



## CLAS Courier

Resources for culturally and linguistically appropriate services

Fall 2016

### CULTURALLY INFORMED BEHAVIORAL HEALTH – THE HISPANIC/LATINO COMMUNITY

National Hispanic Heritage Month, from September 15 to October 15, was created to celebrate the contributions and culture of the Hispanic/Latino American community. The Latino population is extremely diverse across a number of dimensions including country of origin, immigration status, language use, ethnic and racial background, religious and spiritual beliefs, and generations.

Latinos experience lower rates of most mental health disorders compared to the general U.S. population. For example, approximately 25% of European Americans met

criteria for any depressive diagnosis in a large national study, whereas less than 20% of Latinos met criteria for depressive disorders in a parallel study (Vega, 2013). Yet, the behavioral health utilization rate for this population is much lower than that of other populations, with the exception of Asian Americans. The fact suggests a number of barriers that must be identified and mitigated to reduce this disparity. This includes access to insurance, transportation issues, stigma associated with care, language barriers, and the lack of culturally informed services. Providers can learn more by following these links.

- [Acculturation, Discrimination, and Depression Among Unauthorized Latinos/as in the United States](#)
- [Lifting Latinos Up](#)
- [More Alzheimer's Risk for Latinos, Study says](#)
- [The Shared Impact of Immigration and Acculturative Stress](#)
- [Understanding the Stigma in Latino Communities](#)
- [Working with Latino Communities](#)

### The Affordable Care Act, Health Equity and your Organization

Did you know that Section 1557 of the Patient Protection and Affordable Care Act is the nondiscrimination provision of the Affordable Care Act (ACA). In May, final rules were issued for the law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health programs or activities. Section 1557 extends nondiscrimination protections to individuals participating in:

- Any health program or activity any part of which received funding from HHS
- Any health program or activity that HHS itself administers
- Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.

Section 1557 has been in effect since its enactment in 2010 and requires all organizations in the BHDS system to consider how their operations, policies, procedures and training may support or prevent discrimination of the individuals we serve. For more information, email [oclc@dbhds.virginia.gov](mailto:oclc@dbhds.virginia.gov) system to consider how their operations, policies, procedures and training may support or prevent discrimination of the individuals we serve. For more information, email [oclc@dbhds.virginia.gov](mailto:oclc@dbhds.virginia.gov)

## Why Demographics Matter

Although much information on health care comes from health care organizations, data on race, ethnicity, and primary language are often unavailable or incomplete. Valid and reliable data are fundamental building blocks for identifying differences in care and developing targeted interventions to improve the quality of care delivered to specific populations. The capacity to measure and monitor quality of care for various racial, ethnic, and linguistic populations rests on the ability both to measure quality of care in general and to conduct similar measurements across different racial, ethnic, and linguistic groups.

Additionally, a major tenet of the community mental health movement is that the allocation of services should be closely related to the needs of the community. Objective information about the community being served should be the basis for specifying unmet mental health needs, identifying populations within the community at high risk of developing mental disorders, coordinating services within the community, and establishing priorities (Roen, 1971). However, much of the demographic data available does not provide the necessary level of detail to understand which groups are experiencing health care disparities or would benefit from targeted quality improvement efforts. One of the biggest barriers most health systems face in improving quality and reducing disparities within their own walls is systematically identifying the populations they serve, addressing the needs of these populations, and monitoring improvements over time (HRET, 2011).

Organizations in the BHDS system can use the links below to explore how to further incorporate demographic data and standardization practices into their strategic planning.

