



Deconstructing Unconscious Bias in Behavioral Health Care

Dismantling Bias and Building Equity

Session 3

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SAMHSA
Substance Abuse and Mental Health
Services Administration

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Presenter



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Ms. Padilla has over 22+ years of public health service including curricula development and video script writing, conducts evaluation of substance use disorder treatment programs and problem-solving courts, engages in chronic disease research and prevention, and instructs behavioral health professionals, prevention specialists, and drug court practitioners on behavioral health and recovery support practices

Presenter



Natalie Bembry, Ed.D, MSW, LSW

Assistant Director of Student Affairs
Rutgers University, School of Social Work

Natalie Bembry is the Assistant Director of Student Affairs, the Camden Campus Coordinator at the Rutgers University School of Social Work. She has over 20 years of experience in the field of social work with various populations and settings (dual diagnosis, developmental disabilities, children and families, juvenile justice, and education). She teaches in both the graduate and undergraduate programs at Rutgers University and serves as an adjunct and online course developer in the Department of Social Work at St. Joseph's College of Maine and at Delaware State University.

Dr. Bembry is passionate about education and has spent the last few years sharing her research and zeal of cultural humility to all disciplines. She emphasizes the tenets of cultural humility specifically focusing on self-reflection and critique and the impact it has on our interactions with others. Thus, creating a natural transition and motivation towards openness and lifelong learning.

Goals



- This series was developed to provide professionals with a review of unconscious (i.e. implicit) bias and how it negatively affects interactions and service outcomes for racial and ethnic communities we work with
- Participants will become familiar with tools and activities to identify and address hidden bias in addiction, mental health, and prevention disciplines in order to collectively effect equitable outcomes for persons of color.



