

Do we ALL have  
an EQUAL chance  
for HEALTH?



Replay »

# Behavioral Health Disparities Curriculum Infusion Project

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# Existing Knowledge

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## ◉ National Panel Meeting

- Composed of 33 researchers, practitioners and community members.

## ◉ Review of the Literature

- Inclusive of grey literature, nontraditional research, and practice based-evidence

# **The Philadelphia Negro, 1899**

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“One thing of course we must expect to find, and that is a much higher death rate at present among Negroes than among whites. This is one measure of the difference in their social advancement...”

~ W. E. B. DuBois ~

# **Why is it that... A look into health disparities**

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- ◉ Interventions have focused on healthcare systems and individual behaviors
- ◉ Health status is a function of a myriad of factors.
- ◉ To promote health equity must address the root causes of poor health outcomes

# Public Health Models

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- Conditions that foster disparities:

“Social determinants of health are life-enhancing resources such as food supply, housing, economic, and social relationships, transportation, education, and health care whose distribution across populations effectively determines length and quality of life.”



# Social Determinants

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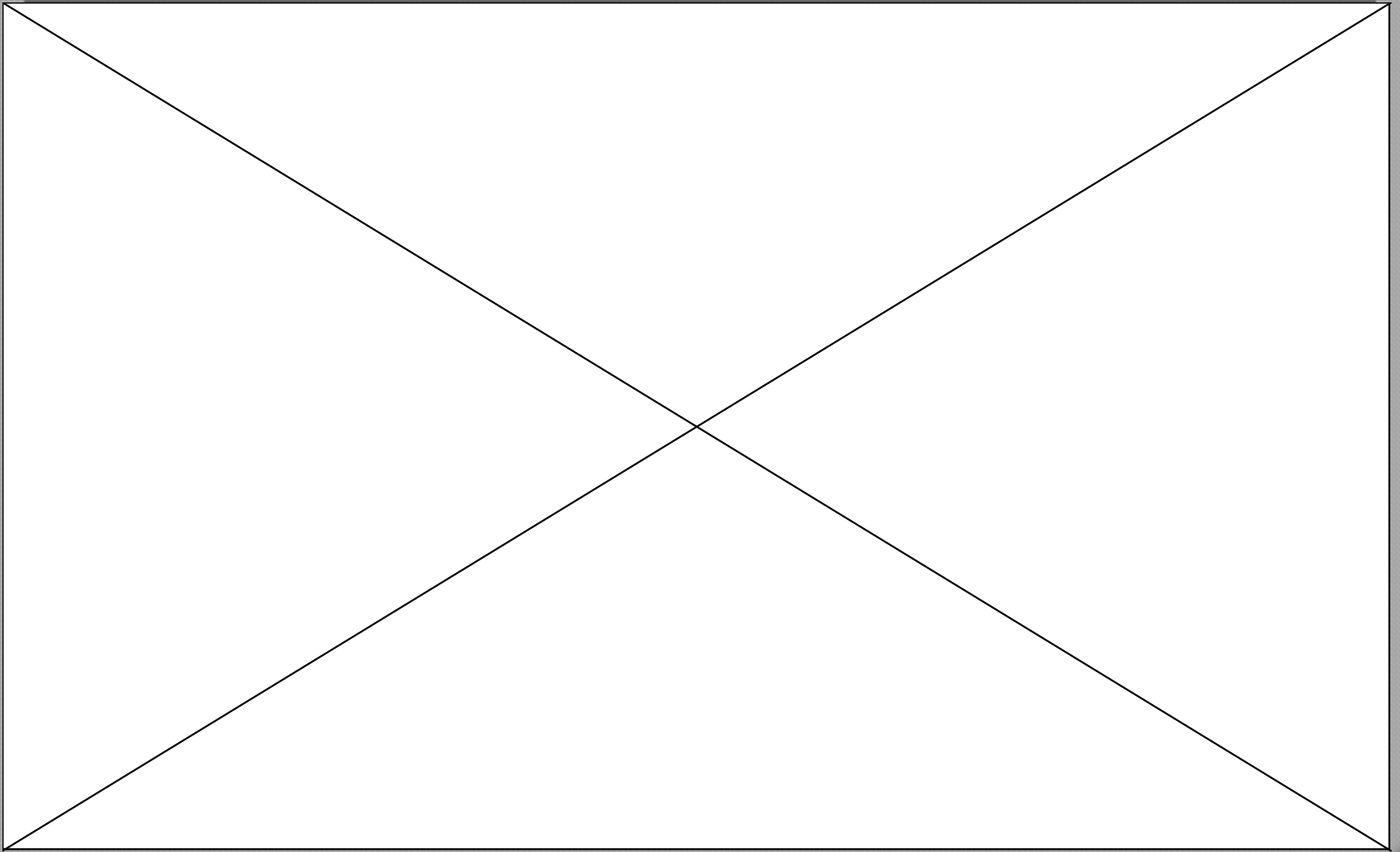


