Investing in BIPOC Behavioral Health in Oregon

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Supported by:
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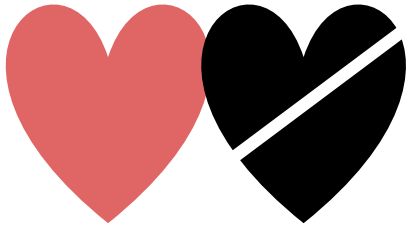
Research Justice Method: Steering Committee

Establishing diversity committees

Delivery and engagement models leave out many culturally specific communities

Implementing a trauma-informed approach (to some extent). Treating mental health as a public health issue

Love Letter/Breakup Letter



Need a health care system that looks like our communities and is willing to learn from them

Awareness about the historical neglect of behavioral and mental health as essential to the whole-person health

Lack of culturally specific services in rural communities

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Who completed the survey?

Black/African American	121
Latine	72
Native/Indigenous	13
Asian	8
Pacific Islander	8
Middle Eastern	3
+Spanish language survey	198

Central (Warm Springs)

Southern (Medford)

Coast (Bay City, Nehalem, Tillamook, Hebo)

Eastern (Nyssa, Ontario, Pendleton, Vale)

Gorge (Hood River, Mount Hood Parkdale)

Portland Metro (Beaverton, Cornelius, Fairview, Gresham, Happy Valley, Hillsboro, Portland, Scappoose, Vancouver)

Willamette Valley (Albany, Eugene, Philomath, Salem, Springfield, Troutdale)

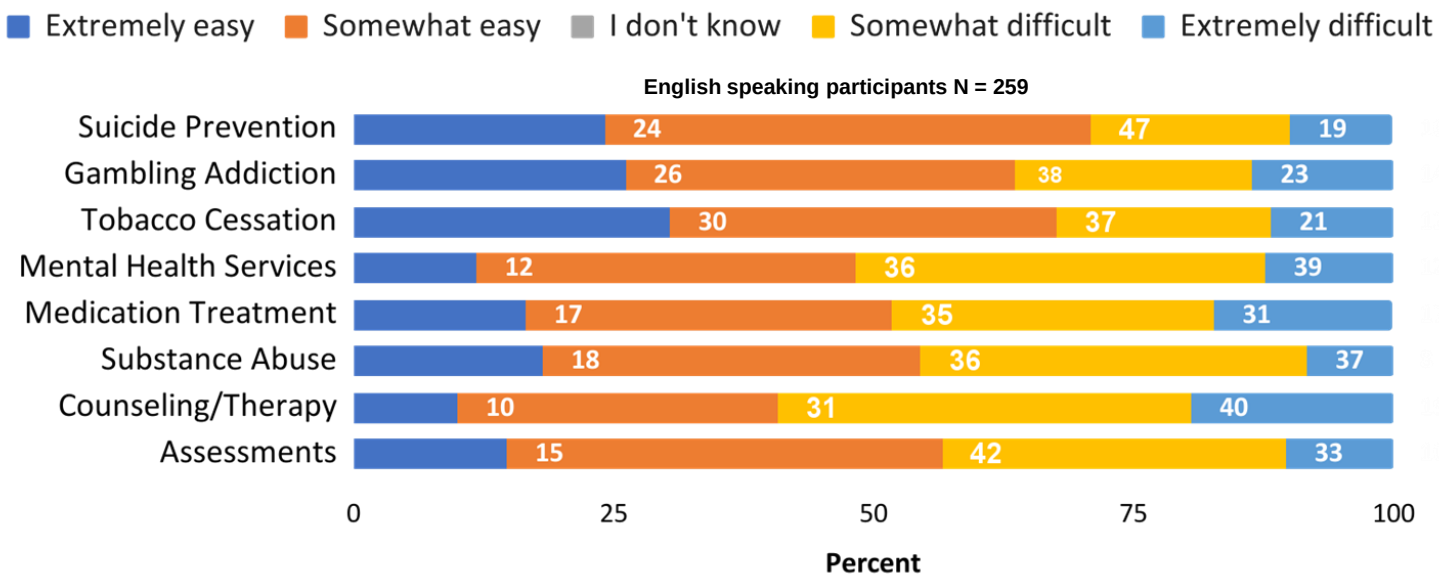
Limitations: (1) Small sample sizes for Native, Asian, PI, ME communities; (2) Did not explicitly collect responses from providers; (3) Responses in Spanish were analyzed separately; (4) Partially completed survey responses were analyzed and included in the report, therefore varying n

What prevents you from seeking MH/BH support?

