# Inequities in Access to and Quality of Behavioral Healthcare: What Can we do?

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# Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.

# Overview

- Explore disparities in access to care for people of color
- Reducing Racial/Ethnic Bias in the clinical encounter
- Policy recommendations to increase equity in behavioral healthcare

# What is this presentation about?

1. Service disparities in the behavioral health Tx is a serious issue that needs immediate solutions.

2. To reduce service disparities requires multilevel interventions that takes services where people are, creating infrastructure in CBOs.

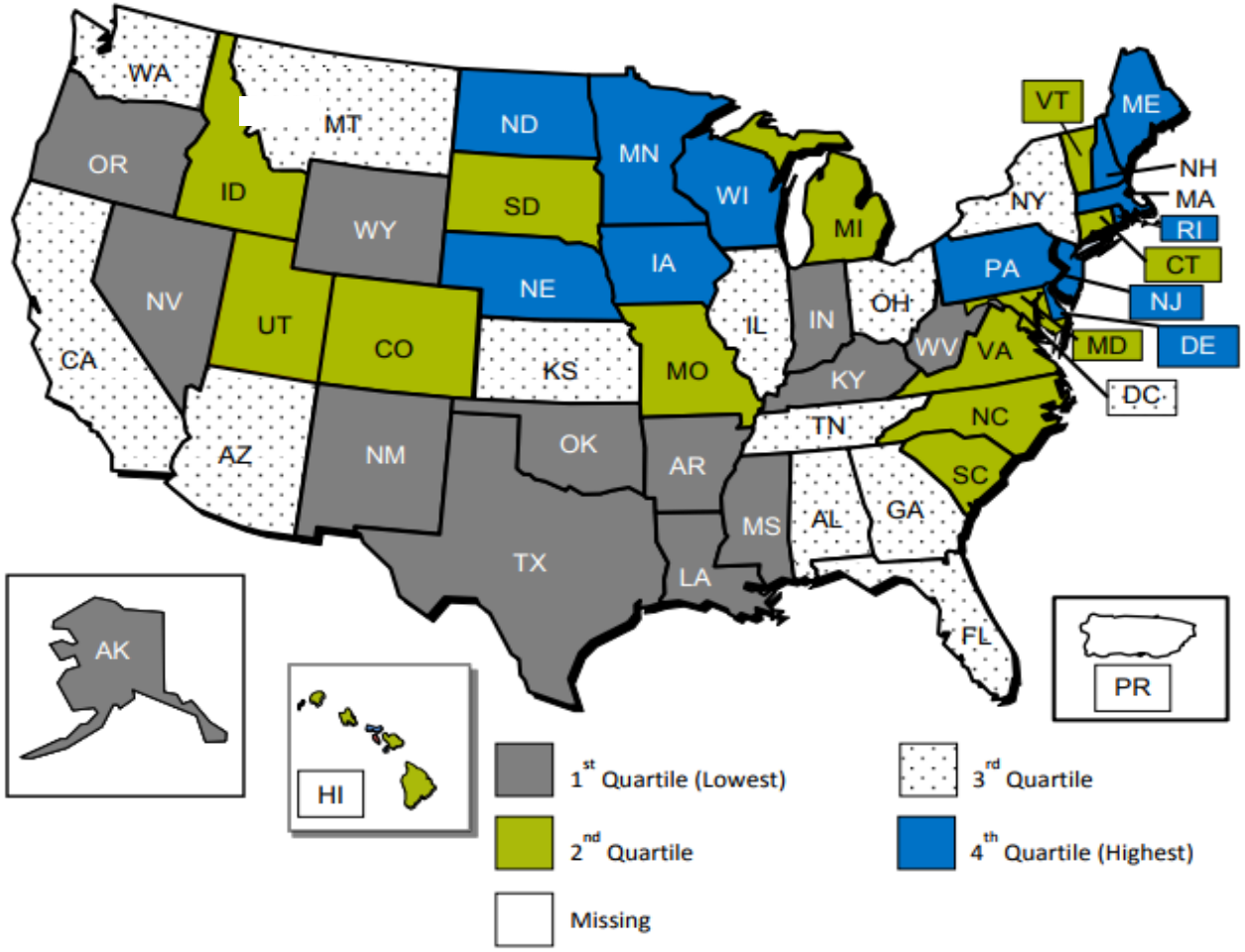
3. To have traction in service disparities, we have to change policy, the system, and the way we currently offer care. Clinicians and researchers play important roles in making these transformations.

