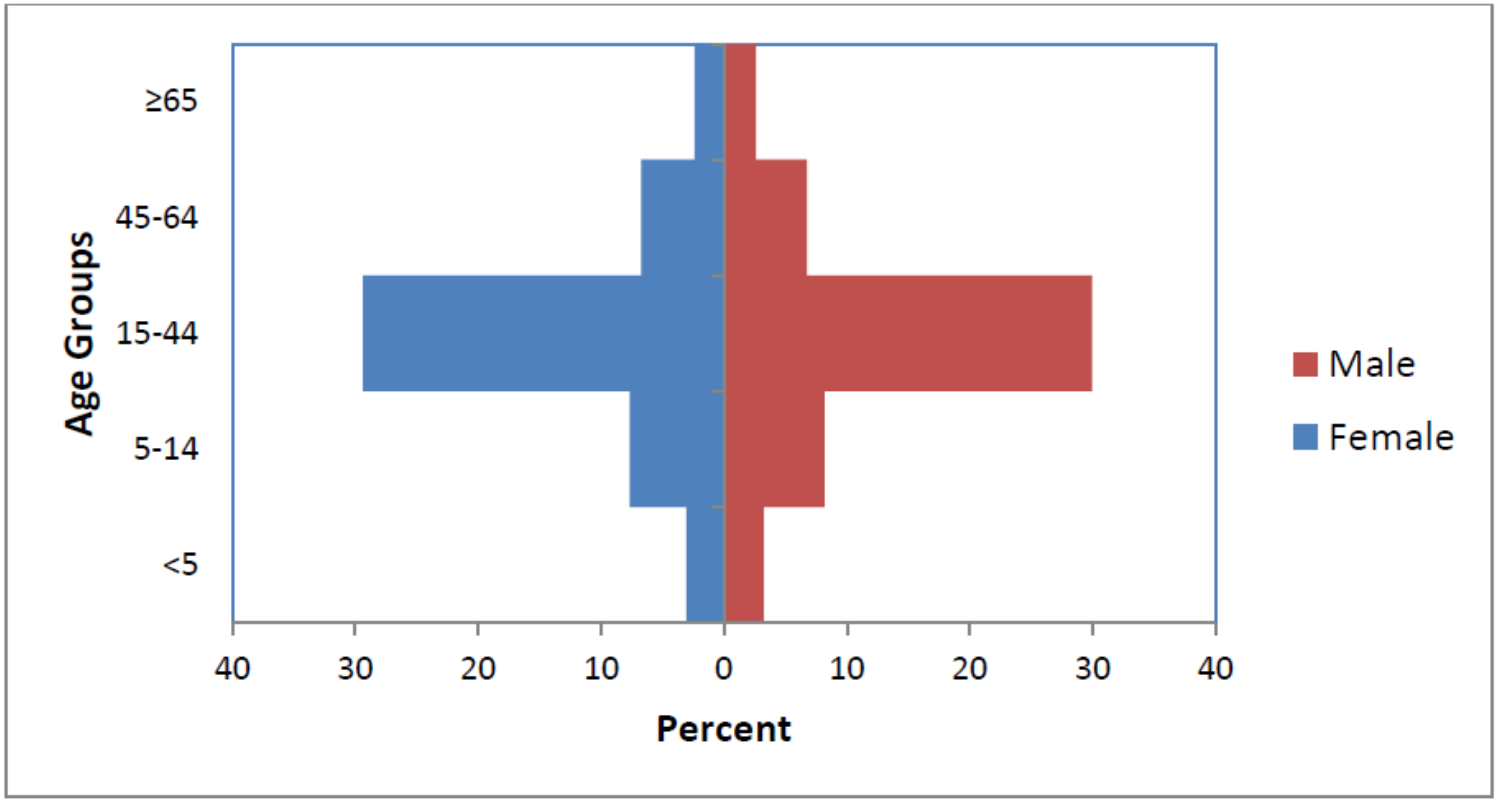
Figure 4: State of primary resettlement for Bhutanese refugees, FY 2008-FY 2012 (N=49,010)



Top 10 States*	No.	(%)
Pennsylvania	4909	(10.0)
Texas	4873	(9.9)
New York	4000	(8.1)
Georgia	3446	(7.0)
Ohio	2335	(4.7)
Arizona	2329	(4.7)
Colorado	2117	(4.3)
Washington	1944	(3.9)
Virginia	1883	(3.8)
North Carolina	1671	(3.4)

* The remaining 19,503 refugees resettled to 31 other states. Source: WRAPS

Figure 5: Demographic characteristics of Bhutanese refugees resettled to the United States, 2008-2011 (N=48,846)



Source: Electronic Disease Notification System (EDN)

Why do we continue to see such disparate health outcomes across our communities, despite our efforts to widen access to the best medical care in the world?

