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Health Solutions**




**Hogg Foundation
for Mental Health**
ADVANCING RECOVERY AND WELLNESS IN TEXAS

Addressing Health Disparities through Health Integration
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About the Speaker

**Octavio N. Martinez Jr., Executive Director
Hogg Foundation for Mental Health**




A native Texan and licensed psychiatrist, Dr. Martinez is the fifth executive director and the first Hispanic to lead the Hogg Foundation for Mental Health since its creation in 1940. As chief executive officer, he oversees the vision, mission, goals, strategic planning and day-to-day operations of the foundation.

He has a master's degree in public health from Harvard University's School of Public Health, a doctor's degree in medicine from Baylor College of Medicine, and master's and bachelor's degrees in business administration with a concentration in finance from The University of Texas at Austin.




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Conflict of Interest Declaration

- ❖ I have no financial conflicts of interest to report, nor do I receive any type of pharmaceutical support.
- ❖ I am currently involved in a federal grant and in a federal cooperative agreement.
 - Graduate Psychology Education Program grant funded by HRSA (Health Resources and Services Administration) to the University of Texas at Austin, Department of Educational Psychology. Consultant and advisor.
 - I am the Principal Investigator (PI) in a cooperative agreement between the Hogg Foundation for Mental Health and the United States Department of Health and Human Services' Office of Minority Health.




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Senator Robert F. Kennedy's interpretation of a George Bernard Shaw quote (1968)

"Some men see things as they are and say, why; I dream things that never were and say, why not."



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**Demographic Changes:
Highly Significant for Primary and Mental Health**


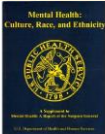
- ❖ By 2050, European-Americans will no longer be the majority
 - This will happen by 2030 among children under eighteen.
 - This is already true among children under eight.
- ❖ The acceptability and use of mental health services are highly governed by cultural attitudes, beliefs, and practices.
- ❖ The current science base around psychiatric diagnosis and treatment is derived from research primarily involving European-origin populations; therefore, its validity for non-European-origin populations is not fully established.
- ❖ Minority populations face many increasing challenges around mental illness such as lower access to services and evidence-based treatments, higher burdens of morbidity, and a multitude of social determinant stressors.

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Landmark Reports

Mental Health: A Report of the Surgeon General (1999)
First Surgeon General's report on mental health



Mental Health: Culture, Race, and Ethnicity
A supplement released in 2001

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Disparities in Health Care



Unequal Treatment by the Institute of Medicine (2002)
Brought healthcare disparities to the attention of the nation.

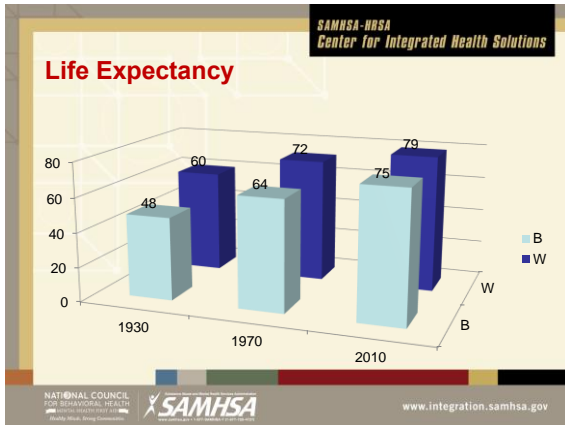


The National Healthcare Disparities Report
Annual report by the Agency for Healthcare Research and Quality;
First report released in 2003

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Health Disparities Still Persist

- ❖ Stigma of mental illness
- ❖ Idioms of distress/Health beliefs and attitudes
- ❖ Geographic inaccessibility
- ❖ Provider shortages/Network insufficiency
- ❖ Stereotyping, biases, and uncertainties in health care providers
- ❖ Poor doctor patient communication (DPC); poor treatment engagement
- ❖ MH/BH in general lacks capacity and/or expertise in providing primary care services; Primary Care lacks capacity and/or expertise in providing robust MH/BH services

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Examples of Health Disparities


- ❖ Over 50% of children and youth in the child welfare system are African American, Latino/Hispanic, and American Indian
- ❖ Over 65% of children and youth in the juvenile justice system are African American and Latino/Hispanic
- ❖ Suicide disproportionately affects minority populations
 - American Indian/Alaska Native males ages 15 to 24 have the highest rate of suicide of all groups

“It is easier to build strong children than to repair broken men.”