# Healthcare Quality: State Level (2014-2015)

## Variation in Health Care Quality and Disparities

State-level data show that health care quality and disparities vary widely depending on state and region. Although a state may perform well in overall quality, the same state may face significant disparities in health care access and quality.

**Figure 7. Overall quality of care, by state, 2014-2015**

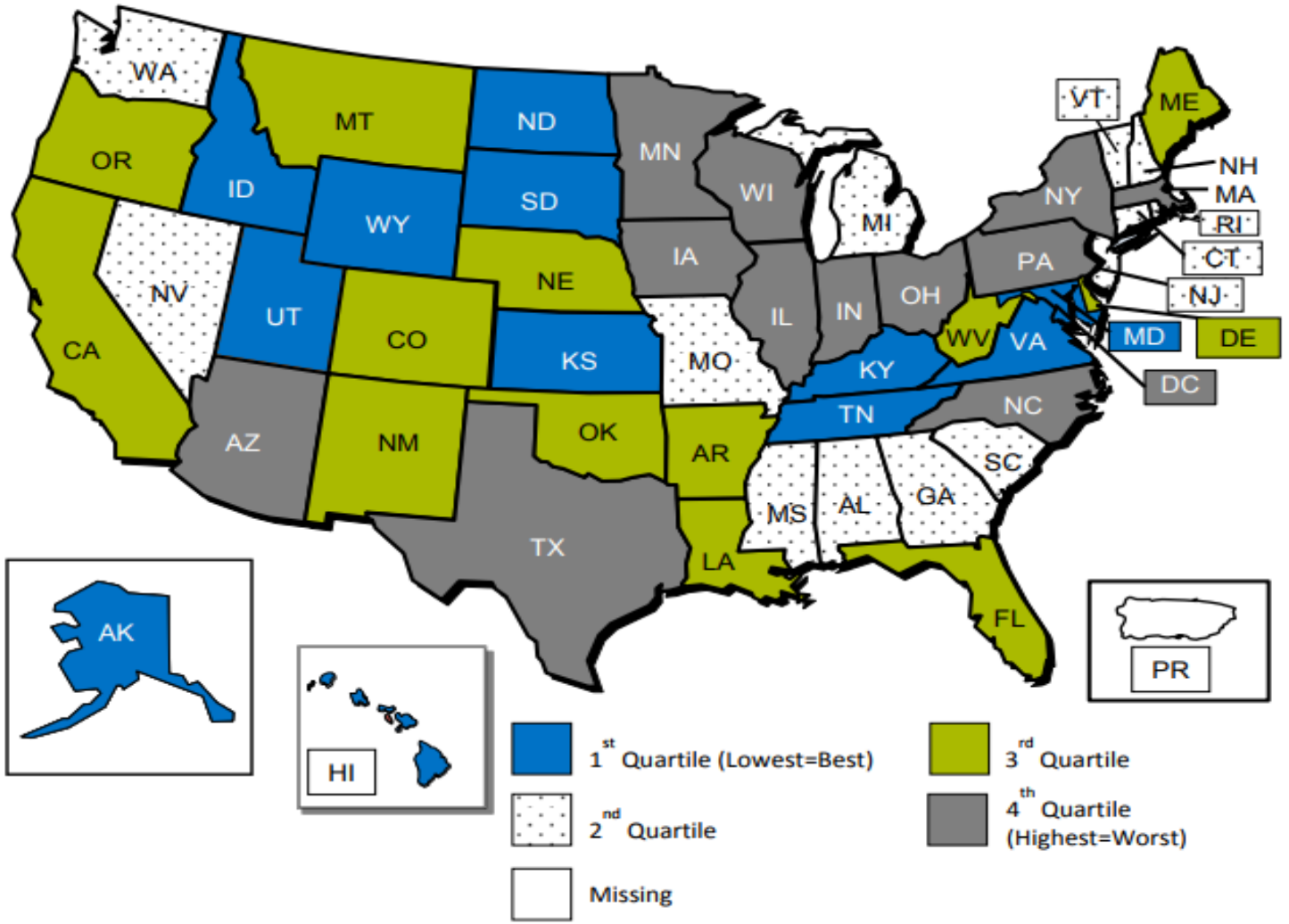



**Note:** All measures in the report with state-level data are used to compute an overall quality score for each state based on the number of quality measures above, at, or below the average across all states. States were ranked and quartiles are shown on the map. The states with the worst quality score are in the first quartile, and states with the best quality score are in the fourth quartile.