Communities of Opportunity

- Parks & trails
- Grocery stores
- Thriving small businesses and entrepreneurs
- Financial institutions
- Better performing schools
- Good transportation options and infrastructure
- Sufficient healthy housing
- Home ownership
- Social inclusion
- IT connectivity
- Strong local governance

Good Health Status

Poor Health Status Contributes to health disparities:

- Obesity
- Diabetes
- Cancer
- Asthma
- Injury

Low-Opportunity Communities

- Unsafe/limited parks
- Fast food restaurants
- Payday lenders
- Few small businesses
- Poor performing schools
- Increased pollution and contaminated drinking water
- Few transportation options
- Poor and limited housing stock
- Rental housing/foreclosure
- Social exclusion
- Limited IT connections
- Weak local governance

What interrupts health?

School/Job/Work place Issues

Family & Parenting Issues

Homelessness, Housing Insecurity

Substance Use Problems

Violence and Trauma

Incarceration

Mental Health Problems

Social and Relationship Problems

Chronic Health Problems

Suicide
PTSD
Depression
Schizophrenia

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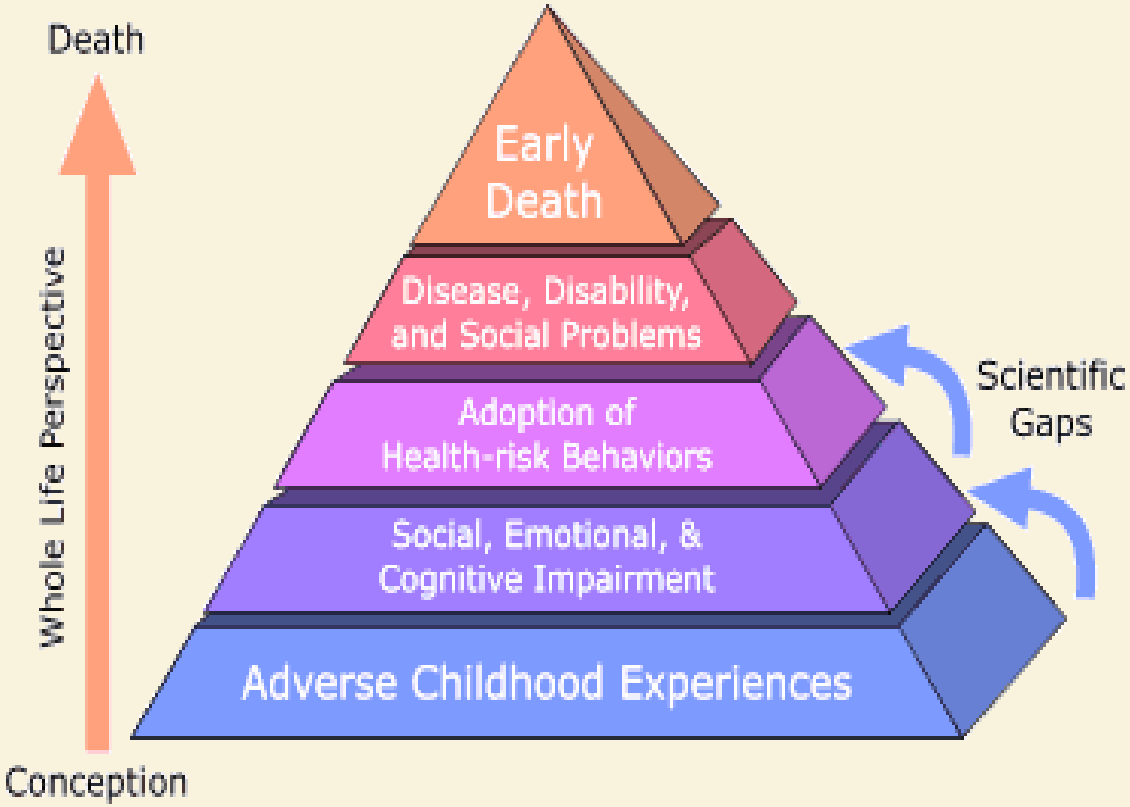
Impact of Trauma over the Lifespan

Effects of childhood adverse experiences:

- Neurological
- Biological
- Psychological
- Social

(Felitti et al., 1998)



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SAMHSA'S Comprehensive Public Health Approach to Trauma

Integrate & "Hard-wire" an understanding of trauma and strategies for implementing a trauma-informed approach across SAMHSA, interested federal agencies, and other public service sectors.

Key Objectives

- Reduce the impact of trauma on individuals, families and communities
- Develop/implement trauma-informed approach across systems and workplaces; for users and providers of services
- Make trauma-informed screening , early intervention and treatment common practice
- Promote recovery, well-being, and resilience

Activities

- Trauma Concept Paper
- Measurement Strategy
- Funding & RFA Language
- Training and Technical Assistance
- Partnerships

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SAMHSA's General Adult Trauma Screening and Brief Response Initiative in Primary Care Settings

Build a framework for screening and brief response for trauma across the lifespan in primary care and other health/public health settings

Key Questions

- Why screen in primary care and what to do with the information?
- What models, tools , and resources currently exist?
- What needs to be in place before moving forward?
- What workforce development and training in needed?
- How to solicit buy-in from primary care settings?

