



# Implications of Cultural Awareness on Healthcare Access in Marginalized Communities



Allison Davis & Diana Melman

## ABSTRACT

While the Covid-19 pandemic has had global effects, community inequalities have led to a diversity of specific impacts. Covid-19 has specifically impacted marginalized communities at a higher rate, and a common theme has emerged highlighting a disparity in healthcare access, leading to these communities being left behind. As current literature is being released during the pandemic, data has uncovered some technical details of new challenges in healthcare access. In addition, individuals from marginalized communities may place a higher importance of cultural competency in their health care. This proposal aims to identify the ways in which access to telehealth has impacted outcomes in marginalized communities, and how individuals have changed their healthcare during this global event. It is anticipated that minority communities will have seen the most change to their mental healthcare during the pandemic, and will have reduced satisfaction in healthcare workers with differing cultural backgrounds to themselves.

## INTRODUCTION

Access to healthcare is without a doubt one of the most crucial aspects of maintaining a healthy community. This has become more crucial during the events of the global Covid-19 pandemic.

Healthcare access has metamorphosed dramatically during the pandemic: (Reay, R, 2020)

- ☐ Increases to public use and acceptance of telehealth
- ☐ Changes to access has potential to close access gaps in marginalized communities
- ☐ May not unilaterally demonstrate an ability to overcome all barriers.

In this proposal, marginalized community healthcare outcomes and barriers to access in regards to telehealth will be explored in further depth.

- ☐ We anticipate finding dramatic changes to healthcare access during the pandemic, especially during the pandemic
- ☐ Cultural competency in healthcare providers will prove to be a specific access barrier
- ☐ When cultural competency is achieved, healthcare outcomes will be improved in marginalized communities

Though access is improving, a targeted approach to satisfy specific needs will be vital to closing gaps in healthcare access. (Panchal, N, 2021)

While society is becoming more modern and moving quickly into the future out of sheer need of survival in a pandemic, for the good or bad, this proposal will highlight identifying at risk marginalized groups who are at risk of being left behind.

## PRIMARY AIM AND HYPOTHESES

### Research Questions:

- ☐ **RQ1:** Has there been a raise in marginalized communities seeking mental health?
- ☐ **RQ2:** Do individuals in marginalized communities seek out therapists with cultural backgrounds that match their own?
- ☐ **RQ3:** In individuals who match their therapist's cultural background, do individuals have better mental health outcomes?

### Hypotheses:

- ☐ **H1:** Individuals from marginalized communities will have more frequently changed therapists or stopped seeking therapy altogether during the pandemic. Quality of mental health will have decreased more in these communities, as well as satisfaction with therapists whose cultural background does not match their own.
- ☐ **H2:** Individuals from marginalized communities who have sought out therapy during the pandemic will have more frequently sought out therapists whose cultural background matched their own.
- ☐ **H3:** When client and therapist cultural backgrounds are similar, there will be a better eventual mental health outcome than when there is a disparity.

## METHODS

### Participants/sample size:

Test: 150 individuals who identify as minority by the identification of race, sexual orientation, and gender identity.

Control: 150 individuals who identify as cisgender, white, heterosexual.

### Sampling procedures:

Participants to be recruited from community mental health centers. Individuals will be categorized by racial, sexual orientation, and gender identity. Control group will be screened to match social economic status (SES) backgrounds.

### Exclusion Criteria:

Control group individuals whose SES does not match within the parameters of the test group will be excluded.

### Procedures:

We will collaborate with community health care centers to collect data and identify participants. Individual cases will be scored based on minority identity and details of their care before and during the COVID-19 pandemic.

## MEASURES

### Empowerment Scale (EMP) Rogers. et. al

It measures empowerment as defined by consumers of mental health services

- ☐ 28 item, 4-point Likert self-report scale
- ☐ The scale measures community activism, self-efficacy, perceived power, optimism about and control over the future.

### Cultural Awareness Scale (CAS) Rew et. Al.

The developers of the CAS, identified five categories of cultural awareness. The categories were based on a literature review of cultural awareness, cultural sensitivity, and cultural competence.

- ☐ 7-point scale (ranging from "strongly disagree" to "strongly agree")

## ANTICIPATED RESULTS

- ☐ RQ1: Has there been a raise in marginalized communities seeking mental health?
  - ☐ Using the EMP scale, we anticipate to see with a score of 6+ with a raise in seeking out mental health, in comparison to having feel less empowered score of >3 and not seeking mental health. T-test would reveal statistical difference in numbers of clients at sites.
- ☐ RQ2: Do individuals in marginalized communities seek out therapists with cultural backgrounds that match their own?
  - ☐ With our CAS measurement, Strongly Agree, or Agree correlates to higher correlation of acquiring healthcare and matched cultural background. Lower scores will correlate to individuals not seeking a matching cultural background. We will perform a Chi-Squared analysis to measure cultural awareness affinity in different populations.
- ☐ RQ3: In individuals who match their therapist's cultural background, do individuals have better mental health outcomes?
  - ☐ A combination of a 6+ with a Agree or Strongly Agree, we anticipate clients would have a better mental health outcome than those with a >3, Strongly disagree or Disagree would have a lower mental health outcome. T-test would reveal statistical difference in better mental health outcomes.

## Discussion

### Social Implications

- ☐ Research shows existing disparities in rates of psychological stress and trauma may impact the susceptibility of certain groups to COVID-19-related trauma and mental distress Asmundson (2020). Implicating a need for a deeper understanding of cultural competency.
- ☐ Higher rates of mental health problems in SGM populations as a result of discrimination and minority stress and lower levels of social support may make coping with the psychological challenges of isolation and trauma associated with the COVID-19 pandemic more difficult Ruprecht (2021). Furthering our need to find solutions as soon as we can.

### Clinician

- ☐ For certain marginalized communities on such community like Black and Latinx individuals be less likely to seek care due to cost, lack of insurance, medical mistrust, and a lack of appropriate healthcare facilities in one's own community Azar (2020) It is common for marginalized communities do have mistrust in a system that is built to favor the majority community members.
- ☐ Many marginalized communities also may receive substandard care after treatment is sought due to racism at point-of-care Marrone (2007). Meaning that even though clinicians may have good intentions to help, these intentions may be racist and insensitive to different cultural different then their own.

### Future Research

- ☐ We would like to see more research that focuses into what needs to be expanded for marginalized communities in order to receive equal and equitable mental healthcare.
- ☐ The expansive of cultural awareness training into all medical, social, and community services provided to variety of communities.
- ☐ These things would ensure trust in the mental healthcare and medical system and reduction in barriers to access as well as increase the quality of care provided.