



**INDIANA UNIVERSITY**

1820–2020

FULFILLING *the* PROMISE

Indiana University School of Nursing

## **Integrating the “Cultural Health Capital” Module Throughout the PMHNP Program to Promote Students’ Abilities to Reduce Health & Health Care Disparities.**

Ukamaka M. Oruche, PhD, RN, PMHCNS-BC, FAAN

Associate Professor

Director of Global Programs

[uoruche@iu.edu](mailto:uoruche@iu.edu)

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# Objectives

1. Discuss problem of health disparities.
2. Describe research project/study: Purpose, aims, methods, results.
3. Discuss a practical application.



# Problem & significance

- There remains **widespread health disparities**.
- **Critical step** to elimination is to prepare health care workforce – PMHNP.
- However, most PMHNP students **lack requisite education**.



# What are health and health care disparities?

Health and health care disparities refer to differences in health and health care between groups that are closely linked with social, economic, and/or environmental disadvantage. Disparities occur across many dimensions, including race/ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation.



Figure 1

# Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language	Access to Healthy Options	Support Systems	Provider Availability
Expenses	Safety	Early Childhood Education		Community Engagement	Provide Linguistic and Cultural Competency
Debt	Parks	Vocational Training		Discrimination	Quality of Care
Medical Bills	Playgrounds	Higher Education		Stress	
Support	Walkability				
	Zip Code/ Geography				

**Health Outcomes**  
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



# Cultural Health Capital

1. Cultural health capital is a set of resources and competencies deployed by consumers of healthcare that result in attentive and satisfying encounters with health professionals.
2. One such resource include patient's knowledge, confidence, and ability to manage their mental health.
3. Limited cultural health capital often stems from social disadvantage (related to SODH or risk factors attributed to people live, work, and play).
4. CHC accounts for aversive interactions with health professionals, unequal treatment in health encounters, and disparate health outcomes for disadvantaged groups.



# Purpose

1. To develop a module on health disparities, guided by cultural health capital framework, and integrated into psychiatric course in PMHNP curriculum at our university.
2. The module **aimed** to increase PMHNP students' awareness, knowledge, and assessment for health disparities among patients who have mental illness.



# Methods

1. Study design: Mixed-methods.
2. Study sample: students enrolled in PMHNP course.
3. Setting: A large public-funded university.
4. Assessment: survey questions gather pre and post the health disparity module completion; and open-ended questions via discussion posts.
5. Analysis: Descriptive statistics & content analysis



# Methods - assessment

## Survey questions

1. I have known what health disparity means
2. I would rate my knowledge of health disparities as ...
3. I would rate my knowledge of factors that contribute to health disparities as ...

## Open-ended questions

1. What do you know now that you did not know before?
2. How might it change your strategies or approaches in your clinical practice as a PMHNP?



# Methods – Module Content

## Required readings

1. Chang et al (2015) & Pratt et al (2015)

## Required Activities

1. Pretest
2. View Health Disparity video on YouTube
3. View Implicit bias video on YouTube
4. Take the Project Implicit Test <https://implicit.harvard.edu/implicit/takeatest.html>
5. Complete Discussion Board & Complete Patient Centered Assessment Method form
6. **Posttest**