Activities

- Face-to-Face Experts Meeting
- Virtual Discussion Network meetings
- Toolkit Development
- On-going engagement with federal and other stakeholders

Partners

- Federal, National Associations, Foundations
- Health care Providers, Researchers, Payers, Content Experts,, Advocates

SAMHSA

Prevalence of Trauma in Behavioral Health

- Majority of adults and children in inpatient psychiatric and substance use disorder treatment settings have trauma histories (Lipschitz et al, 1999; Suarez, 2008; Gillece, 2010)
- 43% to 80% of individuals in psychiatric hospitals have experienced physical or sexual abuse
- 51%-90% public mental health clients exposed to trauma (Goodman et al, 1997; Mueser et al, 2004)
- 2/3 adults in SUD treatment report child abuse and neglect (SAMHSA, CSAT, 2000)
- Survey of adolescents in SU treatment > 70% had history of trauma exposure (Suarez, 2008)

Why is Understanding Trauma Important?

- To provide effective services, we need to understand the life situations that may be contributing to the persons current problems.
- Many current problems faced by the people we serve may be related to traumatic life experiences.
- People who have experienced traumatic life events are often *very sensitive* to situations that remind them of the people, places or things involved in their traumatic event.
- These reminders, also known as triggers, may cause a person to relive the trauma and view the treatment setting/organization as a source of distress rather than a place of healing and wellness.

What is the Real Narrative for What Creates Health & Development Inequities?

- Disparities are not just due to lack of access to health/education resources or to poor individual choices.
- Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.
  - Especially, populations of color and low income communities
  - Structural Racism/Implicit Bias Critical Explanations (e.g. grantmaking, federal resources, insurance access, social determinants of well-being)

General Barriers To Care for AAPI Populations

Lack of Access

- Language
- Stigma; Individual & Family Resistance
- Education about Services
- Health Insurance Variations Among Subgroups
- Economic

Lack of Identification of Behavioral Health Problems

- Cultural and Linguistic Mismatch
- Focus on Somatic Symptoms
- Family Shame and Guilt
- Fear of Reprisal

Lack of Appropriate Treatment/Recovery Supports

- Models of Care Not Culturally Responsive
- Lack of Providers & Those Trained to Work w AAPIs
- Aligning Appropriate Assessments with Right Care
- Fragmented, Confusing Service System

AAPIs & Burden of Disease

- AAPIs less likely to seek mental health care
- Use fewer services per capita than other groups
- Do not seek or engage in services in a timely manner; those who get into services more severely ill than the white population who use same services
- Onset of mental disorders, earlier in life

