Beyond Cultural Competence: Using Implementation Science to Address Behavioral Health Disparities

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At the time of this presentation, Miriam Delphin-Rittmon served as the Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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Learning Objectives

• Define behavioral health disparities pre/during COVID

• Describe how single focus efforts such as cultural competency training are not enough to produce behavioral health equity

• Analyze how implementation science frameworks and research, applied to workforce training and technical assistance efforts, can help decrease disparities

• Introduce several SAMHSA-funded training and technical assistance Centers that focus on behavioral health and disparities
Behavioral Health Disparities – Pre and During COVID
Behavioral Health Disparities

• Specific populations bear a higher burden of disability
• Specific populations are less likely to receive treatment, including effective treatment

Barriers to Effective Care in Diverse Groups

• Lack of insurance, underinsurance
• Mental illness stigma, often greater among diverse groups
• Lack of diversity among mental health care providers
• Lack of culturally competent providers
• Language barriers
• Distrust in the health care system
• Inadequate support for mental health service in safety net settings

American Psychiatric Association, 2017
COVID – Exacerbating Health and Behavioral Health Disparities

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases¹</td>
<td>1.7x</td>
<td>0.7x</td>
<td>1.1x</td>
<td>1.9x</td>
</tr>
<tr>
<td>Hospitalization²</td>
<td>3.5x</td>
<td>1.0x</td>
<td>2.8x</td>
<td>2.8x</td>
</tr>
<tr>
<td>Death³</td>
<td>2.4x</td>
<td>1.0x</td>
<td>2.0x</td>
<td>2.3x</td>
</tr>
</tbody>
</table>

BIPOC Communities
- Less likely to receive adequate health care
- More likely to report COVID related stress and increases in depression, suicidal ideation, especially Hispanic/Latino respondents

CDC, Sept 9, 2021; Mental Health America, 2021; McKnight-Eily LR, Okoro CA, Strine TW, et al., 2021
Single Focus Efforts Are Not Enough to Produce Behavioral Health Equity
Myths about Eliminating Behavioral Health Disparities

• “We just need behavioral health providers to be culturally competent”
• “All that is needed is to culturally adapt interventions”
• “Focus on testing the efficacy and effectiveness of interventions in minority communities”
• “One size fits all: Just scale up interventions, it will improve the quality of care for everyone”

Baumann et al., 2018
During COVID - Myths about Eliminating Behavioral Health Disparities

• “We just need behavioral health providers to be culturally competent”
  • Many community behavioral health providers closed programs/reduced services
  • Outreach services especially
• “One size fits all: Just scale up interventions, it will improve the quality of care for everyone”
  • Telehealth platforms difficult for diverse communities to access
  • Vaccine hesitancy in BIPOC communities
Implementation Science Frameworks and Research Can Help Decrease Disparities – Pre and Post-COVID
D&I Science: Terminology

- **Dissemination**: An active approach of spreading evidence-based interventions to the target audience via determined channels using planned strategies.

- **Implementation**: The process of putting to use or integrating evidence-based interventions within a setting.

- **Sustainment**: The process of maintaining or continuing the intervention within a setting, beyond a more active implementation period.

Rabin & Brownson, 2018
D&I Science: Terminology

D&I Science

• Scientific study of processes and factors associated with successful integration of evidence-based interventions within a particular setting.
  • How do you get evidence-based practices into routine practice settings so that more people can receive the best care possible?
  • How do you keep the practice in place? (Sustainment research)

Rabin & Brownson, 2018
How Can Implementation Science Help Reduce Behavioral Health Disparities?

• Examine disparities as part of the context when planning to implement EBPs
• Monitor adaptation as implementation occurs
• Use implementation strategies/TA activities that help reduce disparities
• Measure implementation outcomes with disparities in mind

Baumann & Cabassa, 2020
Context = Implementation Barriers and Facilitators: The Health Equity Implementation Framework

Woodward et al., 2019
Use Research on Adaptation - Stirman et al.’s model for tracking adaptation of EBPs

Figure 2 System of classifying modifications to evidence-based programs or interventions.

Stirman et al., 2013
Use implementation strategies/TA activities that help reduce disparities

- Activities or causal agents for installation, scale up, scale out, or sustainment of an EBP
  - Training and technical assistance “interventions”
- Passive dissemination strategies (e.g., research publications, training manuals) and standalone trainings are not enough
- Which implementation strategies push practice change AND address disparities to build equity?