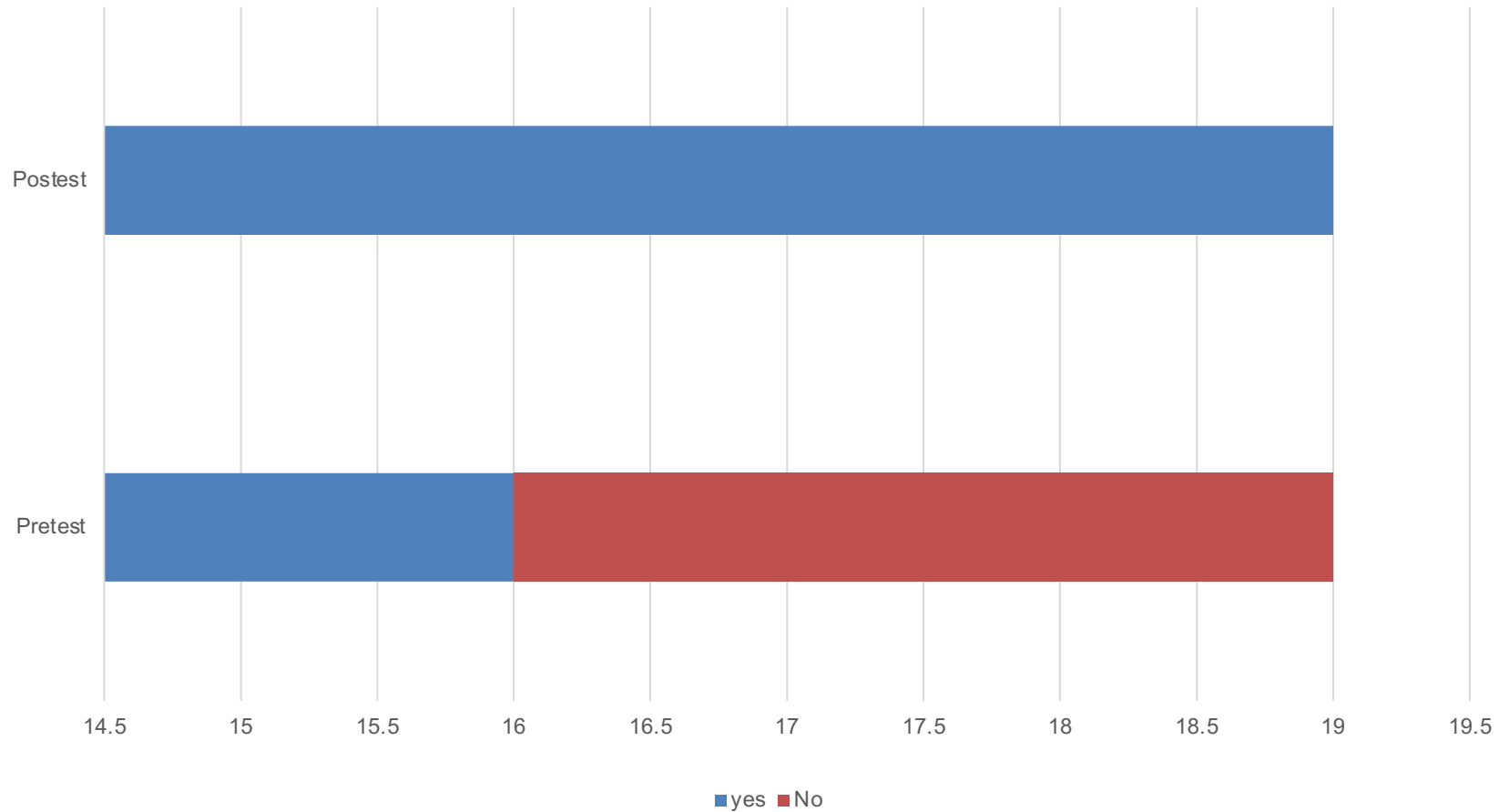


# Results

