

Improving the Physical Health of Latinos and African Americans with Serious Mental Illness

Leopoldo J. Cabassa, PhD

NYS Center of Excellence for Cultural Competence

New York State Psychiatric Institute

Department of Psychiatry, Columbia University

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Quick Reminders

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- Please remember to mute your phones so that others on the call are not distracted by ambient noise
 - ▣ To Mute: Press * 6
- We will hold a Q&A period at the end of the presentation, but feel free to submit your questions by typing them into the system whenever they occur to you.

Acknowledgements

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□ **Research team:**

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□ **Consultants**

- Peter Guaranaccia, PhD; Benjamin Druss, MD, MPH; Pamela Collins MD,

Outline

- Discuss racial/ethnic health and health care disparities among people with SMI
- Present cultural elements that impact the health care of people with SMI: An emerging model
- Illustrate examples of how cultural elements can be used to make an existing health care intervention culturally competent

Public Health Crisis Among People with SMI

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- People living with Serious Mental Illness (SMI) in the United States die, on average, 25 years earlier than the general population, largely due to:
 - Preventable medical conditions, such as diabetes and cardiovascular disease
 - Suboptimal medical care
 - Modifiable risk factors (e.g., smoking, obesity, sedentary lifestyle)

Racial/Ethnic Health Disparities in the SMI Population

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- Recent studies show that minorities with SMI are at higher risk than non-Hispanics whites with SMI to suffer from:
 - Obesity
 - Metabolic syndrome
 - Diabetes

Dixon et al., 2000; Hellerstein et al., 2007; Lambert et al., 2005; Kato et al., 2004; McEvoy et al., 2005; Stecker et al., 2006

Racial/Ethnic Health Care Disparities in the SMI Population

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- Compared to non-Hispanic Whites with SMI, racial/ethnic minorities with psychiatric disorders tend to receive:
 - Fewer primary care visits
 - Suboptimal medical care

Example from the CATIE Study

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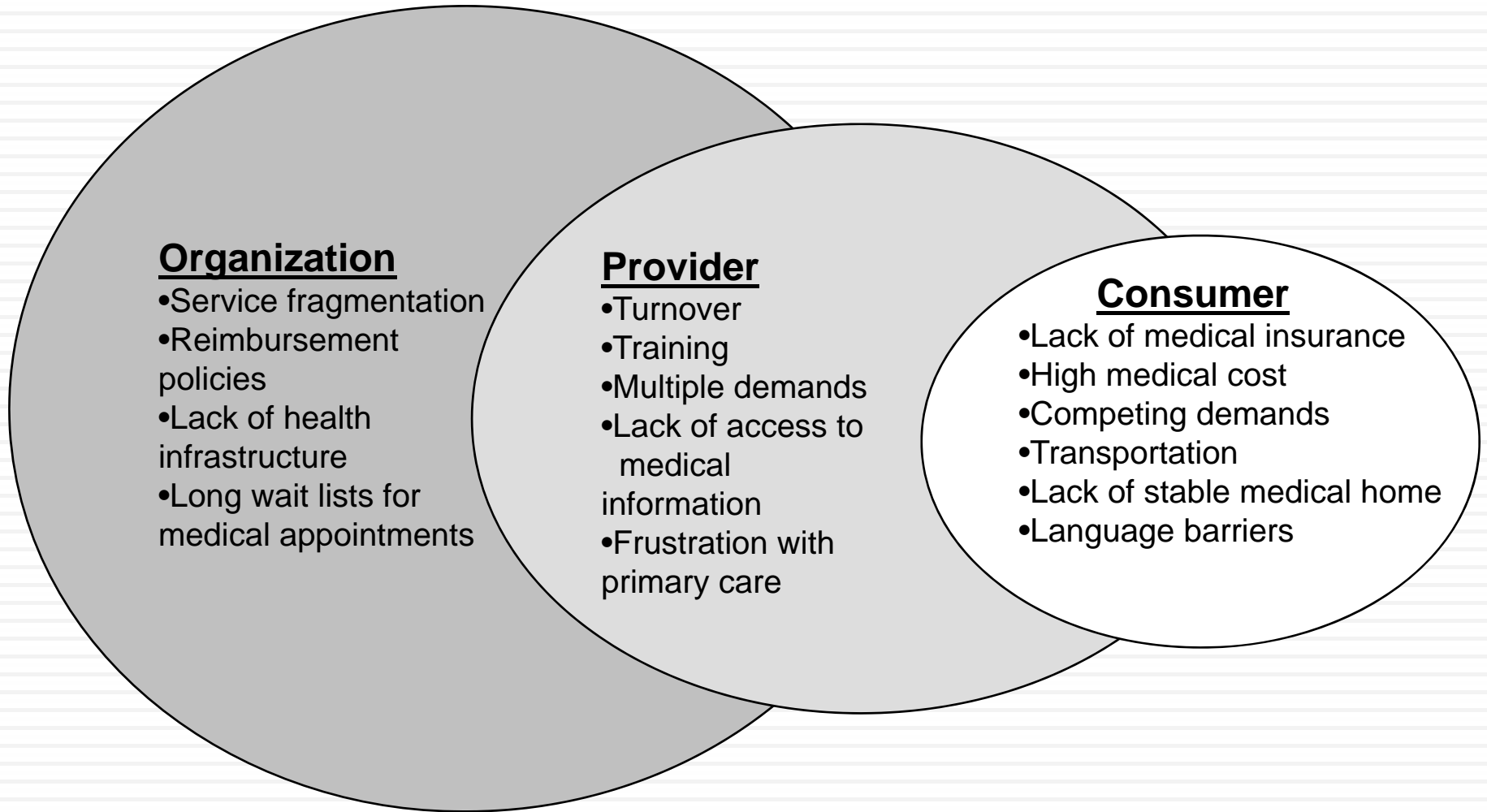
- At CATIE baseline,
 - 88% of participants who had dyslipidemia
 - 62.4% of participants who had hypertension
 - 30.2% of participants who had diabetes