2016 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; July 2017

# Healthcare Disparities: By Race (2014-2015)

**Figure 8. Average differences in quality of care for Blacks, Hispanics, and Asians compared with Whites, by state, 2014-2015**




**Note:** All measures in this report that had state-level data to assess racial and ethnic disparities were used. Separate quality scores were computed for Whites, Blacks, Hispanics, and Asians. For each state, the average of the Black, Hispanic, and Asian scores was divided by the White score. State-level AI/AN data were not available for analysis. States were ranked on this ratio, and quartiles are shown on the map. Disparity scores were not risk adjusted for population characteristics in each state. The states with the worst disparity score are in the fourth quartile, and states with the best disparity score are in the first quartile.

2016 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; July 2017

# Health Disparities in Massachusetts

- Racial and geographic health disparities are the most commonly identified issue among health organizations across the state.
- 18.1 percent of Latinos and 11.5 percent of Blacks could not see a doctor due to cost, compared to 7.9 percent of Whites.
- 8.5 percent of Latinos are uninsured, while only 3.5 percent of Whites are uninsured.

Health of Boston 2016-2017; MA Adults Seeking Care For Mental Health and/or Substance Use Disorders Face Health Care Access and Affordability Barriers 2018; A Profile of Health among Massachusetts Adults 2017

# Insights from Pandemic that Identify fundamental Policies among Populations of Color

## Residential Impact/Housing Insecurity

- Many families of color reside in overcrowded areas and multigenerational homes.
  - California: 18.4 percent of Latino families live in overcrowded housing vs. 2.4 percent of white households. (Wen & Saghedi, 2020)
  - Racial housing segregation is linked to asthma and other underlying medical conditions that increase vulnerability to COVID-19.

## Essential Worker Status

- There is a disproportionate number of people of color in the essential job industry; they may not have benefits to access employee-sponsored insurance or sick leave.
  - Less options to work remotely, given jobs in service industry, stores, construction
  - Highest number of unstable work schedules

## Access to Health Insurance

- Undocumented immigrants face additional barriers to healthcare due to the inability to receive health insurance. (Cabral & Cuevas, 2020)
  - Undocumented immigrants are not eligible to enroll in federally funded programs. (Artiga & Diaz, 2019)
  - There is a lack of information in their primary language, even for COVID-19.

# What is Missing? Cultural Processes and Causal Pathways to Inequality

- **Cultural processes: How individual-level cognitive processes influence macro-level phenomena and contribute to production and reproduction of inequality**
- How do cultural processes feed into inequality? Inter-subjective meaning making; take shape via movement of shared groupings and classification systems by which individuals perceive and make sense of world around them; shared conventions.
- Lamont - Move attention to cultural capital and symbolic domination (language); ***social psychological-schemas that we apply to social categories whereby we perceive and evaluate different groups***; shared frameworks of what is reality.

Lamont M, Beljean S, Clair M, 2014. What is missing? Cultural processes and causal pathways to inequality. Soc. Econ Rev. 12, 573-608

# Power and Perspective Taking

- "Power is often defined as the capacity to influence other people; it emerges from control over valuable resources and the ability to administer rewards and punishments."
- "Power may diminish perspective taking because people in power have control over valuable resources and are less dependent on others. The powerful do not need to rely on an accurate, comprehensive understanding of others. Power is typically associated with increased demands on attention, so that it is difficult for power holders to take the perspective of everyone under their charge."

Galinsky, Magee, Inesi and Gruenfeld, 2006

# The powerful may have reduced tendency to comprehend how other individuals see the world, think about the world, and feel about the world.