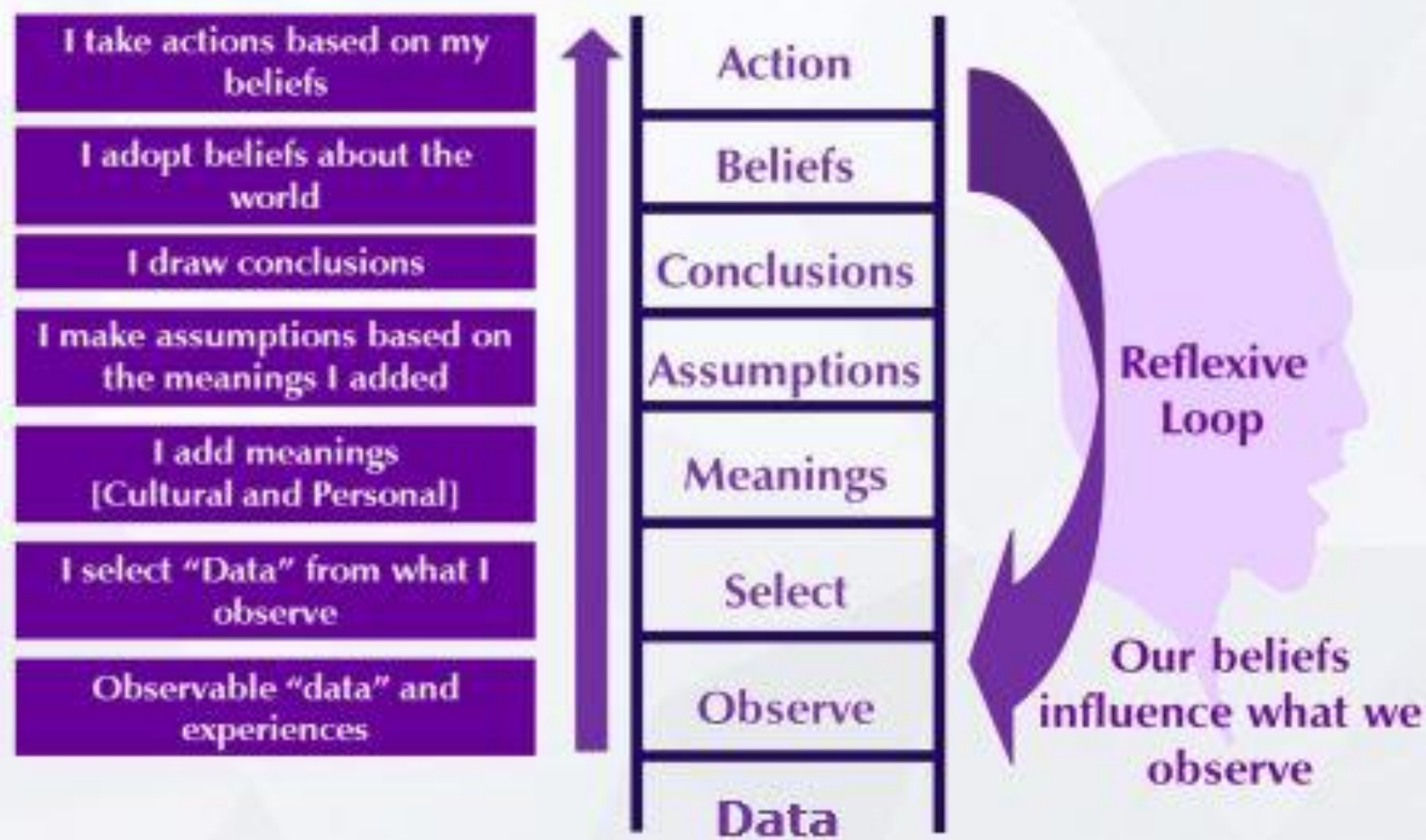
Four Session Blue Print



- Inequities and sources of inequities
- Focus on unconscious bias in behavioral health settings
- Understand how unconscious bias develops
- Explore hidden bias in behavioral health discipline
- Identify and mitigate bias impact
- Strategies: Cultural Humility, CLAS
- Organizational bias reducing strategies, models and leadership