[DBHDS OCLC Demographics and Data webpage](#)

[HHS Data Collection Guidance for Race, Ethnicity, Sex, Primary Language, and Disability Status](#)

[Language Needs Assessments - Virginia](#)

[Pew Hispanic Center – Virginia](#)

[Population Estimates for Virginia](#)

[Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement](#)

[SAMHSA Population Data/National Survey on Drug Use and Health \(NSDUH\)](#)

[The Commonwealth Institute - Research](#)

[Virginia Department of Education](#)

[Virginia Health Opportunity Index](#)

[Virginia LMI](#)

## DBHDS Refugee Healing Partnership Webinar

### [Establishing a Trauma Informed Cross Cultural Psychoeducation Program](#)

THIS WEBINAR WILL INTRODUCE THE AUDIENCE TO THE TI-CCP TRAINING CURRICULUM AND TRAINING MANUAL FOR REFUGEE MENTAL HEALTH TRAINING FOR COMMUNITY LEADERS. TI-CCP was designed for mental health professionals to engage with and build capacity in refugee community leaders for community-based mental health and psychosocial support and to establish a close partnership and healing environment in the community. Join us to learn more about how you can use this curriculum in your area.

**Start Time:** 10/28/2016 11:00 AM

**Video Conference Details**

**Log into** <http://dbhds.acms.com/ticcp2016/>

**Conference call number 18008320736 - Conference Room Number: 3850429**

**About the Speaker** - Hyojin Im, Ph.D., is an assistant professor at the School of Social Work. Prior to joining the faculty, Im completed a postdoctoral research fellow at University of California Berkley Mack Center on Mental Health and Social Conflict. She is currently teaching research methods, a critical component of the M.S.W. curriculum. When asked about her proudest moment since joining the School of Social Work, she expressed that knowing that her students are learning and understanding the material gave her great pride. Im's current research focuses on how to tackle issues that derive from political conflicts and prolonged violence in the international refugee community.

# The Cultural Competence Perceptions of Clinicians in Virginia

A new report has been produced to inform the work of the DBHDS Statewide Cultural and Linguistic Competence Advisory Board

"Health professionals are now more aware of the challenges they face when providing healthcare to a culturally and racially diverse population" (Bhui, Warfa, Edonya, McKenzie, & Bhugra, 2007, p. 1). Beyond the general health setting, mental health care has experienced the same effects of widespread globalization, increasing diversity and the sociodemographic shifts that have occurred over the last several decades. Because of this, culturally competent mental health care is needed increasingly to support the growing needs of populations within the United States (Whaley & Davis, 2007).

Cultural competence is the

capacity to function effectively as an individual (or organization) within the context of the cultural beliefs, behaviors, and needs presented by consumers (or patients) and their communities. Specifically within mental healthcare and substance abuse, including and valuing culture as a part of a patient or client's treatment because of the added stigma attached and complex relational dynamics present. Additionally, vocabularies, cultural beliefs, norms and practices can be interpreted behaviorally in incorrect ways if not, at the very least acknowledged and valued by the providers. This could potentially lead to incorrect care, added distress, lack of treatment and/or noncompliance (DBHDS, 2014b).

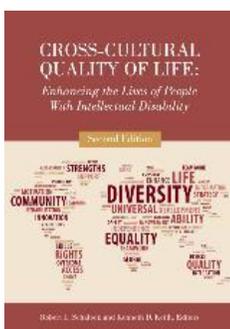
The purpose of this study is to investigate how Virginian mental

health clinicians define cultural competence and perceive their individual cross cultural competence.

After obtaining Institutional Review Board (IRB) approval, The Office of Cultural and Linguistic Competency of the Department of Behavioral Health and Developmental Services identified individuals in the target population and asked for their participation via email. Randomization was not used to distribute surveys to practitioners because of the small target sample; instead all eligible individuals were asked to participate. The email contained a link to a Qualtrics survey, an online survey tool vetted by James Madison University.

Read the entire report [here](#).

## Book Corner



### Cross-Cultural Quality of Life: Enhancing the Lives of People With Intellectual Disability, Second Edition

Editors: Robert L. Schalock and Kenneth D. Keith

The second edition of this popular book reflects many of the changes in the field of IDD in the first 15 years of this century, including an increased understanding of the quality-of-life (QOL) concept and the influence it has had on the field. This edition represents the work of 34 contributors, representing 14 countries, who capture the significant role the QOL concept has played in personal involvement and empowerment, self-advocacy, family-related QOL, supports planning, outcomes evaluation, continuous quality improvement, organization transformation, and systems-level change. For more information, visit the [aaid Bookstore](#).