

Understanding Health Disparities and Equity in IPS

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Hello. My name is Crystal Glover. I am an Assistant Professor of Behavioral Sciences at the Rush Alzheimer's Disease Center. I'm pleased to present this webinar as part of the Illinois Supported Employment Transformation Initiative. Today I'll be discussing the impact of health and mental health disparities on IPS supported employment clients, and how IPS programs can move towards health equity.

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During this webinar, I will cover four main topics. First, I'll provide an overview of the social determinants of health and health disparities. Second, I'll talk about what health disparities mean for IPS clients. Third, I'll address how IPS providers, including Employment Specialists, Team Leaders, and Employment Recovery Specialists, can best address these disparities. And finally, I'll discuss how to facilitate health equity for IPS clients.

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It's important to start with an understanding of what's called the "social determinants of health." The chart on this slide suggests that these determinants are the non-medical factors that influence a person's health, wellness, and mental health. They include where we live, work, and play. In IPS, it's important for us to understand the kinds of social determinants that have a negative impact on people's mental health. These risk factors include poverty, poorly structured neighborhoods, unstable housing, and food insecurity. Other such risks also include poor access to health care, poor quality health care, social isolation, and adverse events during childhood. And, of course, underemployment, unemployment, lower educational levels, and societal discrimination are among the most influential social determinants that are negatively affecting our clients. Importantly, these risk factors are exacerbated within a society that has supported the targeting, of individuals based on their ethnicity, culture, gender, socioeconomic status, ability, and other forms of personal identity.

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When you hear the word disparity, what do you think of? At its essence, a disparity is an "imbalance." More specifically for our purposes, a health disparity, or imbalance, arises from how socially disadvantaged people are disproportionately burdened by disease, injury, and violence. In addition, there are significant imbalances, or disparities, in how targeted groups are able to access what they need to achieve optimal health, recovery, and employment. When we think about what affects our clients' ability to recover and to become employed, we need to consider the ways in which they have been impacted by four basic health disparities.

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First, we need to understand that the majority of our clients have had disproportionate attention paid to their mental health over their physical health. By not attending to the whole person, our service system has historically neglected to see that people's poor physical health has also impacted their struggles in becoming employed and contributing to their communities. Fortunately, there now are initiatives addressing this disparity by better integrating health and mental health care.

Second, we need to understand that disparities arise when people have unequal access to needed health and mental health care based on their personal and background characteristics. These can include their ethnicity, culture, gender, religion, sexual orientation, and level of ability.

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Third, it's important to know that people with mental illnesses may experience health disparities simply as a function of being diagnosed with a mental illness.

And, fourth, we need to know that the people we serve often will lack access to positive social determinants of health because of their personal and background characteristics.

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To this final point, let's take a deeper look at how ethnicity or culture, as well as criminal justice involvement, can create disparities for our clients.

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First it's important to know that African Americans experience significant mental health disparities when compared to White Americans. In fact, African Americans are significantly less likely to receive needed mental health treatment, due to a variety of factors including lack of access to services, lack of insurance, mental health stigma in the community, discrimination, and lack of cultural competence in many programs and clinics. When working with African American and Black IPS clients, it's important to consider the ways in which they may have lacked access to care throughout their lives.

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Similarly, Asian Americans and Latinos or Latinas are also less likely to receive needed mental health treatment when compared to White Americans. Although not depicted on the slide graphics, we know that American Indians and Alaskan Natives are more likely to develop mental illness when compared to other groups. And, we know that gender also influences mental health, with women more likely to report mental health conditions than men. These facts highlight the very important point that most people have overlapping characteristics and identities, such as their mental well-being, their ethnicity, their gender, and their age. This is called cultural intersection, and it can create complex issues when helping people to find and keep work. It also can create opportunities to promote equity, as I'll discuss later in this webinar.

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As we consider disparities, it's also important to point out that large numbers of people with mental illnesses are found in state prisons in the U.S. As we know, past involvement with the justice system is often a significant barrier to employment. Because of this, we have devoted one of our IPS webinars to how justice involvement creates a barrier to gainful employment for many IPS clients, and strategies to overcome this disparity.

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Now, with these basic facts about disparities in mind, let's consider how they can impact employment. As I mentioned earlier, two primary social determinants of health are having a job and one's working conditions. Undeniably, being employed and having positive experiences in the workplace are key factors for alleviating some of the major disparities faced by our clients. As we in IPS already know, employment serves as a positive force, and even as a protective mechanism, for people in mental health recovery. Equally important, working also can alleviate some of the risk factors for poorer health outcomes, by providing meaning and purpose, access to health insurance, greater income for a healthier lifestyle, greater community integration, and so forth.

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Employment is commonly thought of as the great equalizer, and it confers many health and mental health benefits. Yet, as those of us working in vocational rehabilitation know, there is a great employment disparity in our country. People with mental illnesses are far more likely to be unemployed than those in the general population. In other words, by virtue of their mental illness alone, our clients typically lack access to this most crucial social determinate of health. And, if your clients also belong to other targeted groups, particularly young African American males, they are even more likely to be unemployed.