Communication | Culture/Language | Insurance | Process

Top 3 Most Frequently Chosen Options					
Black/AA	**Latine**	**Native/Indigenous**	**Asian**	**Pacific Islander**	**Middle Eastern**
Not aware of what services are available near me	Not aware of what services are available near me	Don't have consistent access to internet for virtual appointments	Not aware of what services are available near me	Provider doesn't have the same cultural background as me	Provider cannot communicate in a language that I'm comfortable using
Provider doesn't have the same cultural background as me	The service(s) I/we need is not covered by my insurance	The service(s) I/we need is not covered by my insurance	Process for making an appointment with a provider is difficult	The service(s) I/we need is not covered by my insurance	Provider doesn't have the same cultural background as me
Don't trust that my CCO/health provider will be respectful of my cultural values	Process for making an appointment with a provider is difficult	Process for making an appointment with a provider is difficult	The service(s) I/we need is not covered by my insurance	Not aware of what services are available near me	Not aware of what services are available near me

Accessibility of behavioral health services



For English-speaking participants

- tobacco cessation was the easiest program to access
- counseling and therapy were the most challenging services to access

For Spanish-speaking participants (N = 184)

- substance abuse treatment was the most accessible
- mental health services were the most challenging service to access

Where participants receive behavioral health care services

"Honestly sometimes it is better to receive care from other community members and provide care for them because we get each other, we validate each other, and we don't feel as isolated."

English speaking participants N = 259

Culturally Specific		Dominant		Community-based	
Religious Figure	20%	CCO	17%	Community Clinic	14%
Cultural Organization	14%	Urgent Care	12%	Community Center	6%
Traditional Healer	8%	ER	9%		
Total Utilization	42%	Total Utilization	38%	Total Utilization	20%

Experiences of providers

Untrustworthy	
Top 3 Themes	**Examples**
Providers lack empathy	• Dismissive • Patient feels unheard • Disrespectful • Rushed appointments
Experiences of harmful care practices	• Denied care • Misdiagnosis • Unnecessary treatment • Need to self-advocate
Stereotyping by providers	• Presumed incompetent • Assumed drug addiction

"I fear being shamed for things I fundamentally believe to be positive. I fear not being heard or dismissed and underestimated. I fear judgement and being misgendered. I fear that they will not take me seriously or refuse to let me decline treatment plans that do not align with my values and boundaries."

Reality	Action
Majority of BIPOC people receive behavioral health care from religious figures, traditional healers, community-based organizations and clinics	Partner with, defer to, and compensate trusted culturally specific leaders and BIPOC-serving organizations
Awareness about behavioral health services is a major barrier and translation is insufficient for communicating information that is also culturally relevant	Invest in culturally and linguistically specific communication and awareness-building that yields resources and power to community-based leaders and organizations
BIPOC people do not utilize behavioral health services because there are not enough multilingual and multicultural providers	Invest in building a workforce of BIPOC health care workers and providers, and ensure that clear career paths are available, secure, and sustainable
BIPOC people have low rates of enrollment in CCOs, especially outside of the Portland metro area	Invest in culturally and linguistically responsive outreach to BIPOC communities, especially those living outside metro areas
BIPOC people experience high rates of racism, discrimination, and bias in medical settings	Invest in culturally responsive training and practices for accommodating cultural realities for health care providers
BIPOC needs and experiences cannot be understood without collecting disaggregated, community-informed, actionable data	Implement data equity and data justice practices
Western/Anglo-centric assumptions about behavioral health alienate and harm BIPOC communities	Avoid using a one-size-fits-all approach to mental and behavioral health care