# **Lack of Access to Quality Health Care**

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- ◉ **Ethnic/racial underutilization of services**
  - Socioeconomics/lack of health insurance
  - Poor quality of care – SES, geographic factors
  - Lack of cultural fit – linguistic and culturally competent providers
  - Provider bias/discrimination
  - Mistrust of institutions and traditional providers
  - Stigma

# Place Matters





# Whole-Stream Approach

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- ◉ Upstream determinants – change policies and environmental conditions to promote health.
- ◉ Downstream determinants – individual interventions

# Common Determinants of Health and Behavioral Health

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- ◎ Similar determinants of chronic conditions
  - Environments plays a larger role in the onset of conditions.
  - Progression of conditions is impacted more by access and quality of care.

# Health is ...

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“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity that enables people to lead socially and economically productive lives” (World Health Organization, 1979).

# Resiliency Paradigm

## RISK FACTORS

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- ◉ Poverty
- ◉ Community disorganization/violence
- ◉ Inadequate schools
- ◉ Trauma - racism
- ◉ Low birth weight
- ◉ Genetic vulnerability
- ◉ Family conflict
- ◉ Maternal mental disorder
- ◉ Dysfunctional childrearing environment
- ◉ Chronic health conditions

## PROTECTIVE FACTORS

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- ◉ Hope/optimism
- ◉ Social competence
- ◉ Supportive family relationships
- ◉ Parental structure/monitoring
- ◉ Availability of resources
- ◉ Social norms
- ◉ Sense of community/ social connection
- ◉ Spirituality/Religion
- ◉ Bicultural orientation

# Racism

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## Direct and Indirect

Poor  
physical  
health

Poor  
mental  
health

Substance  
Use

# Protective Processes

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- Research documents the association between religion/spirituality and positive mental health, less substance use and better physical health.
- Numerous studies document the protective effects of social connections.