The powerful:

- less accurate than the powerless in estimating positions of other people, reading their expressions
- more likely to make self-serving attributions
- less complex interpersonal impressions than people without power basing impressions of others on expectancies and stereotypes

Less powerful:

- accurately perceive the interests of others and are more other-serving in their attributions
- less likely to use stereotypes and to create more complex contemplations of the other

Galinsky, Magee, Inesi and Gruenfeld, 2006

# A Paradigmatic Shift

**Recent work encourages us to look critically and reflect on hierarchical nature and power differentials of the provider-patient relationship, particularly with ethnic/racial minority patients who may differ from their providers in race, class, education, and positional hierarchy.**

# The Role of Provider Bias

- Hall et. al., (2015) conducted a systematic review of 15 studies examining implicit racial/ethnic bias among healthcare providers.
  - Most providers were found to display a positive bias towards White patients and negative bias towards patients of color.
- Provider bias can impact patient-provider relationships and communication, but also:
  - patient health outcomes,
  - treatment adherence, and
  - treatment decisions (e.g., providers being less likely to recommend certain types of treatments).

> “A decade ago, companies like Facebook, Apple, and Google pledged that their products would help create meaningful relationships and communities. Instead, we’ve used the media system to deepen existing divisions, at both the individual and group levels. We may have thousands of “friends” and “followers” on Facebook and Instagram, but when it comes to human relationships, it turns out there’s no substitute for building them the old-fashioned way, in person.”

Klinenberg, G. (2018, February). Is loneliness a health epidemic? New York Times. Retrieved from: https://www.nytimes.com/2018/02/09/opinion/sunday/loneliness-health.html?smprod=nytcore-ipad&smid=nytcore-ipad-share

# Building Empathy

- The clinician must remain curious and expand knowledge about cultural differences (Falicov, 2014).
- Due to time constraints, providers may not be able to fully engage in "perspective taking" and "perspective getting"- making sure your intuitions and judgments are correct.
- We need to uncover the ***differential effects*** of social determinants on the client, making sure you frame social determinants as result of ***structural inequalities*** and not attributed to client's shortfall.
- Instill hope and start from the assets.

# Five Distinct Practices

1. Arrive at Shared Agenda - SDM
2. Balance who has the floor - Don't silence patient
3. Tentativeness in presenting ideas or recommendations - maybe this will work for you
4. Collaborative meaning making - we, together, us
5. Co-constructing tasks - what matters most to patient

Falicov, Nakash & Alegria 2020

Original Investigation

ONLINE FIRST FREE

February 21, 2018

# Effectiveness of the DECIDE Interventions on Shared Decision Making and Perceived Quality of Care in Behavioral Health With Multicultural Patients

## A Randomized Clinical Trial

Margarita Alegria, PhD[1,2,3]; Ora Nakash, PhD[1,4]; Kirsten Johnson, MA[5]; et al

» Author Affiliations | Article Information

*JAMA Psychiatry.* Published online February 21, 2018. doi:10.1001/jamapsychiatry.2017.4585

## Key Points

**Question** How effective are the DECIDE (decide the problem; explore the questions; closed or ope
identify the who, why, or how of the problem; direct questions to your health care profession
patient and clinician interventions for improving shared decision making and quality of c
orities?

**Findings** In a randomized clinical trial of 312 dyads that included 74 behavioral h
and 312 patients, the clinician intervention significantly improved shared decision making. Patie
higher quality of care when patients and clinicians received the recommended dosage of each intervention

**Meaning** The clinician intervention could improve shared de ion making with minority populations, and the patient intervention could improve patient-reported quality of care by incorporating patient preferences in health care.

**Providers who received DECIDE PC training were significantly more likely to demonstrate increases in SDM as assessed by blind-coder than providers in control condition.**

**No significant effects on client or provider assessed SDM.**

**Both omnibus and specific effect of the client DECIDE-PA intervention indicating that intervention increased clients' global evaluation of care.**

Alegria et. al. (2018). Effectiveness of the DECIDE intervention on shared decision making and perceived quality of care in behavioral health with multicultural patients: A randomized clinical trial. *JAMA Psychiatry*.

# Clinical Care Across Cultures: Obstacles

- Providing culturally adapted, evidence-based practices (EBPs) in the patient's primary language to meet the needs of diverse patients
  - Lack of US studies enrolling diverse patients to inform clinical guidance on effective treatments
  - Lack of clinical supervision including evidence-based practices to provide cross-cultural care
- Establishing patient/provider concordance (e.g., speaking the same language, similar cultural background) may reduce dropout rates
  - U.S. facing severe workforce shortage of psychiatrists, social workers, and psychologists from racial/ethnic minorities

# Mission of The Disparities Research Unit at MGH

*"Generate innovative health and health services research that helps shape policy, practice, and service delivery to reduce disparities and improve the well-being of diverse populations."*

# Thank You!

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