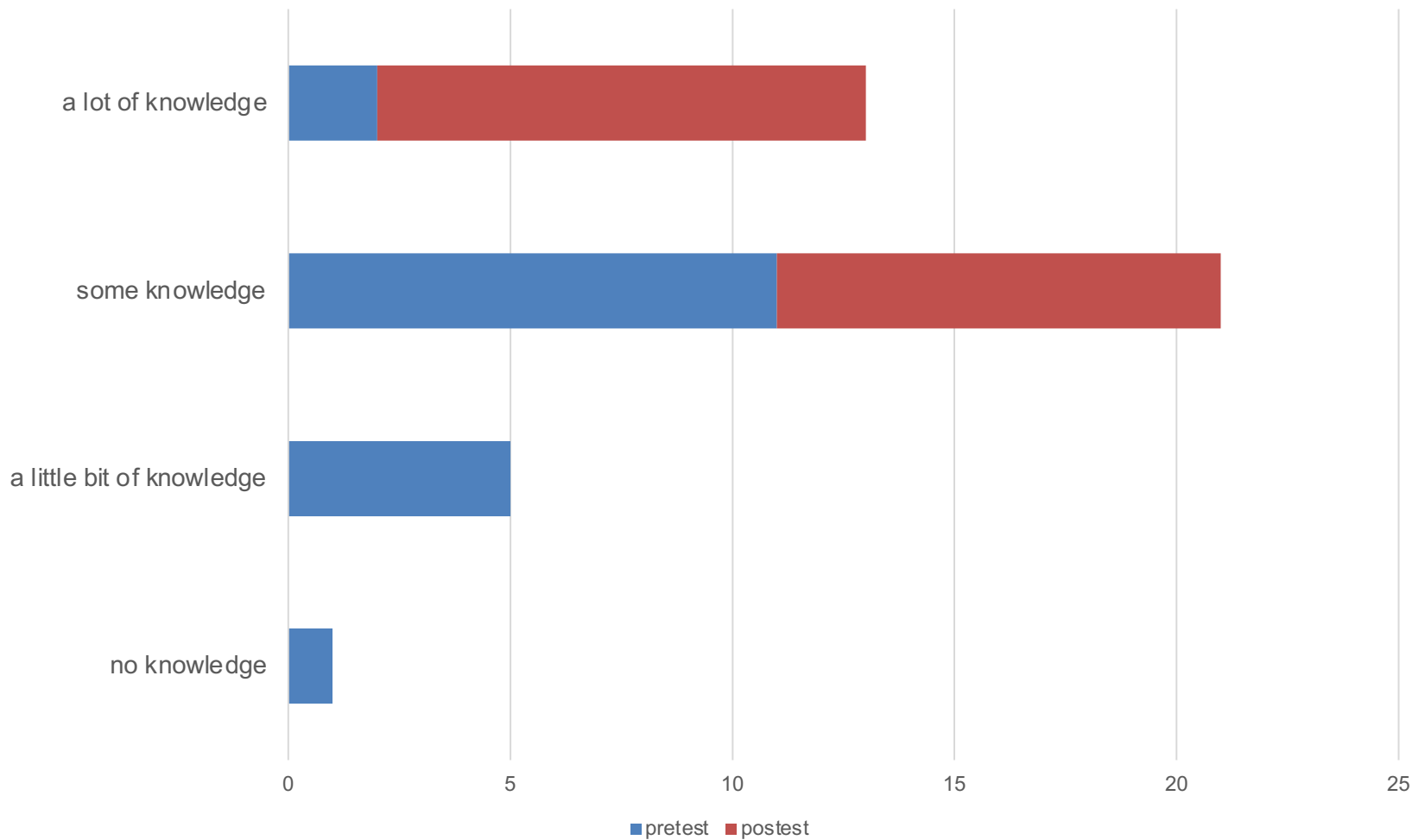
- Sample size – 21
- 90% (n=19) response rate