# **Effective Interventions**

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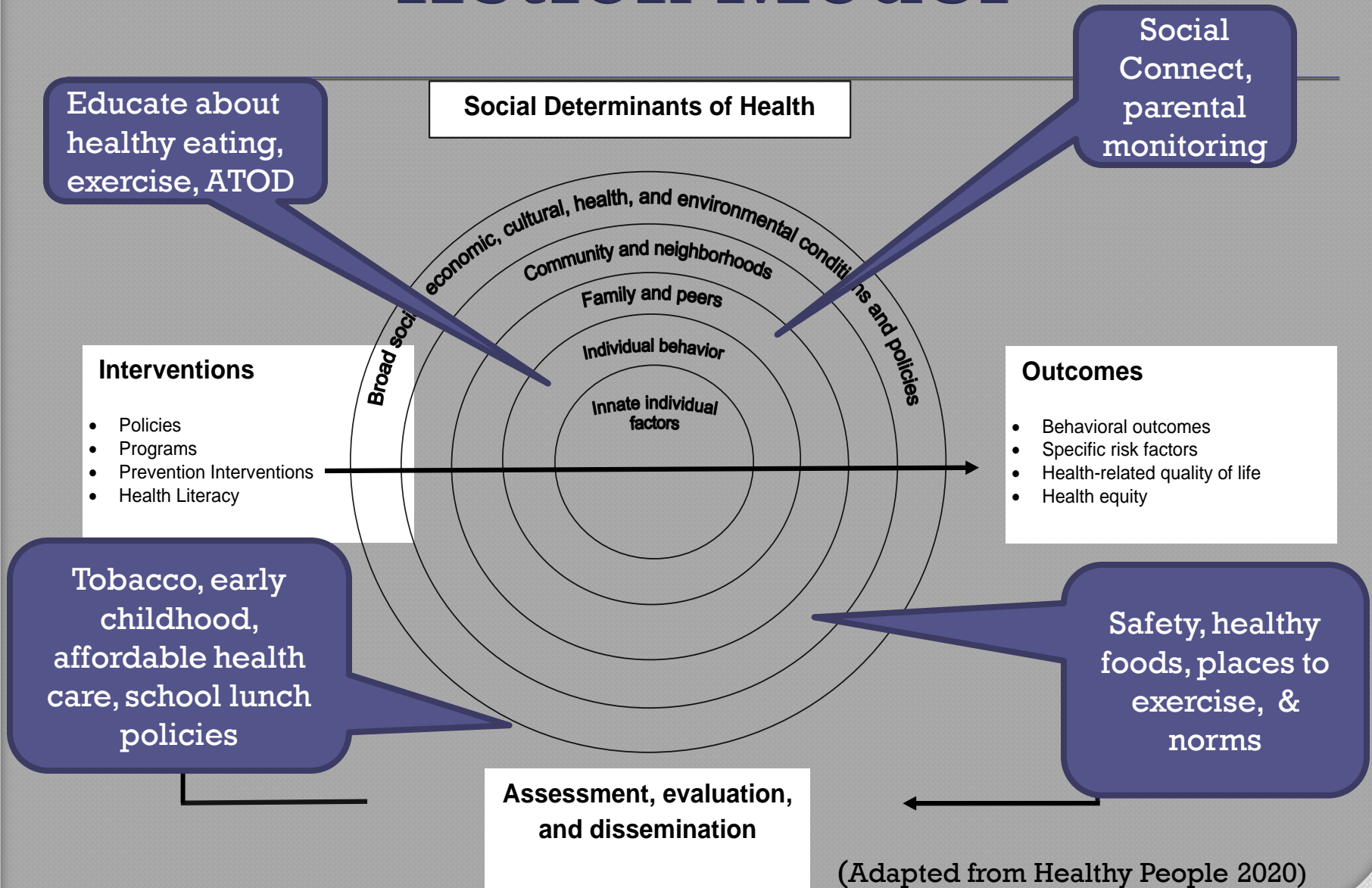
- ◉ Comprehensive community interventions
- ◉ Integrated Care
- ◉ Promotoras de salud/CHWs
- ◉ Culturally and linguistically relevant and evidenced-based interventions
- ◉ Early Childhood Programs
- ◉ Policy Initiatives

# **Comprehensive Community Interventions**

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- ◎ Effective in changing environmental conditions that are linked to chronic physical and mental health conditions
  - Should be guided by best available evidence

# Action Model



# Integrative Care

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- ◉ “The systematic coordination of physical and behavioral health services”
  - Co-location
  - Coordination
  - Engage consumers in the treatment process
  - Evidence-based guidelines
  - Clinical information systems

## ***Promotoras/Community Health Workers***

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- ⦿ “Lay members of communities who work either for pay or as volunteers in association with the local health care system and usually share ethnicity, language, socioeconomic status, and life experiences with the community they serve.”