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Plan</td>
<td>Needs assessment; assess for readiness; develop implementation plan; build local consensus</td>
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<tr>
<td>Educate</td>
<td>Conduct ongoing training; inform local opinions leaders</td>
</tr>
<tr>
<td>Finance</td>
<td>Alter incentives; access new funding; make billing easier</td>
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<tr>
<td>Restructure</td>
<td>Change physical structure and equipment; change records systems</td>
</tr>
<tr>
<td>Manage Quality</td>
<td>Quality monitoring; audit and feedback; obtain patient/family feedback; clinical supervision</td>
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<tr>
<td>Attend to Policy</td>
<td>Encourage practices through accrediting bodies, licensing boards, and legal systems</td>
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Powell et al., 2012
Standard Practice – Imprecise Implementation Strategies

“Train and Pray” Approach

“Kitchen Sink” Approach

“One Size Fits All” Approach

“ISLAGIATT” Approach

Grimshaw et al., 2004; Henggeler et al., 2002; Squires et al., 2014

“It seemed like a good idea at the time” (Eccles)
Tailor Strategies to Eliminate Disparities

• Use strategies that address contextual conditions that may lead to inequitable outcomes (e.g., resources, history)

• Use strategies that take advantage of opportunities to promote equity

Photo by amirali mirhashemian on Unsplash
Evaluating Implementation: Focus on Disparities & Equity

• How can I know whether the new practice, and how it is implemented, works?

• Example: RE-AIM

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<tbody>
<tr>
<td>Reach</td>
<td>Are there differences by group in who receives treatment?</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Does the treatment work better or worse for different groups?</td>
</tr>
<tr>
<td>Adoption</td>
<td>Is one group of providers more likely to use the treatment?</td>
</tr>
<tr>
<td>Implementation</td>
<td>Do organizations that serve large populations of racial/ethnic minorities deliver the treatment with the same quality?</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Are there differences in which patients continue to receive the treatment?</td>
</tr>
<tr>
<td></td>
<td>Do some types of organizations stop using the treatment?</td>
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Glasgow et al., 1999
SAMHSA-funded Technical Assistance Centers Focused on Behavioral Health Disparities
MHTTC Network: How We Work

• Provide regional or population-tailored services to states and treatment provider systems across mental health prevention, treatment, and recovery

• Work closely with SAMHSA Regional Administrators, state behavioral health commissioners, and local stakeholders to understand pressing needs in the region/population, and develop annual workplans (versus emphasis on TA requests/grantees)

• D&I science increasingly informs our services
  • Context - what are local/regional barriers and facilitators to implementation?
  • Precision implementation strategies specific to the need - training, coaching, coalition building, implementation facilitation, learning collaboratives
  • Maximize impact on service delivery systems
MHTTC Network

• Provide TA to improve access to culturally responsive mental health services
• Promote mental health equity and discuss the negative effects of racism, discrimination, and violence on mental health
The NAIAN MHTTC strengthens and promotes systematic behavioral health practice changes that both honor and contribute to the health and well-being of American Indian & Alaska Native communities, tribes, and individuals.
• Native Cultural Sensitivity Training Program
  • A 3-day curriculum on how to provide services to Native clients
• The Spirit of Communication - Motivational Interviewing and Native Teachings
  • Culturally adapted training on the use of Motivational Interviewing
• Project Enhancement and Implementation
  • Preparations for program implementation and funding opportunities
• Healing the Returning Warrior
  • How to provide services to returning Native veterans
• Skills-based Video-conferencing to Utilize Tele-behavioral Health
• Honoring our Relations - Increasing Knowledge on Native LGBTQ/Two Spirit Wellness
• Monthly Listening Sessions (Strategies of Support) and webinars
Serve as a key subject matter expert and resource for mental health providers and school based mental health workforce across the US and territories to ensure:

- High-quality services;
- Effective mental health treatment;
- Recovery support services; and
- Implementation of evidence-based and promising practices
• Addressing Latinx Health Disparities in the U.S.
• Symposium: Culturally Responsive & Trauma-Informed Services for Hispanic and Latino Populations
• The Emerging Role of Mental Health Professionals in the Immigration Field
• Latino Indigenous Populations
• Gender Violence among Latinas: Key Concepts and Cultural Considerations
• Latinos and Suicide: A Clinician’s Guide to Prevention and Treatment Masterclass Part I
https://africanamericanbehavioralhealth.org/

https://e4center.org/

https://lgbtqequity.org/
Mental Health Disproportionately Affecting Young Hispanics, Statistics Show

The National Network to Eliminate Disparities in Behavioral Health (NNED) is a network of community-based organizations focused on the mental health and substance use issues of diverse racial and ethnic communities. The NNED supports information sharing, training, and technical assistance towards the goal of promoting behavioral health equity.

https://nned.net/
Fast Forward after the Pandemic: Future of Addressing Race/Ethnicity Disparities

• Broaden focus from just cultural competency training

• Accelerate decrease in disparities through training and TA informed by implementation science
  • Post-COVID: Away from webinars, back to implementation support

• Increase attention on mental health equity
Bibliography


THANK YOU!

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