Frederick Douglass (1818 – 1895)

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Examples of Health Disparities

- ❖ Medicaid enrollees with comorbid mental and chronic medical conditions receive relatively poor quality of care and have mortality rates nearly 4X as high as those of the general population
- ❖ 15% to 25% of elderly persons suffer from significant symptoms of mental illness; but only 4% of patients in community mental health centers are older adults
- ❖ 19% of hospitals met none of the language-related Culturally and Linguistically Appropriate Service Standards
 - “Do Hospitals Measure up to the National Culturally and Linguistically Appropriate Service Standards?” by Diamond, L.C., et al. Medical Care, Volume 48, No.12, December 2010
- ❖ Only 18% of hospitals are collecting race, ethnicity and language preference (REAL) data at the first patient encounter and using it to assess gaps in care
 - Institute for Diversity in Health Management, National Survey, 2011

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Socrates (469 BC – 399 BC)

“There is no illness of the body apart from the mind.”



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Principles and components of Integrated Health Care

- ❖ Informed and active patient
- ❖ Team-based approach
- ❖ Measurement/Evidence-based, stepped treatment
- ❖ Shared record/EMR
- ❖ PCP supported by care manager
- ❖ Patient registry to track progress
- ❖ Psychiatric consultation and caseload review
- ❖ Training
- ❖ Referral to specialty providers/more intensive services



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Reasons to Incorporate Cultural and Linguistic Appropriate Services in Health, Behavioral Health and Integrated Care

- ❖ Respond to current and projected demographic needs.
- ❖ Eliminate long standing disparities in health status for people from diverse racial, ethnic and cultural backgrounds.
- ❖ Help achieve the Triple Aim:
 - Improve quality of services and outcomes, enhance the patient experience of care, and decrease cost.
- ❖ Eliminate the stigma associated with mental illness.
Source: National Center for Cultural Competence, Goode & Dunne, 2003.

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Culturally and Linguistically Centered Integration: The Future of Health Care in America

- ❖ Respects the whole person across their lifespan
- ❖ Includes prevention and early intervention methods
- ❖ Strength based
- ❖ Trauma informed
- ❖ Recovery focused
- ❖ Achieve Health Equity

In Essence: Person, Family and Community Centered

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Culturally Sensitive Collaborative Treatment for Depressed Chinese Americans in Primary Care
(Yeung, A, et al. American Journal of Public Health, December 2010, Vol. 100, No. 12, pp. 2397 – 2402)

- ❖ **South Cove Community Health Center in Boston, MA**
 - Patient population: 94% Chinese Americans with financial, language, and cultural barriers to health care.
- ❖ **Designed the Culturally Sensitive Collaborative Treatment (CSCT) model**
 - Systematic depression screening with the Chinese Bilingual Patient Health Questionnaire-9 (CB-PHQ-9)
 - Contact after screening, if screened positive (CB-PHQ-9 ≥ 10)
 - Engagement Interview Protocol (EIP): in addition to standard psychiatric interview, clinicians explored patients' illness beliefs and measured their perceived level of stigma regarding illness
 - Bilingual care manager

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Culturally Sensitive Collaborative Treatment for Depressed Chinese Americans in Primary Care
(Yeung, A, et al. American Journal of Public Health, December 2010, Vol. 100, No. 12, pp. 2397 – 2402)

- ❖ **Impact: A nearly 7-fold increase in treatment rate among depressed Chinese Americans in primary care.**
 - Before CSCT, only 6.5% of depressed patients in the clinic received treatment
 - With CSCT, recognized and engaged 43% of untreated Chinese American patients with MDD

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Improving Treatment of Depression Among Latinos With Diabetes Using Project Dulce and IMPACT
(Gilmer, TP, et al. Diabetes Care, Vol. 31, No. 7, July 2008, pp. 1324 – 1326)

- ❖ **Project Dulce is a diabetes care and education program throughout San Diego County.**
 - Nurse-led team (medical assistant, dietitian) in collaboration with PCPs
 - Peer educator training
 - Electronic diabetes registry (track patient care, monitor compliance, report clinical outcomes)
 - Extensive socio-cultural research to adapt its education curriculum (over 20 topics related to diabetes care in 8 languages)

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Improving Treatment of Depression Among Latinos With Diabetes Using Project Dulce and IMPACT

(Gilmer, TP, et al. Diabetes Care, Vol. 31, No. 7, July 2008, pp. 1324 – 1326.)