Were not receiving treatment for these conditions

- Rates were even higher for racial and ethnic minorities:
 - 96% of non-white females who had dyslipidemia
 - 79% of Hispanics who had hypertension
 - 50% non-white females who had diabetes

Were not receiving treatment for these conditions

Barriers to Medical Care



Culture influences health beliefs and behaviors

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- Culture shapes how people perceive, define, label and cope with physical and mental disorders
- Culture shapes ideas regarding body image, dietary practices, and the value people place on certain foods
- Culture influences consumer-provider interactions; it shapes the expectations and preferences each brings to these interactions
- Culture shapes how patients interact with the healthcare system

Caprio et al., 2008; Kleinman et al., 2006, Cross et al., 1989; Guarnaccia et al., 1996; Whitley, 2007

Gaps in Research and Practice

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- Little is known about the cultural factors that impact the health and health care of people with SMI

- Identification of cultural factors can be used to inform:
 - Adaptations of existing services
 - Development of new interventions
 - Integration efforts of health and mental health care

Study Aims

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- To identify cultural factors in the provision and coordination of physical health services in mental health organizations that serve African American and Latino consumers with SMI
- To develop a conceptual framework that can guide the development of culturally appropriate interventions to improve the physical health of people with SMI

Sampling

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- Purposive sample of 6 community-based mental health organizations in Northern Manhattan
 - Serve large numbers of racially and ethnically diverse individuals with SMI
 - Provide different mental health services (e.g., outpatient, day treatment, housing, Assertive Community Treatment [ACT])
 - Receive different funding streams (e.g., public, private)

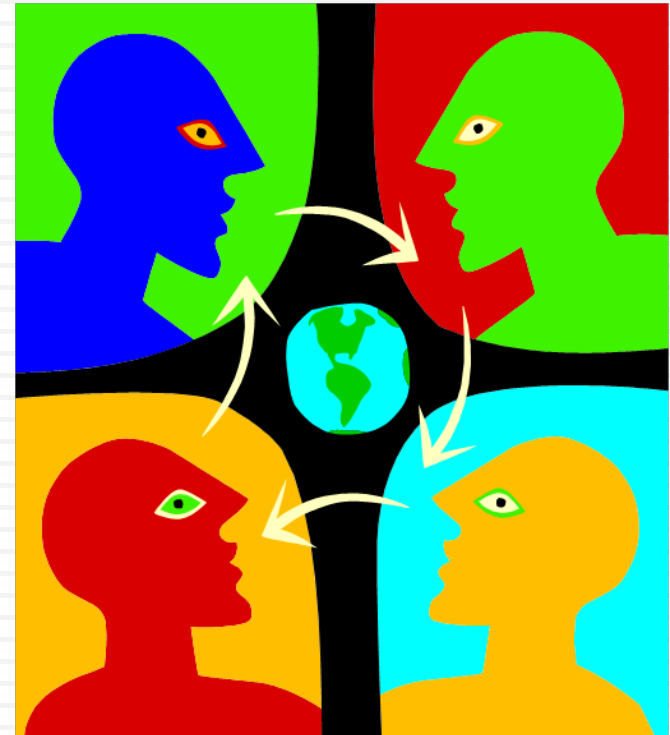


Data Collection Methods

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- Multi-stakeholder approach
 - Consumers
 - Providers
 - Administrators
 - Friends/family members

