

MC-1 Health Equity
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Meta-Competency 1: Health Equity Competencies

- 1-a: Recognize the impact of health disparities on patient engagement.
- 1-b: Practice using inclusive communication that supports health care equity.

How to Use This Chapter

Health equity ensures that every individual has fair and just access to mental and behavioral health services, regardless of race, ethnicity, socioeconomic status, language, or other social determinants. For Behavioral Health Support Specialists (BHSSs), promoting equity is not only an ethical responsibility but also a clinical imperative—because disparities in care directly affect patient engagement, treatment adherence, and overall outcomes. An overarching goal of the chapter is to provide instructors and their students with practical tools for assessing and addressing barriers to engagement, as well as techniques for inclusive and accessible communication that promote equity. BHSSs will often be the first point of contact for individuals navigating mental health challenges. By integrating equity-focused practices, BHSSs can reduce stigma and mistrust, improve patient understanding and participation in care, and contribute to systemic change by modeling inclusive practices. Many BHSS education programs already have content focused on health equity that may meet or surpass the intent of this chapter, which is to focus on the identified competencies for the workplace. The chapter is not intended to cover all aspects of health equity. Faculty may consult resources listed below for more in-depth coverage of the topic of health equity in health care and mental health service delivery.

Summative Competency Assessment Example for MC1: Health Equity

Assessment Example

Students select two questions and write a short essay response for each question (two to three paragraphs or one page, single-spaced). See the grading rubric for guidance on composition, including expectations for incorporating and citing information from sources relevant to the chosen prompt.

- [Summative Assessment Example MC1 Health Equity](#)

Sample Readings/Resources for MC1: Health Equity

Abdalla, M. E., Taha, M. H., Onchonga, D., Magzoub, M. E., Au, H., O'Donnell, P., Neville, S., & Taylor, D. (2024). Integrating the social determinants of health into curriculum: AMEE Guide No. 162. *Medical Teacher*, 46(3), 304–316. <https://doi.org/10.1080/0142159X.2023.2254920>

Bryant Smalley, K., Warren, J. C., & Fernández, M. I. (Eds.). (2024). *Health equity: A solutions-focused approach* (2nd ed.). Springer Publishing Company. DOI: 10.1891/9780826149527

Dawes, D. E., Dunlap, N. J., & Martinez, O. N. (Eds.). (2025). *Mental health equity*. Springer Publishing. DOI: 10.1891/9780826180599

National Academies of Sciences, Engineering, and Medicine. (2015). *Achieving health equity via the Affordable Care Act: Promises, provisions, and making reform a reality for diverse patients: Workshop summary* (Steve Olson & Karen M. Anderson, Eds.; 1st ed.). National Academies Press. <https://doi.org/10.17226/18551>

Sample Learning Sequence

FOUNDATIONS	ADVANCED	PRACTICUM
LO-1 Define key concepts related to health equity.	LO-5 Develop approaches to patient engagement that incorporate knowledge of a patient’s SDOH risk factors.	LO-7 Promote equity in behavioral health care.
LO-2 Describe the relationship between SDOH, patient behaviors, and health outcomes.		
LO-3 Explain the relationship between health literacy and patient engagement.	LO-6 Use language that is accessible and meaningful to the patient and their unique circumstances	LO-8 Integrate inclusive and accessible communication strategies into clinical practice.
LO-4 Describe the impact of inclusive language on patient engagement.		

BHSS Foundations

LO-1: Define key concepts related to health equity.

Key Terms and Concepts for LO-1

- **health equity:** the accomplishment of ensuring all human beings have the opportunity to attain their highest level of health and well-being without being disadvantaged by systemic or societal barriers (Braveman, 2014).
- **health disparities:** preventable differences in health outcomes and access to care that are linked to social, economic, and environmental disadvantages experienced by marginalized groups.
- **diversity:** the inclusion of different types of people, such as patients, health care providers, and staff, who represent various demographics, backgrounds, cultures, and perspectives within the health care system. This includes diversity in race, ethnicity, gender, sexual orientation, age, socioeconomic status, religion, and ability, among other factors.
- **inclusion:** an environment where all individuals, regardless of their differences, feel valued, respected, and empowered to participate fully in health care decision-making and activities. It

goes beyond diversity (which focuses on representation) by emphasizing the active involvement, engagement, and sense of belonging of all individuals within the health care system.

