Today’s Goal: Increase understanding

- Examples of **culturally responsive care and programs**
  
  1. Ideas for provider training and systems change to improve the access of American Indian mothers to prenatal care and to improve their experience
  2. A model for **culturally responsive late life care** for African Americans, Latinos, Russians, and Somalis in Minnesota

- Approaches for **engaging communities** in developing programs
Contributing factors in health disparities

- Most providers from majority communities
- The system is set up to provide a “one size fits all” approach
- Results in poorer health outcomes within these communities

Conversely, culturally responsive programs facilitate...

- Awareness and access among typically underserved groups
- Trust and authentic relationships
- Participant engagement and follow-through

Which all result in:

- Good outcomes for participants from typically underserved groups
- Reduced disparities for underserved communities
Areas to consider when culturally adapting a treatment model or program*

- Language (oral, written, jargon)
- Persons (ethnic match)
- Metaphors (verbal and visual)
- Content (values, customs, traditions)
- Concepts
- Goals
- Methods
- Context (social, political)


Understanding the community is key to culturally responsive services and programs

- CONTEXT (including culture) MATTERS!!
- Directly engaging the community you want to serve, including people who may actually use your services or participate in your program, is a critical step toward cultural responsiveness
An example of how lack of culturally responsive care contributes to poor health outcomes for underserved communities:

- The American Indian infant mortality rate in Minnesota is 8.6 per 1,000 live births, compared with the general population rate of 5.0 per 1,000 live births.
- Top causes are preventable: especially sleep-related deaths and SUIDS

If we prevented 3 American Indian infant deaths each year there would be no disparity.

Causes of the problem

- Inadequate or no prenatal care
- Commercial tobacco, alcohol, and drug use
- SUIDS and other sleep-related deaths

All tied together by the overarching issue of Historical Trauma.
Sleep-related deaths were identified as the number one cause of death of American Indian infants.

Birth to a younger mother and institutional racism were other factors.

Recommendations:
- Mandate regular infant mortality review processes, and develop a process at the tribal level
- Provide more education and support to the community
- Involve fathers
- Provide training to those who work with American Indian families

On-going work by American Indian Community Action Teams
What can you do?

- Education and training for providers (get some if you are a provider!)
- Build relationships
- Make a real commitment
- Communication

What can you do?

- Incorporate relevant approaches from the field of trauma-informed care
- Identify and implement more effective and respectful ways of addressing concerns about alcohol and drug use with American Indian clients, especially pregnant mothers
What can you do?

- Approach clients/patients using a strengths-based perspective
- Engage with fathers, extended family, and elders
- Support culturally based programs for American Indian mothers, including traditional birthing and parenting classes, cradleboard making and use, etc.

What can you do?

- Increase awareness and advocate for more resources for programs that provide basic needs for American Indian mothers who are experiencing poverty, such as housing, transportation (especially to prenatal visits), and baby supplies (especially portable playpens/cribs)
What can you do?

- Implement “secret shopper” or other methods of holding providers accountable for providing culturally responsive (or at least basic, respectful, appropriate) services. Celebrate your successes and plan for further improvement.
Serious Illness Care Today

LifeCourse

LifeCourse™


https://vimeo.com/ptmn/review/141801054/d6c281978e
Key Components

Whole Person Care  Care Guide  Family-Oriented Approach  What Matters Most

Disparities

• Experience

• End-of-life Planning

• Hospice Utilization
Strategies to-date

Recruitment
- Identified trusted Allina Health Physicians
- Engaged Allina Health interpreters

Listening & Storytelling
- Focus groups
- Community conversations
- Media

Lessons Learned
- Build trusting relationships in the community
- Identify community assets
- Collaborate with existing community organizations
Community Collaboration

Health & Wellness
Awareness & Education
Faith-Based Organizations

Housing & Services
Late Life Care
Public Services & Support

Health Care
Community Leaders

Outcomes

Goal: maintain patient & family quality of life while decreasing overall cost

Participant Outcomes
Quality of Life¹
Experience³
Goals honored

Caregiver Outcomes
Quality of Life²
Experience³

System Outcomes
Care Team wellbeing⁴
Hospice Days
Hospital Days
Emergency Visits
Total Cost of Care

1. FACT-PAL (Functional Assessment of Chronic Illness Therapy - Palliative Care)
2. PROMIS-29 (Patient Reported Outcome Measurement Information System)
3. LifeCourse Experience tool
4. Maslach Burnout Inventory
References


After today, we hope you will...

- Identify areas for future discussion within your organizations and groups to improve access to culturally responsive care and services for underserved communities in Minnesota
- Commit to key action steps we can all take now, including:
  - Increasing the focus on culturally responsive services
  - Promoting more training for providers to ensure consistently good service
  - Developing systems of accountability
  - Culturally adapt programs and services
  - Systems change, prioritizing resources
Thank you!

Vivian Anugwom, MS, CHES  
E-mail: vivian.anugwom@allina.com  
Phone: 612-262-5695  
lifecoursemn.org  

Noya Woodrich, MSW, LISW  
Email: noya@gmcc.org  
Phone: 612-721-8687  

Nicole Martin Rogers, MPP, PhD  
Email: nicole.martinrogers@wilder.org  
Phone: 651-280-2682