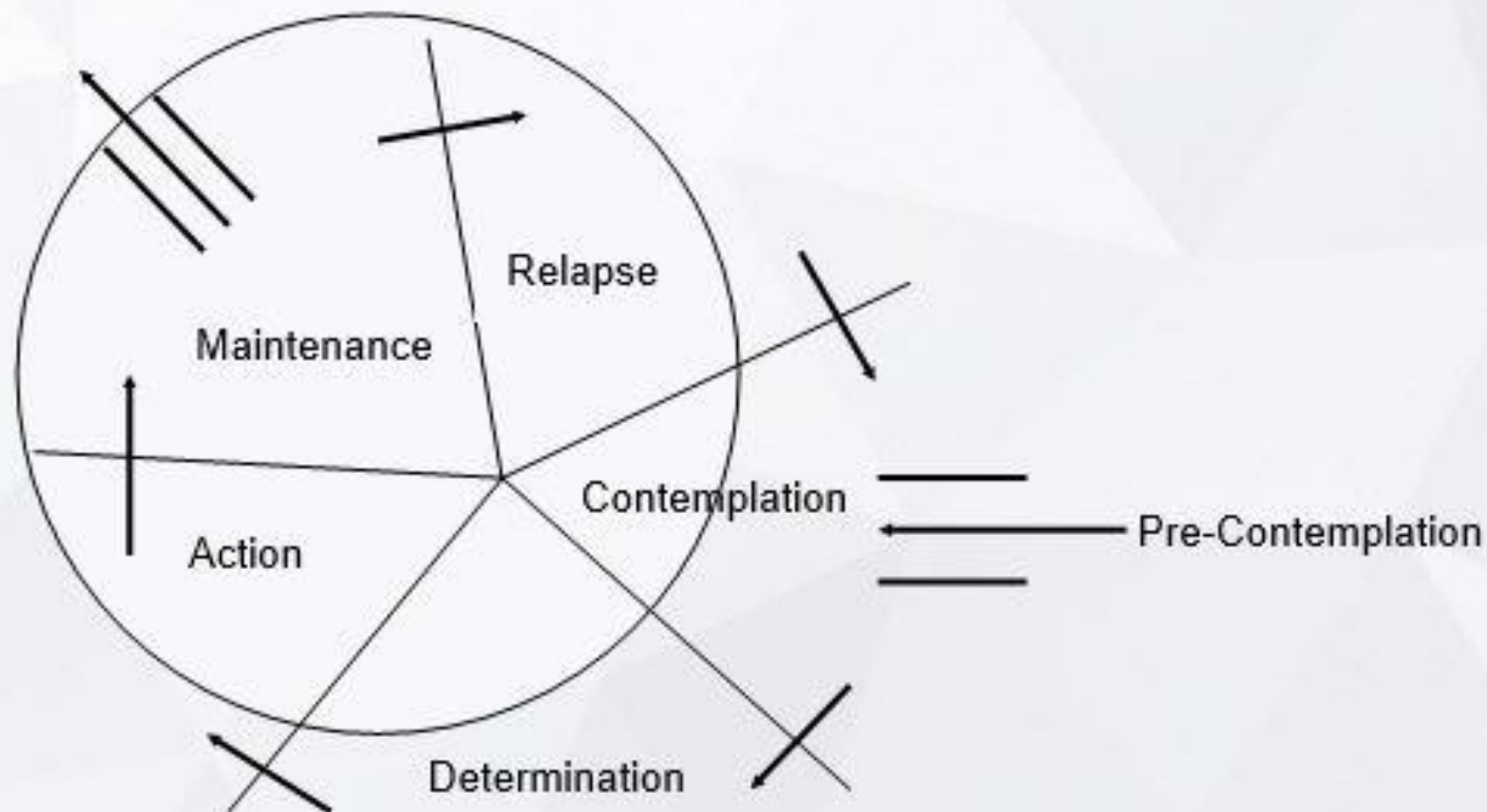
Ladder of Inference

(Argyris, 1990; Tompkins & Rhodes, 2012)



The Process of Change

(Prochaska & DiClemente, 1988)



Cultural Competency vs. Cultural Humility

(Tervalon & Murray-Garcia, 1998)

Competency

- Acquisition of knowledge
- Develop cultural awareness
- Gain cultural knowledge
- Denotes finality

Humility

- Develop cultural awareness
- Gain cultural knowledge
- Individual accountability
- Institutional accountability

Cultural Humility

(Foronda, Baptiste, Reinholdt, & Ousman, 2016)



4 R's Cultural Humility

(Moore-Bembry, 2020-unpublished)



RECOGNIZE





REFLECT




REGROUP



REACT



National Culturally and Linguistically Appropriate Services (CLAS) Standards



When Culture Becomes an 'Issue'

"As the population at risk of chronic conditions becomes increasingly diverse, more attention to linguistic and cultural barriers to care will be necessary."

- Native American report more frequent episodes of poor treatment compared to other groups, (Black, Latinx)
- Black/African American, American Indians and Hispanic/Latinx groups are more likely to die of diabetes.
- Racist experiences were barriers to lower service satisfaction and attending conventional health services.
- Culture impacts health outcomes as well as help-seeking behavior, responses to medication interventions, and affordability of care for specific conditions.

Implicit Bias Underlying Health Disparities

- White male physicians are less likely to prescribe pain medication to black patients than to white patients.
- Doctors assume their black or low-income patients are less intelligent, more likely to engage in risky behaviors, and less likely to adhere to medical advice.
- Women presenting with cardiac heart disease (CHD) symptoms are significantly less likely than men to receive diagnosis, referral and treatment, due to misdiagnosis of stress/anxiety.

Identify and Address **IMPLICIT** Bias

- **I**ntrospection
- **M**indfulness
- **P**erspective-taking
- **L**earn to slow down
- **I**ndividuation
- **C**heck your messaging
- **I**nstitutionalize fairness
- **T**ake two

Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care

“The CLAS Standards are intended to advance health equity, improve quality of care and help eliminate health care disparities by providing a blueprint for **individuals** and health and health care **organizations** to implement culturally and linguistically appropriate services.”



Enhanced National CLAS Standards

1. Principle Standard (1)
2. Governance, Leadership, Workforce (2-4)
3. Communication and Language Assistance (5-8)
4. Engagement, Continuous Improvement and Accountability (9-15)



Principle Standard 1

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.

Questions to Consider

1. What cultures do you see in your community of practice?
2. What groups or communities in your service area do you feel are especially vulnerable in your setting? How so?
3. What questions or concerns do you have about navigating cultural and language barriers for persons of specific racial, ethnic and linguistic minorities, people with disabilities, and sexual orientations and gender identities?



Assessment



- Organization
- Patient / Client
- Self (provider)



Standard 1 Application(s) for Practice

- Assess for agency capacity to provide a culturally supportive environment at various levels of organizational structure
- Gather information on cultural characteristics of communities served, ie: cultural beliefs & practices, communication nuances
- Patient/client feedback of experiences of care and services accessed





Governance, Leadership, Workforce

Governance, Leadership, Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. (How?)
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.



Communication and Language

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Communication and Language Assistance

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia **materials** and signage in the languages commonly used by the populations in the service area.



Engagement, Continuous Improvement and Accountability

Engagement, Continuous Improvement and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Engagement, Continuous Improvement and Accountability

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Engagement, Continuous Improvement and Accountability



14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

CLAS MATTERS!

Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is "***disadvantaged from achieving this potential because of social position or other socially determined circumstances.***"

Building Health Equity and Inclusion

ATTCnetwork, Building Health Equity and Inclusion, Free Resources
<https://attcnetwork.org/centers/global-attc/clas-resources>