- Mixed methods
 - Interviews
 - Focus Groups
 - Participant Observations
 - Surveys



Analytical Strategy

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- Coding, consensus, co-occurrence, and comparison, an analytical strategy rooted in grounded theory

- Ensured analytical rigor through:
 - ▣ member checks
 - ▣ triangulation of data sources
 - ▣ consultation with experts,
 - ▣ developing an audit trail



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Results

Sample Characteristics

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Administrators (n=21)

- Average age (n=20) = 49 years
- Females = 57%
- Bilingual = 32%
- Race/Ethnicity:
 - Whites = 71%
 - Hispanics = 14%
 - Black/African-Americans = 10%
- Profession (n = 17)
 - Psychiatrist = 38%
 - Social Worker = 19%
 - Psychologist = 29%
 - Nurse = 5%
 - Other = 10%

Clinicians (n=25)

- Average age = 45 years
- Females = 80%
- Bilingual = 60%
- Race/Ethnicity:
 - Whites = 36%
 - Hispanics = 40%
 - Black/African-Americans = 16%
- Profession (n = 18)
 - Psychiatrist = 28%
 - Social Worker = 39%
 - Psychologist = 22%
 - Nurse = 6%
 - Other = 11%

Consumers (N = 66)

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- Average age: 50 years
- Females: 56%
- Foreign born: 55%
- Single (never married): 57%
- Spanish only speaking: 31%
- Years of Education (n=63)
 - Less than 12 yrs = 35%
 - HS Diploma/GED = 35%
- Race/ethnicity (n=65)
 - Non-Hispanic Whites = 8%
 - Hispanics = 57%
 - African Americans = 34%
- Employment Status (n=65)
 - Employed = 6%
 - Disabled = 45%
- Annual Household Income (n=54)
 - Less than \$9,999 = 59%

Cultural Elements in the Health Care for People with SMI

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Organizational Factors

Social context, cultural competence practices, and strategies

Provider Factors

- Professional boundaries
- Stigma toward people with SMI
- Bias

Provider-Consumer Interactions

- Deference to authority
- Mistrust/Racism

Consumer Factors

- Body image
- Environment impacts diet/exercise
- Self-blame for unhealthy lifestyles

Organizational Social Context Impacts Service Integration

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- Conflicts between the social context of an organization and the new service innovation negatively impacts implementation and sustainability.

“For me, it would be straying from the dynamic of the program. So I would not encourage [co-location of medical services] here. But basically I would also encourage that we monitor their medication, you know that they are taking it and see that they are taking it.... It’s just like an underlying thing where we just – we are just concerned about you. It’s not so much like it’s a clinical program” (Clubhouse Administrator)

- The integration of a new service innovation must fit with the social context of the organization

Provider Level: Professional Boundaries

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- Mental health providers feel a sense of professional boundaries regarding the physical health management of their patients.

“Having the therapists step out side of their role and get actively involved in the... nitty-gritty of their health care. I just think it is not right, in my own hesitation, I don’t know. I wouldn’t want to be the one staring over their shoulder seeing if they lost or gained a pound...” (Outpatient Clinician).

- This sense of ambivalence emanates, in part, from lack of training.

Provider Level: Professional Boundaries

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- But there is a tipping point- at which mental health providers are willing to step outside their boundaries in an urgent situation:

“I think the milder cases, like I was saying, we probably need to do a better job of. But the serious cases we really work hard to help” (Day Program Psychiatrist) .

Consumer-Provider Interaction: Mistrust

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- Consumers described how the legacy of racism and negative treatment experiences creates mistrust
- Mistrust results in consumers entering the medical encounter in a defensive stance due to high levels of suspicion

“I get what I need to get from them [referring to doctors] and that’s it; you don’t disrespect me, I won’t disrespect you, I out-fox the fox!-- but I’ll get what I need to get. You can be arrogant, you can be racist I don’t care as long as you don’t disrespect me” (African American Consumer).

Patient Level: Body Image

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- Body image varies culturally
- For some Latina and African American women, a fuller body image is linked to good health:

“It’s more difficult with a Spanish population, because the idea of being obese is healthy... they grew up with it. And they say if I don’t gain weight, I’m not healthy. And that has to be dealt with” (Primary Care Physician).