# Culturally and Linguistically Competent and Evidence-based Interventions

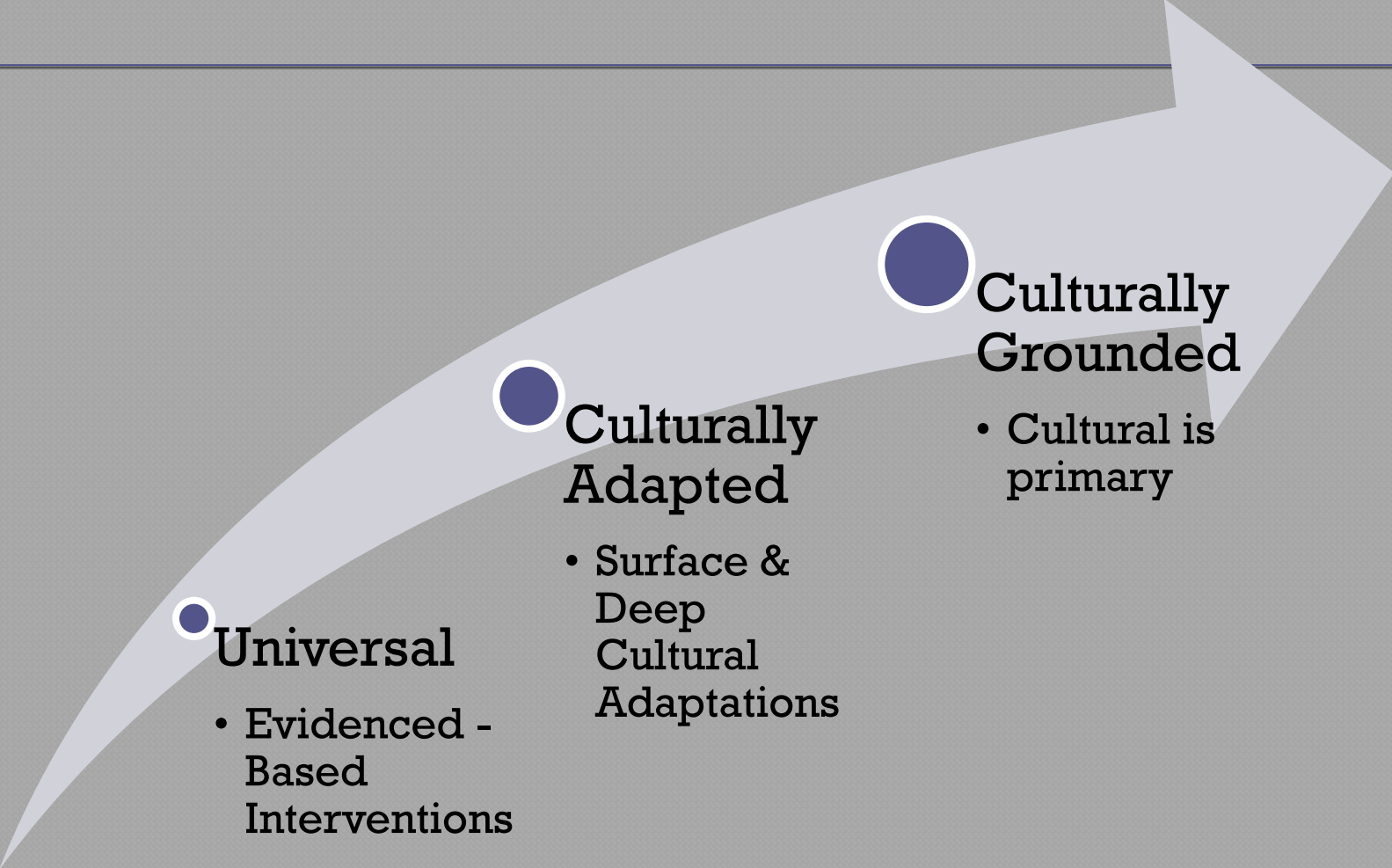
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- ◉ Empirically supported treatments culturally adapted interventions, and culturally grounded interventions are effective/promising.
- ◉ Consumers prefer and report increased satisfaction with culturally congruent interventions/staff – connected to increased engagement, retention and favorable outcomes.



# Culture and Evidence-Based Practice

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**Universal**

- Evidenced - Based Interventions

**Culturally Adapted**

- Surface & Deep Cultural Adaptations

**Culturally Grounded**

- Cultural is primary

# Early Childhood Programs

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- ◎ Early childhood interventions are an effective strategy for reducing adult health disparities
  - Head Start & the Nurse-Family Partnership are directly linked to improved outcomes in childhood achievement scores, social emotional behaviors, and IQ scores
  - Some studies have followed children long enough to document higher educational attainment and employment status among those who receive early childhood interventions.

# Policy Initiatives

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- ◉ Early childhood programs
- ◉ Tobacco Control Legislation
- ◉ Health Care Coverage
- ◉ Income Supplement Programs
  - Earned Income Tax Credit
  - Income Supplements

# Next Steps

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- ◉ Develop advanced competencies and practice guidelines for addressing behavioral health disparities.
- ◉ Proposal development – to develop and implement content into curricula in various schools of social work across the country.