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What does this mean? Well, as the chart on this slide shows, people in mental health recovery experience a dual disparity. They lack access to employment, which then creates a lack of access to optimal health and recovery. Being under- or unemployed means lack of access to health insurance, to an income that supports a healthier lifestyle, and to social networks that create greater well-being. Soon a cycle of unemployment, lack of access, and poorer health begins, and it can be difficult to interrupt this cycle without services, supports, and hope. We in IPS represent the cycle-interrupter that facilitates access to employment, which can then reduce health disparities for our clients.

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When looking for employment, or when already employed, our clients often face unique health and mental health disparities that we can address in IPS. Two major ones are stigma and stress.

Looking first at stigma, there are two types to consider. These are self-stigma and stigma from an employer. By self-stigma, I mean having taken into oneself the negative connotations and stereotypes of having a mental illness. People with mental illness often come to believe the worst about themselves. This in turn may lead them to feel hesitant to look for work, especially if they lack confidence in their ability to perform work-related tasks. Not only that, but these negative self-appraisals also can lead people to have poorer health and mental health, which also can be barriers to employment. One of the primary clues that a client may be experiencing self-stigma is purposefully not showing up for an interview or for a scheduled work shift. If the person isn't ill, it might be the case that self-stigma is leading to worries about performance or being negatively evaluated. IPS staff can gently address these concerns, and be the voice of hope. Also, if the person does need help developing specific skills, IPS staff can be there to facilitate access to training programs.

The second kind of stigma our clients face is from employers and co-workers who have limited knowledge about mental health and disabilities. Typically, people have had limited experience working alongside those with disabilities. This can lead to misconceptions or fears about co-workers with mental health conditions.

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Not surprisingly, stigma and negative experiences can lead to feelings of stress. In turn, this stress can reduce well-being, and cause health and mental health difficulties. Here again, we can envision a cycle in the social determinates of health. Bad experiences cause stress, which causes a shying away from the possibility of a working life, which causes poorer health and mental health, which causes less employability.

Support and hope from IPS staff can interrupt this cycle. By empowering our clients to reject internalized and societal stigma, we can help them see the benefits of engaging fully in IPS services to find meaningful employment. As they begin to believe more in themselves, they also may feel more ready to address their barriers to mental health and medical treatment. Improved mental and physical health can then make them more employable. A new, more positive cycle now begins.

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With this overview of disparities in mind, it's important to note a new trend in cultural competency. This is a trend towards both understanding disparities and promoting equity.

For many years, cultural competency efforts sought to reduce disparities by ensuring equality. People encouraged sameness, or that everyone would receive the same level of supports and resources.

A move towards equity, however, means something more complex and richer. Equity means fairness, or that people will receive the supports and resources they need. Such help will be geared towards improving their unique risk factors, and will be based on their own goals and desires. Equity is meeting people where they are and providing what they need. In this framework, greater equity for those who have been historically disadvantaged does not mean that other people with more advantages will need to suffer a loss of support or resources. Rather, supports and resources are geared to what people say they need and what they would like to accomplish, based on disparities they have personally experienced.

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Let's review four main differences between considering disparities alone, versus considering disparities that leads to equity, as outlined in the table from this slide.

First, disparity refers to a specific kind of difference, generally meaning worse health or recovery outcomes for IPS clients from targeted or disadvantaged groups. Equity, on the other hand, refers to a commitment to reduce and eliminate disparities for all IPS clients.

Secondly, disparity focuses mostly on socially disadvantaged IPS clients, while equity strives for the highest possible standard of health, recovery, and employment for all clients.

Third, disparity focuses on the fact that we all belong to multiple social categories or identities. For many Americans, these multiple identities combine to create obstacles to personal improvement. Equity, on the other hand, focuses on those at greatest risk for poorer health, recovery, and employment outcomes, no matter their background or identities.

Lastly, disparity pertains to concepts of social justice, while equity pertains more directly to the fair allocation of resources.

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We can see how disparity and equity are intertwined, and together can encourage positive health and mental health outcomes. Uncovering disparities can lead us to understand how to promote equity, as the chart on this slide shows. For example, we know that disparities due to racial discrimination lead to poorer health and employment outcomes. With this in mind, we can think about how to fairly allocate our IPS resources to help those who have experienced this disparity. As another example, we know that food insecurity and unstable housing cause stress and can reduce ability to focus on looking for work, regardless of whether one belongs to a targeted group. With this in mind, we can think about how to fairly allocate IPS resources to help people access healthy foods and safe housing on the road to employment.

With a focus on equity, no one group has to feel that they are giving up resources or supports to another group. Rather, our programs can identify disparities across groups, and promote equitable use of resources to meet people where they are as they seek employment.

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The basic underlying element of equity is action. Knowing and understanding disparities is not enough. We must act on what we know.

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One way we can act for equity in IPS supported employment is through the development, cultivation, and continuous use of cultural competence. Cultural competence refers to the attitudes and demonstrated behaviors of IPS providers towards people from across diverse groups. It also refers to the organizational policies and workplace culture that foster effective and positive work with all IPS clients and colleagues. To this end, we provide another webinar in our collection about developing cultural competence in IPS programs that I invite you to stream from our web site.

Thank you for your time. I wish you well in your efforts to understand disparities and promote equity in your IPS programs.

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Announcer: Thank you for listening. You can obtain additional recordings, or download a transcript, by visiting the Illinois Supported Employment Transformation Initiative web site.