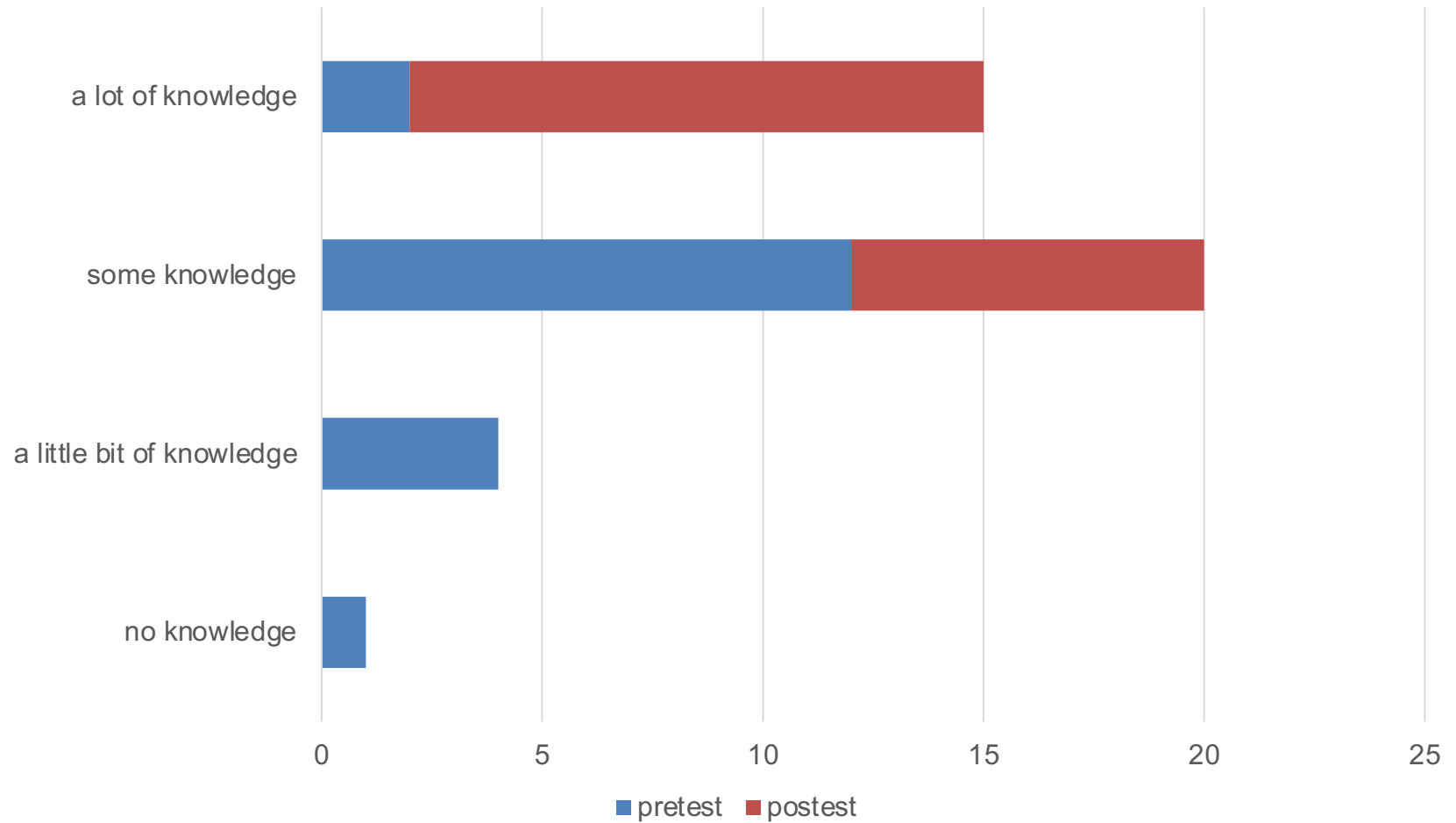
## I have known what health disparity means



## I would rate my knowledge of health disparities as



I would rate my knowledge of factors that contribute to health disparities as



# Results

What do you know now that you did not know before?

1. Everyone has implicit bias.
2. When a provider has bias, it negatively impacts patient outcomes and results in the failure to acknowledge and address healthcare disparities.

How might it change your strategies or approaches in your clinical practice as a PMHNP?

1. Being aware of their own bias.
2. Being nonjudgmental.
3. Optimizing time spent with their patients.



# Practical application of this knowledge

## 1. The Patient Centered Assessment Method (PCAM)

<https://med.umn.edu/familymedicine/research/faculty-research/pcam>

The PCAM is an assessment tool that the PMHNP can use to ascertain patient' needs. The PCAM includes questions focused on social determinants of health as a framework. Findings reveals areas for intervention to optimize patients' ability to manage their illness and enhance optimal outcomes. Here is a link to the PCAM assessment tool.

[https://med.umn.edu/sites/med.umn.edu/files/pcam\\_assessment\\_tool\\_2.0.pdf](https://med.umn.edu/sites/med.umn.edu/files/pcam_assessment_tool_2.0.pdf)



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# Conclusions

1. The module incorporation focusing on health disparities into PMHNP course
  - increased student knowledge of the meaning of health disparities and contributing factors, and
  - how to assess for health disparities and address this in practice.



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