- ❖ Study participants: Low-income predominantly Spanish-speaking Latino population
- ❖ Added a bilingual/bicultural depression care manager
- ❖ Screened for depression using the PHQ-9
- ❖ Patients received education about depression and behavioral activation
- ❖ Results:
 - 33% of patients with diabetes had symptoms of MDD
 - PHQ-9 scores declined an average of 7.5 points from baseline to 6-month follow-up
 - Diabetes self-management activities improved

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Connecticut Latino Behavioral Health System

- ❖ A collaborative of over a dozen organizations who have joined with the [Yale University School of Medicine/Department of Psychiatry](#) and the [Connecticut Mental Health Center](#) to build a comprehensive system of care that integrates components of behavioral health and primary care for the Latino population.
- ❖ CLBHS has a **qualitative and quantitative evaluation process** designed to assess the program at three levels: organizational, staff and patient/consumer.
 - The **Cultural Competency Index**: The instrument was designed to evaluate culturally responsive clinical services and is being measured at three time points. Evaluation at the staff level includes **pre- and post-training evaluations**, satisfaction with trainings, and **random tape ratings** to assess for language fluency and the integration of Latino cultural values in treatment.

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Connecticut Latino Behavioral Health System

- ❖ Strategies to successfully recruit and retain bilingual/bicultural professionals and provide ongoing training and consultation on topics related to Latino mental health, addictions and co-occurring conditions include a **training academy** to enhance the **knowledge base, skill set and attitudes** of the behavioral health workforce at all levels of the organizational spectrum (**administrative, management, and clinical**). Training topics have included current issues in Latino behavioral health including engagement strategies, clinical interviewing and assessment, Latino cultural values, and the impact of immigration and acculturation.

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Mariposa District Redevelopment

- ❖ (Denver, CO): A **Health Impact Assessment** was done to examine the relationship between health disparities and the existing built environment
- ❖ 20% had normal blood pressure; 77% had above normal blood pressure (pre hypertension, stage 1 HTN, stage 2 HTN)
- ❖ 55% of population was either obese or overweight
- ❖ 40% smoked; only 28% exercised aerobically 3 or more times a week
- ❖ Only 62% had some type of health care coverage (including private health insurance, HMOs or Medicare) and only 30% had a "medical home"
- ❖ 20% responded that in the past 12 months they couldn't afford to see a doctor when they needed to; and 20% could not afford a prescription when medicine was needed in the past 12 months
- ❖ 51% felt unsafe in their neighborhood

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Nuka System of Care

- ❖ Anchorage's Southcentral Foundation's "Nuka System of Care" is a name given to the **whole health care system** created, managed, and owned by Alaska Native people to achieve physical, mental, emotional and spiritual wellness.
 - Nuka is an Alaska Native word used for strong, giant structures and living things.
- ❖ The relationship-based Nuka System of Care is comprised of organizational strategies and processes; **medical, behavioral, dental and traditional practices**; and supporting infrastructure that work together - in relationship - to support wellness.
- ❖ Patients are known as '**customer owners**' because Southcentral works exclusively for Alaska Natives, **who provide extensive advisory roles in the hospital and clinic's management and policies**. The Southcentral Foundation assumed the clinical responsibilities of the Indian Health Service under the **Indian Self-determination Act** about three decades ago.

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Nuka System of Care

- ❖ Routine clinic appointment: One meets a **team of four persons** who sit together in an **open area**. There are no physician's offices, no nurse's stations in the clinic. The team includes a primary care physician, a doctor's assistant, a nurse, and an individual who helps one coordinate future appointments and navigate through the medical center.
- ❖ Clinical options include **Native Alaskan traditional healing**, which is available at a person's request and encouraged as a **compliment to western medical treatment**.
- ❖ Nuka and Southcentral perceive wellness as individual, family, and community-based.
- ❖ **Every Southcentral employee is trained on how to communicate well with others and how to share stories** about one's personal character and life journey. One of Nuka's core discoveries is staff members who know each other well function optimally — and understand the importance (and will take the time) to try to know their customer/owners.

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Sustainability

How does one ensure culturally competent integrated primary, mental health, and substance use health care services continue?

A solid sustainability plan must address

- Administrative components
- Clinical components

Source: SAMHSA-HRSA Center for Integrated Health Solutions; Hogg Foundation for Mental Health-OMH Consensus Report (2012)

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Shifting the Paradigm

- ❖ **Leadership & Mission: embed culturally competent integrated care delivery into the mission and vision**
 - Every employee understands the importance of culturally competent integrated services and operates with the expectation that all consumers receive this care.
 - Part of orientation for all new staff
 - Administrative policies, job descriptions, performance reviews, confidentiality agreements, and care coordination practices should all reflect a culturally competent integrated practice
 - All supervisors should be reviewing physical health and behavioral health goals during team meetings

Source: SAMHSA-HRSA Center for Integrated Health Solutions; Hogg Foundation for Mental Health-OMH Consensus Report (2012)