Past Year Mental Illness and Service Use Among Adults

- Adults with Any Mental Illness

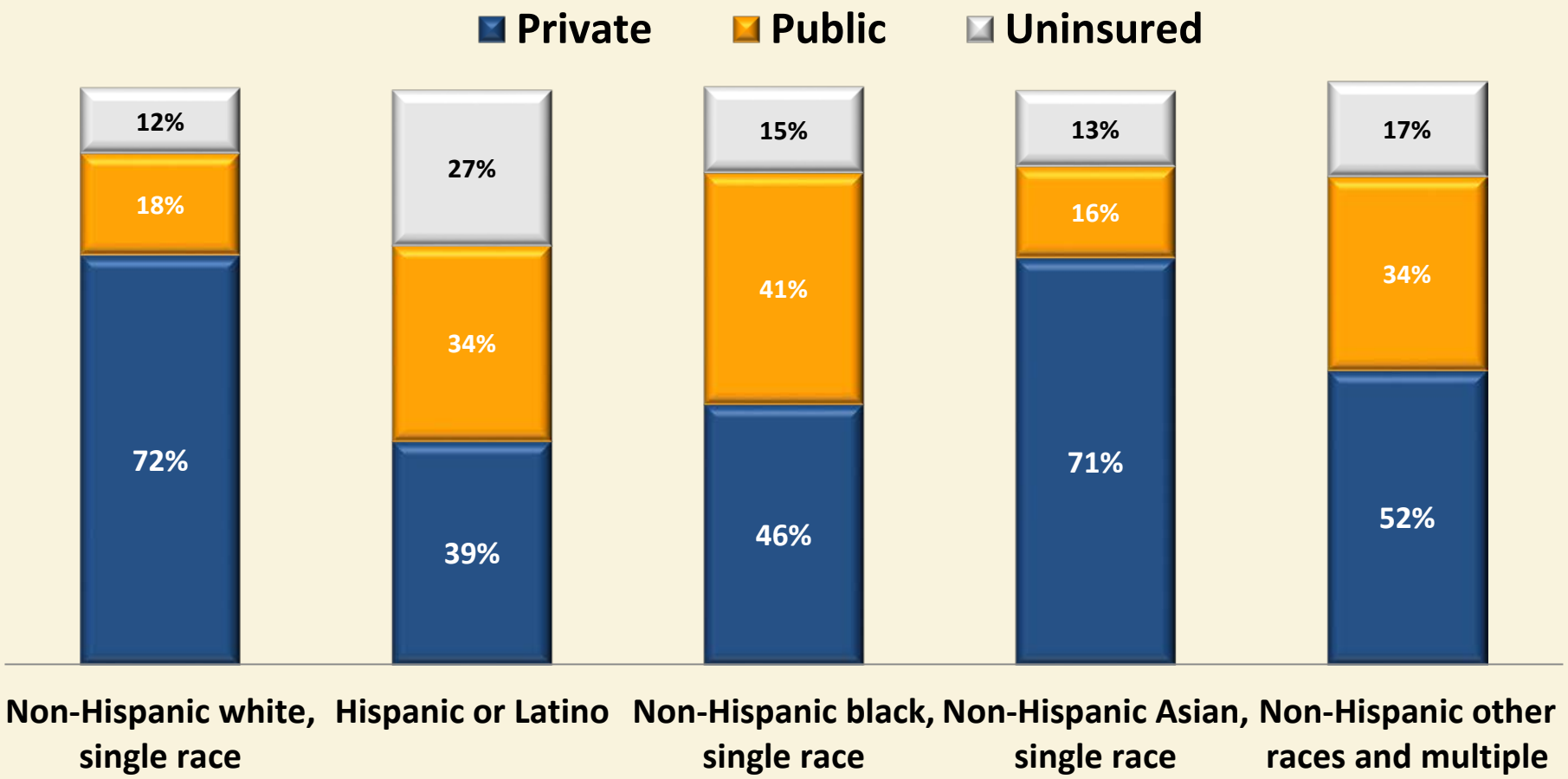
- **AAPI: 15.8%**
- Hispanics: 18.3%
- Amer Indians: 18.7%
- Blacks: 19.7%
- Whites: 20.6%

- Past Year MH Service Use Among Adults

- **AAPI: 5.3%**
- Hispanics: 7.9%
- Am Indian: 13.5%
- Blacks: 8.8%
- Whites: 16.2%

Source: SAMHSA's National Survey on Drug Use and Health, 2010

OBHE Health Insurance Enrollment Project: Nonelderly Health Coverage by Race/Ethnicity, 2014



DATA SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2014, Family Core component.

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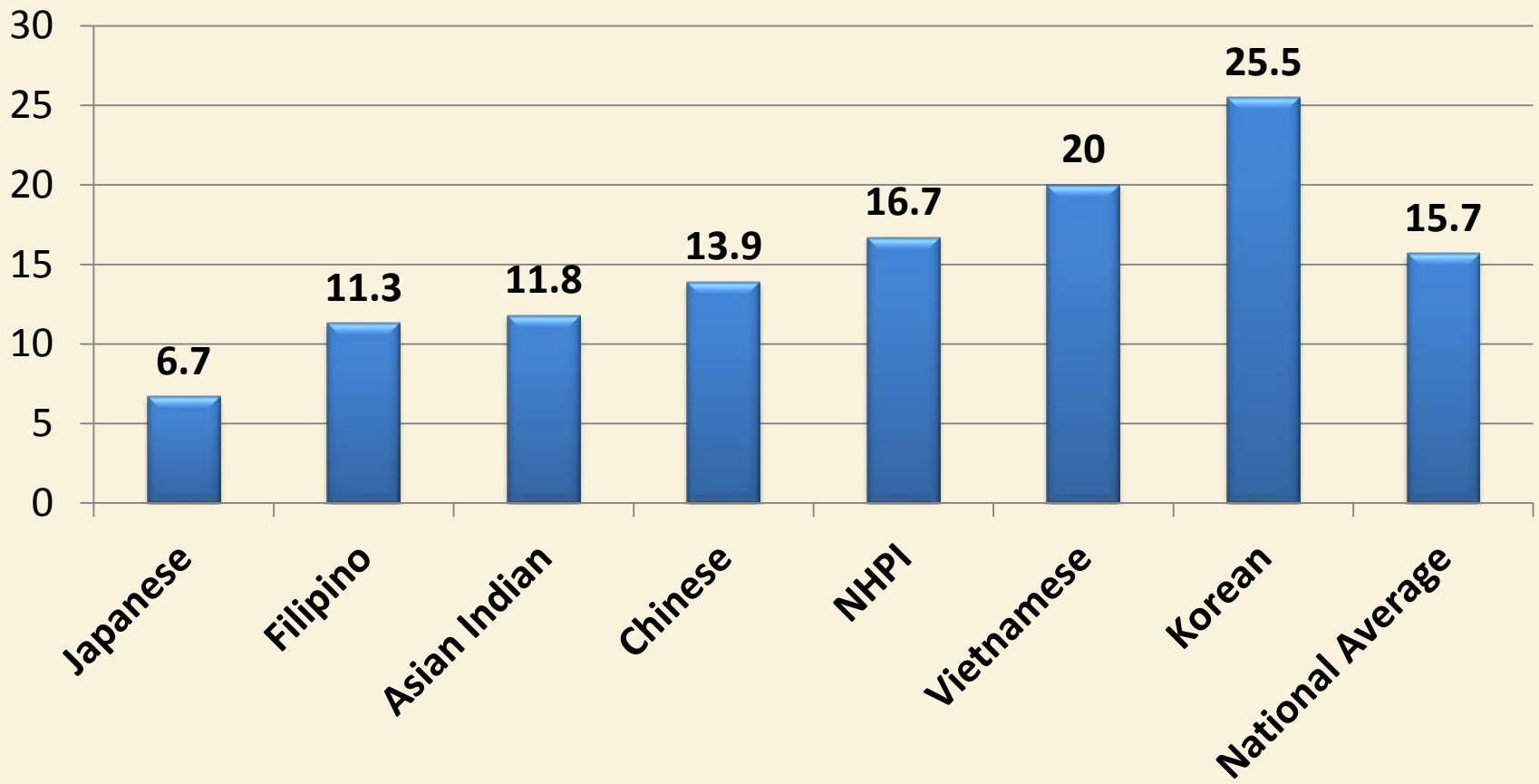
Importance of Within Group Variation: Percentage of Uninsured Among AAPIs