Discussion

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- Cultural elements impact health care at multiple levels
- Cultural elements are central to the integration of health and mental health care for people with SMI
 - Integration efforts must fit organizational culture and clarify professional boundaries.
 - Consumer-provider interactions need to focus on training providers on how to identify and mitigate consumers' mistrust through culturally competent communication skills
 - Interventions need to account for cultural variations in body image by stressing health instead of thinness

Limitations

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- Limited generalizability
- Exploratory study
- Cross-sectional design

Continuum of Service Integration

Site of Care	Approach	Types of Care
<p data-bbox="112 475 498 525">Mental Health</p>  <p data-bbox="112 1146 484 1196">Primary Care</p>	Training consumers, peer advocates or mental health staff	Wellness and lifestyle interventions
	Consultation (limited co-located care) and referral	Acute Problems
	Collaborative care (care managers and/or nurse practitioner)	Chronic care management
	Patient navigators and facilitated referrals	Preventive and chronic care management

Care Manger Interventions

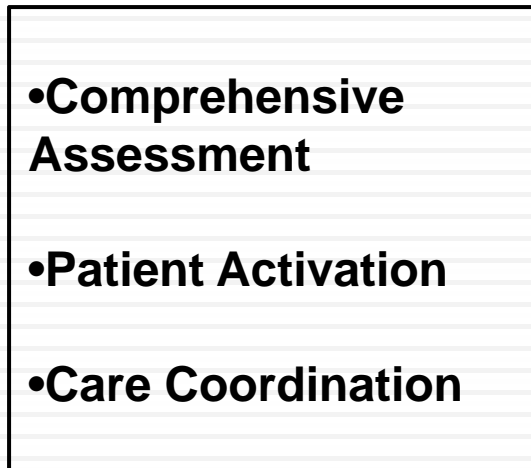
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- Core Services: education, activation and care coordination.
- Coach, connect, and coordinate
- Positive Results:
 - Improve social functioning and independent living skills among older people with SMI
 - Improve physical-health related quality of life among people with bipolar disorders and at risk for cardiovascular disease.

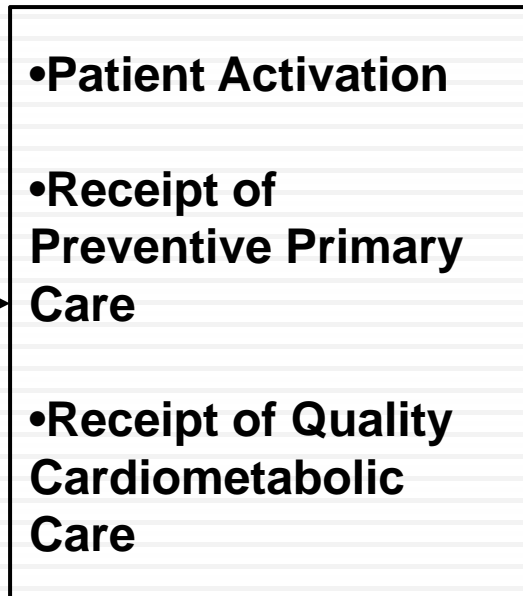
Primary Care Access, Referral and Evaluation (PCARE) Intervention

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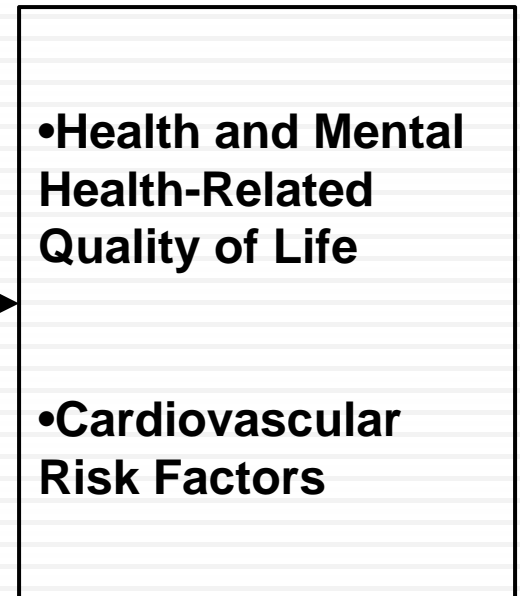
Care Manager



Proximal Outcomes



Distal Outcomes



PCARE Results

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- Compared to usual care, the PCARE intervention at 12 month follow-up:
 - More likely to have a primary care provider (71.2% vs. 51.9%)
 - Received double the rate of preventive primary care (58.7% vs. 21.8%)
 - Received a higher proportion of evidence-based services for cardiometabolic conditions (34.9% vs. 27.7%)
 - Showed significant improvements in the mental health-related quality of life.