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Shifting the Paradigm

- ❖ **Establish a “change team” to influence culturally competent integration**
 - Consider a team composed of senior leaders, program directors, and consumers from all of your organization’s service areas
 - Have them develop the organizational expectations, workflows, job descriptions, performance review language, and quality improvement benchmarks

Source: SAMHSA-HRSA Center for Integrated Health Solutions; Hogg Foundation for Mental Health-OMH Consensus Report (2012)

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Shifting the Paradigm

- ❖ **Ensure the collection of race, ethnicity and language preference (REAL) data**
 - Determine the appropriate data categories
 - Develop a methodology for data collection
 - Train staff members on methodology for data collection
 - Assign accountability and monitor progress of data collection efforts
- ❖ **Use REAL data to assess variation in quality and health outcomes**

American Hospital Association, 2013; IOM, 2009
- ❖ **Assess the impact of environmental factors on functioning and disability**
 - Philadelphia neighborhoods in which adults with SMI resided had higher levels of physical and structural inadequacy, drug-related activity, and crime than comparison neighborhoods → social instability and social isolation

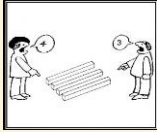
Byrne, T. et al. Comparing Neighborhoods of Adults With Serious Mental Illness and of the General Population: Research Implications. Psychiatric Services 2013.

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Shifting the Paradigm

- ❖ **Strategy:** organization's strategic and business plans must reflect culturally competent integrated health care goals as a priority
- ❖ **Technology:** sharing information between primary care and behavioral health providers is a core component to providing culturally competent integrated health care services




Source: SAMHSA-HRSA Center for Integrated Health Solutions; Hogg Foundation for Mental Health-OMH Consensus Report (2012)

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Shifting the Paradigm

- ❖ **Clinical Workflows:** must be clear and consistent
 - Ex: Are you monitoring to ensure that your primary care and behavioral health staff create person-centered culturally competent integrated health care plans for each person served that includes all of the person's behavioral health and primary health goals?
- ❖ **Quality Improvement:** CQI is a valuable way to make sure one is meeting culturally competent integrated health care goals which improve the overall health status of your clients.



Source: SAMHSA-HRSA Center for Integrated Health Solutions; Hogg Foundation for Mental Health-OMH Consensus Report (2012)

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Cultural & Linguistic Scope of Influence

Figure 1. Framework for the Integration of Behavioral Health and Primary Care Services for Rural and Urban Minority Populations and Those with Limited English Proficiency

COMMUNITY
Patient/Consumer/ Family

SOCIAL DETERMINANTS
Examples in integration:
geographic location of health services
health literacy
levels of acculturation
cultural/language skills
working status
health care options

INTEGRATED CARE ORGANIZATION that is culturally and linguistically competent, responsive to the community, located in a community location, and has flexible hours of operation. Member of a learning community, cooperatively addressing the social determinants that create health disparities.

INTEGRATED CARE TEAM (ICT)
Multidisciplinary & interdisciplinary in physical health and behavioral health

Development and use by the ICT of care plans and behavioral health history

One Treatment Plan
Patient/family centered with a co-located, integrated and focus on health promotion and prevention, across the lifespan.

OBJECTIVES:
Health Promotion
↓
Behavioral health & physical health outcomes

GOAL:
Integrated behavioral health & co-located equity of care

Enhancing the Delivery of Health Care: Eliminating Health Disparities through a Culturally & Linguistically Centered Integrated Health Care Approach

Hogg Foundation/OMH; June 2012

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Eliminating Racial and Ethnic Disparities through Integrated Health Care

Enhancing the Delivery of Health Care: Eliminating Health Disparities through a Culturally & Linguistically Centered Integrated Health Care Approach
Consensus Statements and Recommendations
June 2012

<http://www.hogg.utexas.edu/>
Literature review (2012)
Consensus Report (2012)
Fundors' Report (2013)
• A Window of Opportunity


U.S. Department of Health and Human Services
Office of Minority Health and
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Benjamin Franklin (1706 – 1790)

“ Tell me and I forget. Teach me and I remember. Involve me and I learn.”



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Cultural Competence Exists Along a Continuum

(Cross, T., Bazron, B., Dennis, K., Isaacs, M., Toward a Culturally Competent System of Care, March 1989.)

Cultural Competence Continuum
(Cross, Bazron, Dennis and Isaacs, 1989)

Cultural Destructiveness
Cultural Inequity
Cultural Blindness
Cultural Pre-Competence
Cultural Competence
Cultural Proficiency

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