Source: Assistant Secretary for Planning and Evaluation, based on U.S. Census figures

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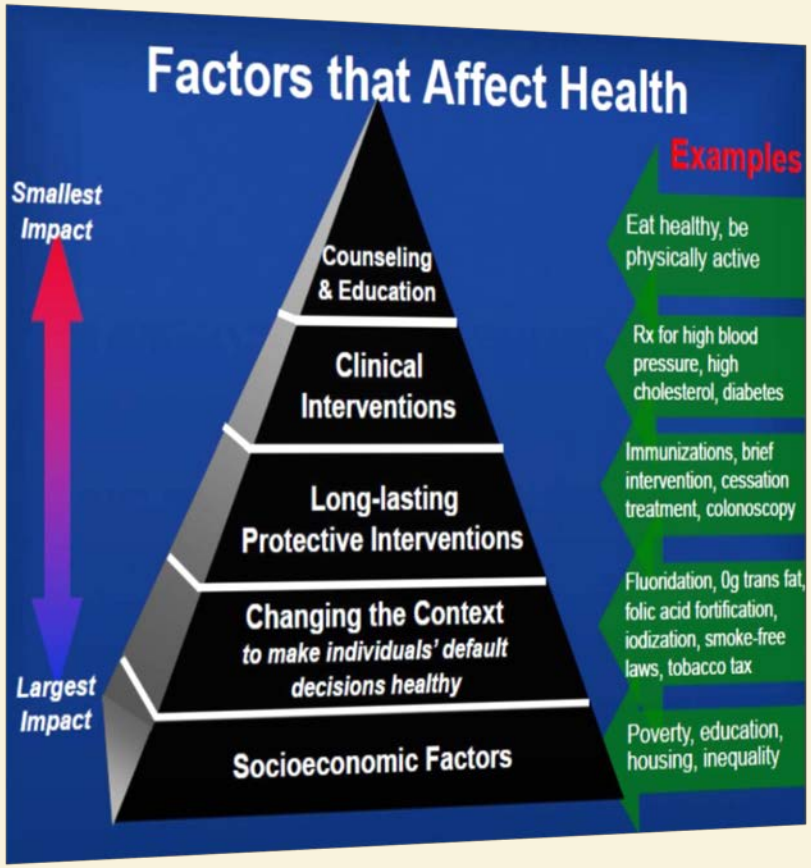
Moving Toward Behavioral Health Equity