Examples of Cultural Adaptations to PCARE

Gathering and Using Cultural Information to Inform Care Management

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- Gathering cultural information about illness and treatment representations is essential to identify cultural and social factors that impact:
 - Diagnostic accuracy
 - Patient-provider communication
 - Quality of care.

Explanatory Model Approach

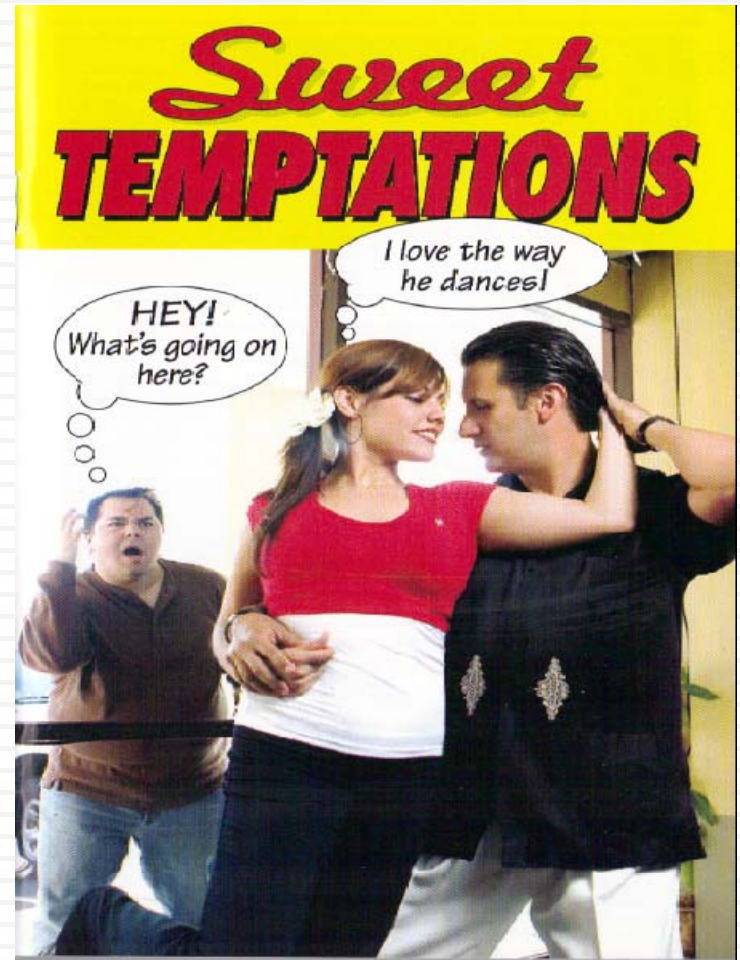
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- What do you call this problem?
- What do you believe is the cause of this problem?
- What course do you expect it to take? (e.g., acute, chronic, cyclical) How serious is it?
- What do you think this problem does inside your body?
- How does it affect your body and your mind?
- What do you most fear about this condition?
- What do you most fear about the treatment?

Cultural Adaptations to Patient Activation

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- Knowledge: Use culturally and linguistically appropriate patient education tools (e.g., *fotonovelas*) to improve consumers' knowledge of health conditions
- Skills: Model and practice appropriate interactions with medical providers to empower patients to become more active during the medical encounter.



Conclusion

- Cultural elements at multiple levels should be considered when developing or adapting service integration efforts to improve the physical health of people with SMI,

- Service innovations should focus on:
 - Clarifying professional boundaries
 - Improving provider-consumer interactions
 - Developing services that are patient-centered and culturally relevant

- Future research is needed to examine the effectiveness and sustainability of culturally appropriate physical health interventions in mental health settings

Recommended Resources and Readings

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Resources from the NYSPI Center of Excellence for Cultural Competence

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- **Cultural Competence Matters Reports**
 - Issue 1: Cardiovascular Disease: The Combined Effects of Race/Ethnicity and Mental Illness
 - Issue 2: Culturally Competent Smoking Cessation Interventions for People with SMI
- **Center's Report**
 - Improving the Physical Health of People with SMI: A Systematic Review of Lifestyle Intervention
- **All available at:**
 - <http://www.nyspi.org/culturalcompetence/what/reports.html>

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Thank You // Gracias

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Leopoldo J. Cabassa, Ph. D.

Assistant Director

NYS Center of Excellence for Cultural Competence

New York State Psychiatric Institute

Assistant Professor of Clinical Psychiatric Social Work

Department of Psychiatry

Columbia University

cabassa@pi.cpmc.columbia.edu