Culture and Spirituality: Reaching out to address health disparities

People get better with us.
Healthy Living Team Representatives

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Presenters

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specialist and Director of Integrated Health at
ICL. With the same agency, he is the medical
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and a homeless shelter mental health clinic.

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Outcomes Evaluation-
oversees outcomes of ICL programs and
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Marcia Titus-Prescott, RN-BC, Associate Director of Integrated Health- is also the Associate Director of Nursing. She developed a nursing externship Program with LaGuardia Community College.

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Presenters

Natalie Wisdom, LCSW, Director, Rockaway Parkway Center- She received her M.S.W. from Springfield College. After receiving her M.S.W she started her work in outpatient mental health working with the underserved population.
Objectives

At the end of this webinar, participants will be able to:

- Describe how individual, cultural, and structural factors contribute to health disparities
- Better approach individuals’ whole health in a culturally humble and spiritually sensitive way
- Strategize clinical, evaluation, and administrative approaches that can help address health disparities

Today’s Presentation

- Health disparities
- Culture
- Spirituality
- CLAS standards
- PBHCI data by race / ethnicity
Physical and Mental Health Disparities

- Racial/ethnic minorities in the U.S. have less access to care for physical and mental health
- Their physical and mental health is overall worse

Reasons for Disparities

Preferences
Provider bias
“Structural” access barriers
- geographic location of services
- insurance
- historical settings for care

“Cultural” access barriers
- language
- provider race/ethnicity
- cultural humility
Health Disparities & Integrated Care

Collaborative care

• Depression care in primary care setting
• Improves depression outcomes for ethnic minorities

Will primary care in behavioral health settings also address health disparities?

Addressing disparities in behavioral health clinics at multiple levels

1. The individual / clinical level – cultural humility and spiritual sensitivity
2. The program / clinic level – integrated care with CLAS standards
3. The community level
The individual level: Culture

Cultural humility

- Lifelong learning
- Ongoing critical self-reflection (biases)
- Recognizing & challenging power imbalances
- Respectful partnerships
- Institutional accountability
- Feeling comfortable with & enjoying not knowing
Failing to account for culture can lead to misdiagnosis of normal variations in behavior, belief, or experience.

- Cultural identity of the individual
- Cultural conceptualizations of distress
- Psychosocial stressors and cultural features of vulnerability and resilience
- Cultural features of the relationship between the individual and the clinician
- Overall cultural assessment

DSM Cultural Formulation
Individual cultural identity: more than race & ethnicity

- Age
- Gender
- Sexual orientation
- Region within country or state
- Rural vs. urban
- Language(s)
- Religious/Spiritual Aspects
- Lifestyle (e.g. diet, activity level)
- Literacy
- Socioeconomic status
- Political orientation
- Disabilities
- Migration, acculturation, bi-culturality

Conceptualizations of Distress

- How is your problem affecting you?
- What do you think caused it?
- What do you fear most about your problem?
- What do you think will help?
- How will it help?
Cultural practices & alternative therapies that individuals might be involved in

- Mind-body interventions like yoga
- Medication alternatives like herbal
- Body work like massage
- Energy therapies like qigong
- Other practices like cupping

Psychosocial & environmental factors to consider in treatment

- Stresses vs. sources of support in the local environment
- Role of religion and kin networks
- Immigration and acculturative stress
Acculturative stress & clash of cultural norms

- Cultural differences between consumer and provider
- Provider’s culture from training
- Similarities can facilitate the relationship but can also result in incorrect assumptions and blind spots
LEARN

Listen with sympathy

Explain your perceptions of the problem

Acknowledge and discuss differences and similarities in explanation of illness

Recommend treatment

Negotiate treatment

Culture and integrated care
The individual level: Spirituality

Spirituality is about one’s relationship with the transcendent questions (including those of meaning) that confront one as a human being and how one relates to these questions.

A religion is a set of texts, practices, and beliefs about the transcendent, shared by a particular community.

The distinction is blurry!

Religion and Spirituality

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HOPE Questionnaire

• What are your sources of hope, strength, comfort and peace?
• What do you hold on to during difficult times?
• What sustains you and keeps you going?
HOPE Questionnaire: Organized religion

• Do you consider yourself part of an organized religion?
• How important is this to you?
• What aspects of your religion are helpful and not so helpful to you?
• Are you part of a religious or spiritual community? Does it help you? How?

HOPE Questionnaire: Personal spirituality and practices

• Do you have personal spiritual beliefs that are independent of organized religion? What are they?
• Do you believe in God? What kind of relationship do you have with God?
• What aspects of your spirituality or spiritual practices do you find most helpful to you personally?
HOPE Questionnaire: Effects on healthcare

• Has your current situation affected your ability to do the things that usually help you spiritually? (Or affected your relationship with God?)
• Is there anything that I can do to help you access the resources that usually help you?
• Are you worried about any conflicts between your beliefs and your situation or healthcare?

ICL Healthy Living Toolkit: Achieving Wellness Through Spirituality

What does spirituality / religion mean to you?
Spirituality and integrated care

What are your beliefs around self care?
Idea of the body as a temple or gift

Does your spiritual community offer support around wellness and health care?

Treatment

Some ways to approach spiritual health:
- Attending religious services
- Community services
- Praying
- Meditating
- Listening to music
- Reading inspirational books
The Program Level: CLAS Standards

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Principal CLAS Standard

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
ICL & CLAS: Government, Leadership, and Workforce

- Employees receive cultural training during orientation
- Many staff are multicultural and multilingual
- Intake identifies cultural background and needs, as well as linguistic needs

ICL & CLAS: Communication and Language Assistance

Available in Russian and Spanish:
- Consent form for PBHCI program
- Posted notices of the right to receive language services
- Self-management workbooks and other health-related materials
  Phone translation services are available
ICL & CLAS: Engagement, Continuous Improvement, and Accountability

- The majority of focus groups participants are of minority background.
- Integrated health outcomes are tracked by race/ethnicity.
- ICL Diversity Council is involved in trainings, cultural events, oversight of policies and paperwork, and creation of an open and respectful work environment.

Understanding PBHCI data analyzed by race & ethnicity
NOMs Baseline Function: No Psychological Distress

- ALL (N=302), 83%
- Black/AA, 92%
- non-Black/AA, 73%
- Hispanic/Latino, 71%
- non-Hispanic/Latino, 90%

*Statistically significant p<.05

NOMs and Twelve-Month Reassessment: Overall Health

- Health-baseline
- Health-12mon

- ALL (N=56)*
- Black/AA (n=29)*
- Black/AA (n=30)
- non-Black/AA (n=27)

- Health-12mon (N=57)*

- Hispanic/Latino (n=21)
- non-Hispanic/Latino (n=37)

*Statistically significant p<.05
Baseline and Twelve-month Reassessment
Section H: Triglyceride Level

![Graph showing triglyceride level by race/ethnicity.]

- Black/AA, 85%
- non-Black/AA, 39%
- Hispanic/Latino, 25%
- non-Hispanic/Latino, 79%

Triglyceride Level--Not At-Risk

*Statistically significant p<.05

Take Home Points

- Integrated care can help reduce health disparities by improving access to care and accounting for the whole person.
- Cultural humility improves engagement with a client’s reality.
- Spirituality and religion are relatively neglected in traditional assessments, but guides are available.
- The enhanced CLAS standards are a good starting point for assessing an organization’s approach to meeting the cultural and linguistic needs of its clients.
- Data analysis with attention to race / ethnicity differences can inform care provision.
Thank you!

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References