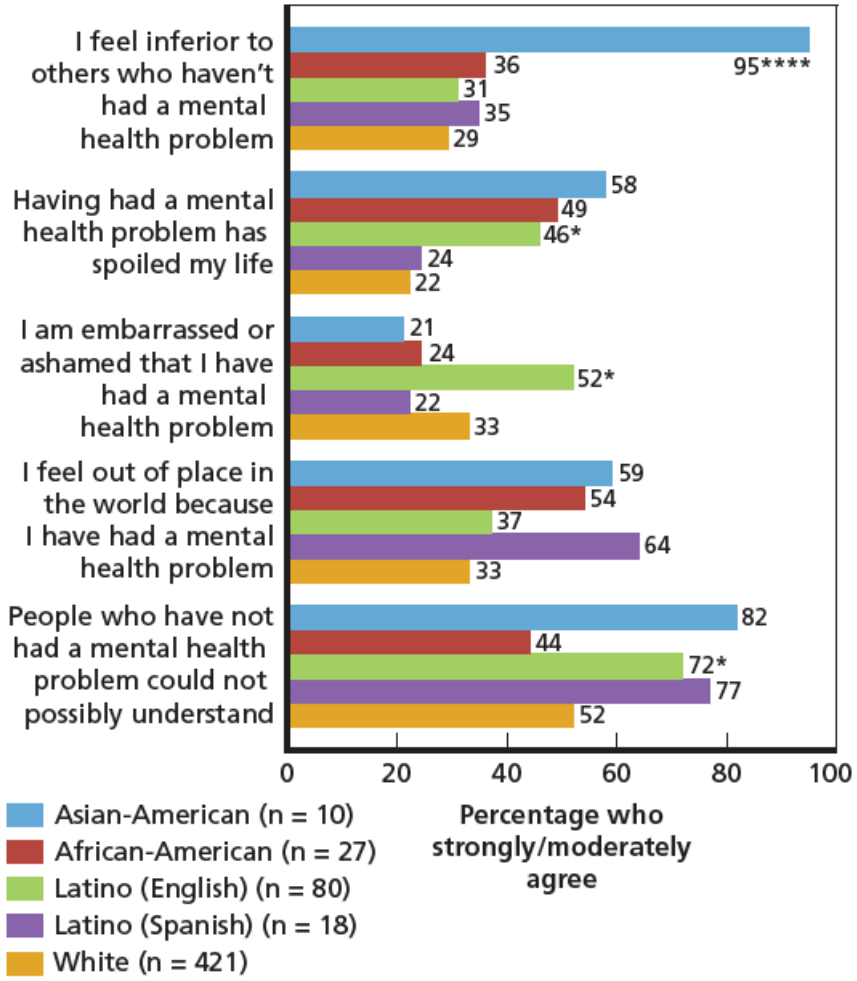
- Most vulnerable populations focus of outreach and engagement
  - Congruent referral sources
- Enhanced service capacity
  - Perceptions of effectiveness
  - Evidence-supported practices
- Training and technical assistance
  - Cross-training with partners
- Data availability and use

Key Messages re AAPIs & Mental Health

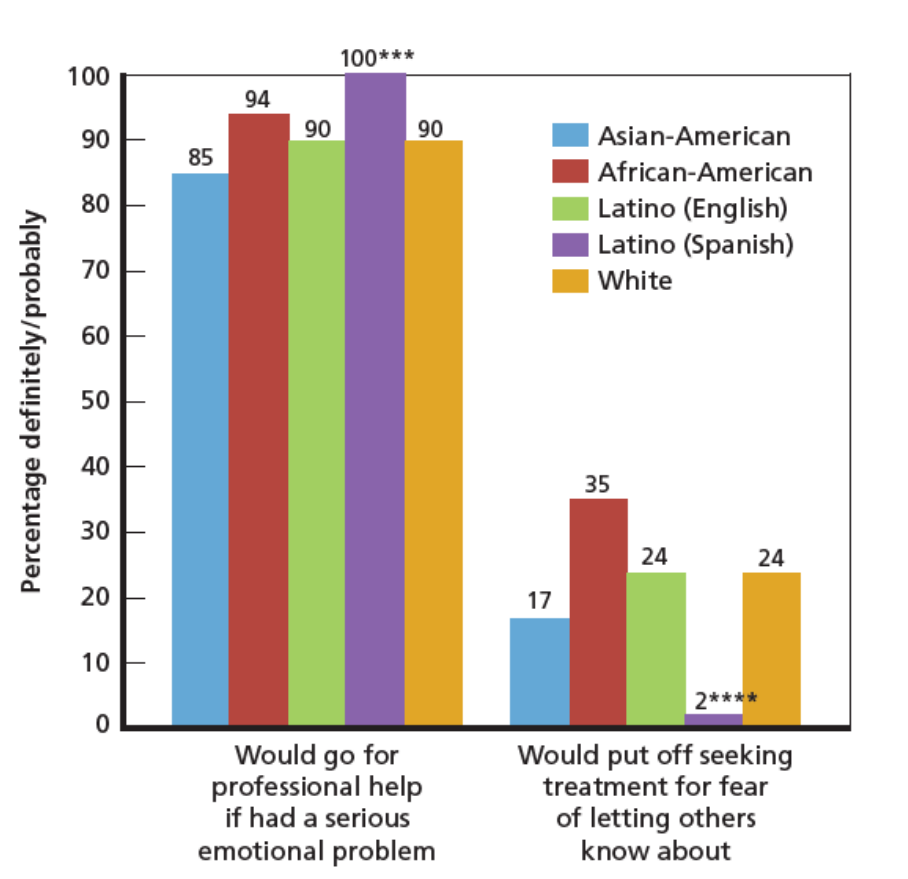
1. Prevalence rates of mental disorders fairly equivalent across race and ethnic groups
2. AAPI's slightly lower rates
3. For AAPIs there is much within group variability in terms of behavioral health disorders/conditions
4. There is variability across generational groups
5. While prevalence may be slightly lower, ***burden*** of disease may be greater

Stigma as a Barrier to Treatment

Self-stigma



Treatment Attitudes



(Wong, Collins, Cerully, Seelam, & Roth, 2016)

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Reasons for Stigma

- For men, stereotypes about strength, endurance, pride, and courage.
- For AANHPI men, stereotypes about intellect, work ethic, and resolve.
- Cultural values emphasize reliance on the family system (collectivism), faith, and conformity to norms.

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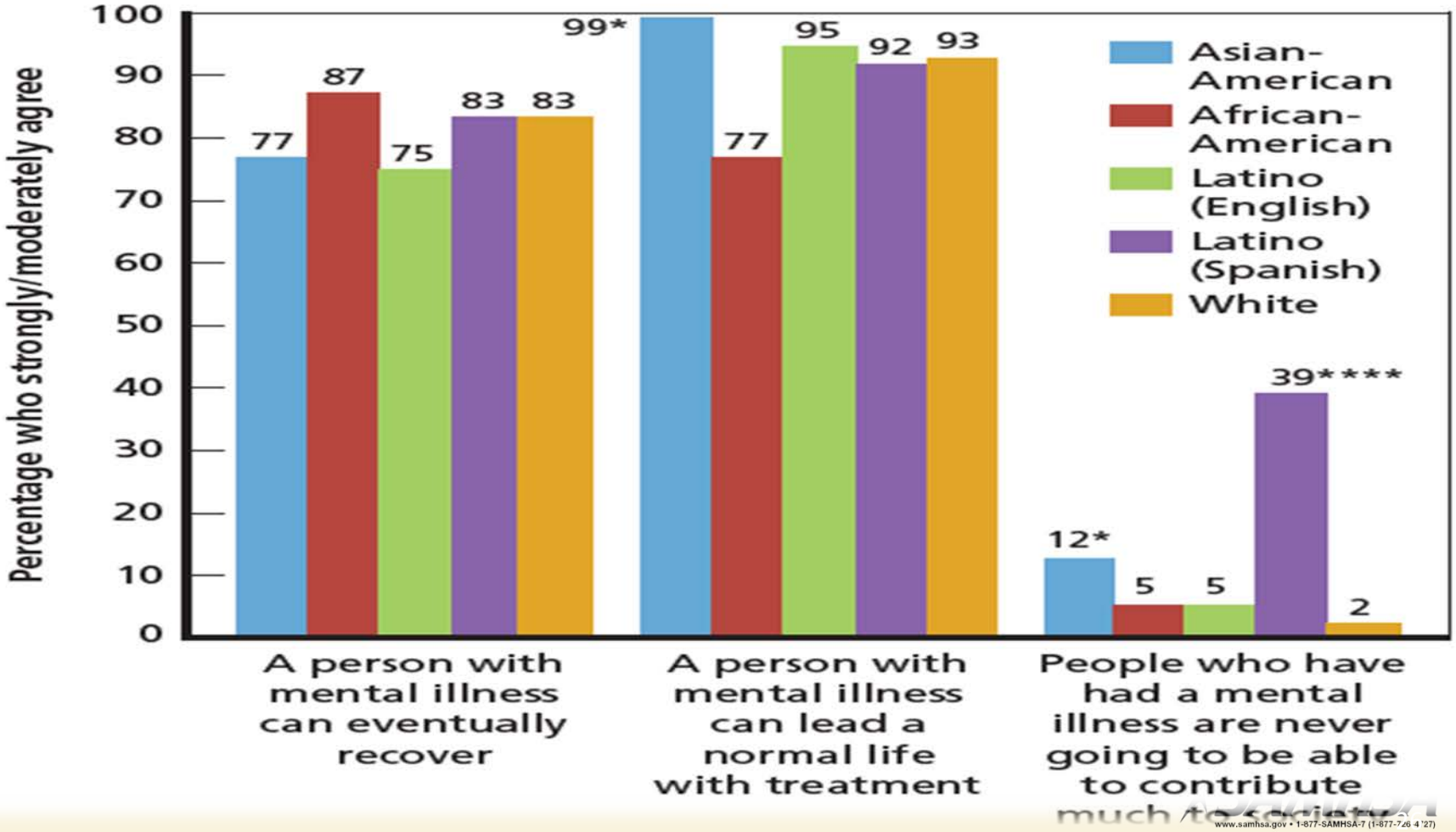
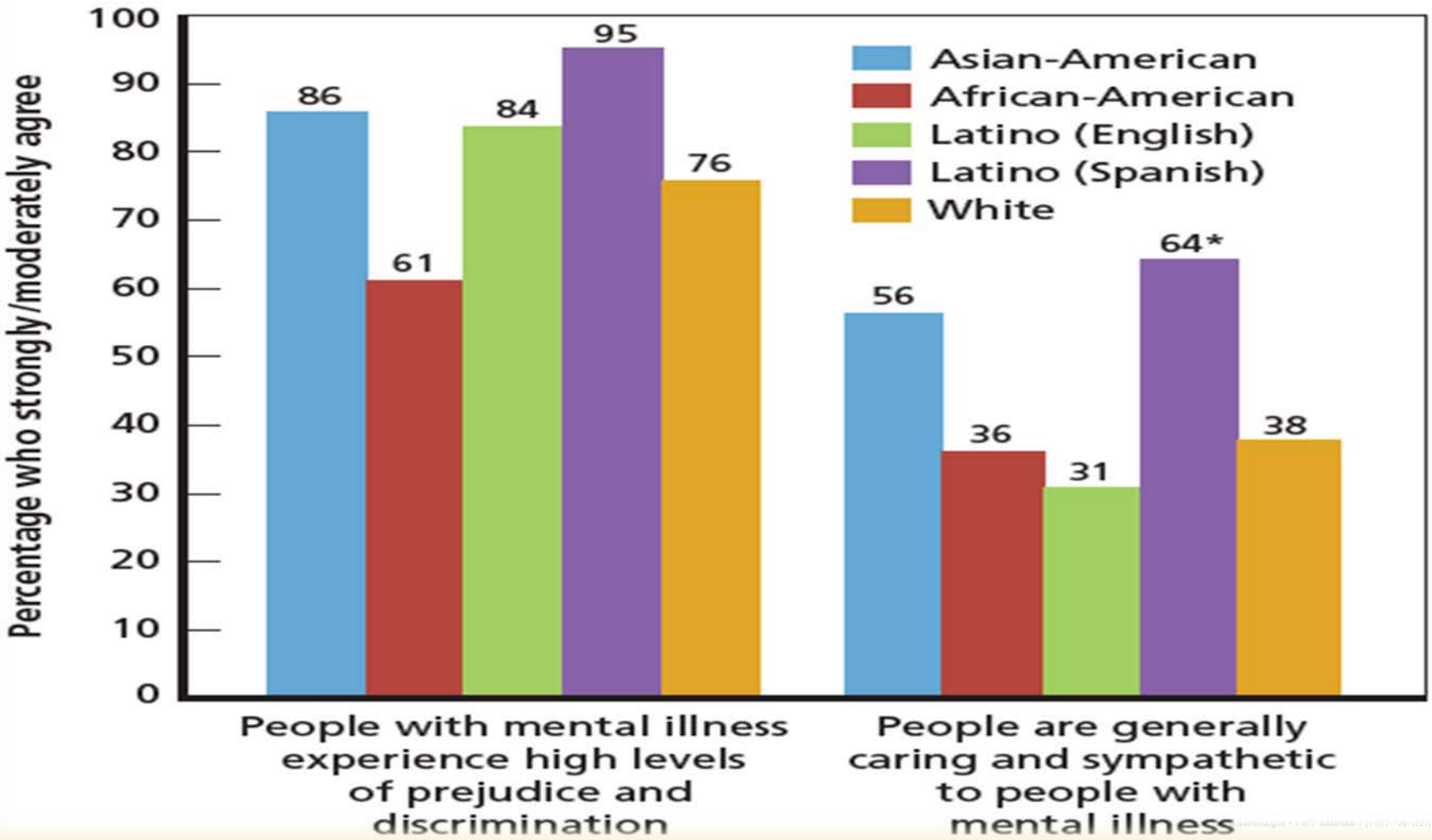
Recovery Beliefs



Perceptions of Support



National Network to Eliminate Disparities in Behavioral Health (NNED)

www.nned.net

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National Network to Eliminate Disparities in Behavioral Health

Striving for behavioral health equity for all individuals, families, and communities.

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Campaign for Black Male Achievement Launches Black Male Achievement City Index

Dec 10, 2015

The Black Male Achievement City Index ranks fifty representative cities in twenty-nine states on their level of engagement and committed actions on behalf of African-American men and boys.

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National Partners

- 2008: 35
- 2009: 85
- 2010: 323
- 2011: 464
- 2012: 541
- 2013: 685
- 2014: 756

\+ 933 Affiliates

Total: 1,598

Data…Data…Data

- Policy
- Practice
- Performance Accountability

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Thank you!

Roslyn Holliday Moore

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Roslynholliday.moore@samhsa.hhs.gov

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