- **access to care:** an individual's ability to receive acute and preventative medical assistance. This is influenced by many components, including health insurance coverage, having a usual source of care, language access, receiving care when wanted, flexible work schedules, and the availability of telehealth, childcare, transportation, etc.
- **privilege:** Unearned advantages and benefits afforded to individuals or groups based on social identities (e.g., race, gender, sexuality, religion). In the helping relationship, privilege affects both BHSS and patients, shaping their positionality and interactions.
- **systemic oppression:** the ways in which societal, political, economic, and cultural norms intentionally disadvantage and marginalize certain groups based on characteristics such as race, ethnicity, gender, sexual orientation, socioeconomic status, disability, immigration status, and other identities. It involves the pervasive and structural nature of discrimination and inequality embedded within institutions and societal norms.
- **intersectionality:** a concept within social theory that explores how various social identities (such as race, ethnicity, gender, sexual orientation, socioeconomic status, disability, etc.) intersect and interact with each other, shaping unique experiences of discrimination, privilege, and oppression.
- **cultural responsiveness:** an approach that extends beyond the knowledge and skills often associated with the term *cultural competence* to include proactively adapting practices and services to meet the unique cultural needs of individuals and communities.
- **social justice:** the principle that all individuals deserve fair and equitable access to health care services, resources, and opportunities, regardless of their background, socioeconomic status, or other social determinants of health. It encompasses efforts to address and rectify systemic inequalities and barriers that contribute to health disparities across different populations (Braveman, 2014)

Key Teaching Points for LO-1 Value-Based Discussions

- Whether or not residents of a country or region have the right to health care (including mental health care) is a value-based dilemma. While discussing elements of this learning objective, there are likely differing opinions among faculty and students rooted in values (personal, community, religious, political) that ought to be raised to the surface in the spirit of academic freedom. At the same time, professional associations in the US, including medicine, nursing, psychology, counseling, social work, and marriage and family therapy, have long held that people (citizens and non-citizens alike) have a right to access basic health care, including mental health care. Exploring the views of professional associations by comparing ideas each association uses may be a good starting point about the human right of access to care. For more information on value-based activities, see MC8 LO-1 through LO-3.

Public Health

- Public health services, particularly preventive health services (e.g., screenings for chronic disease, immunization programs, and counseling services) are important for maintaining quality of life and wellness. Supporting a healthy population has clear social and economic benefits because it helps citizens and residents thrive in their living environment while reducing the high cost of addressing preventable diseases and illnesses (Centers for Disease Control and Prevention [CDC], 2024).

- Countries that invest in quality health care services report a high correlation between the quality of their systems and life satisfaction among their populations (Wagstaff & Neelsen, 2020; Yuan, 2021).
- In the United States, access to preventative health care is not a guarantee to residents and often depends on political, economic, and regional circumstances (Sommers et al., 2025).
- The US overutilizes emergency room care for preventable illnesses. Residents who do not have health insurance and use the emergency room for preventable disease contribute to higher health care costs, as hospitals struggle to meet the demand for unreimbursed services. Medical bankruptcy may be another contributor to poor access to care (Chao et al., 2025; Cunningham & Sheng, 2018).

Health Equity and Inequity

- Access to health care and “mental health care for all” serve as foundational principles that helped spark mental health workforce expansion in Washington state (Dr. Robert Bree Collaborative, 2017).
- Federal, state, and local government policy decisions impact and will continue to impact the success or failure of efforts to expand the behavioral health workforce and increase access to care.
- Workforce expansion efforts are likely to be impacted by the “de-professionalization” of counseling, social work, and nursing, which limits federal loans for undergraduate and graduate education in these and other health care disciplines (National Board of Credentialed Counselors, 2025).
- Privilege may be further described as a particular group’s access to resources in health care, education, stable housing, and employment that often contributes to having better physical and mental health than those without the same resources. Additionally, privilege indicates greater representation in positions of power, legal protections, and reduced discrimination, contributing to a sense of security and validation.
- Examples of health care equity in the United States include:
 - Medicaid expansion legislation intended to improve access for low-income or unemployed residents.
 - School-based health centers that provide access to integrated primary care for all enrolled students, regardless of ability to pay or immigration status.
 - State-sponsored programs designed to alleviate costs associated with long-term care for the older and disabled populations.
 - Value-based health care organizations that provide stratified services based on health risks and that guarantee access to specialty services, regardless of personal identity factors, including income.
- Examples of health care inequity in the United States include:
 - Black and Hispanic populations experience higher rates of chronic conditions such as diabetes, hypertension, and maternal mortality compared to white populations (Yedjou et al., 2024).
 - Rural communities often have limited access to hospitals and specialists, leading to delayed care and worse outcomes (Matthews et al., 2025).
 - States that did not expand Medicaid under the Affordable Care Act have higher uninsured rates, disproportionately affecting low-income individuals and racial minorities (Sommers et al., 2025).

Ecological Model of Health Care

- The ecological model views health care access as influenced by multiple, interconnected levels: individual, interpersonal, community, and societal factors. At the individual level, personal health literacy, income, and insurance status shape access. Interpersonal factors include family support and provider–patient relationships. Community-level influences involve availability of culturally competent providers and transportation infrastructure, while societal factors encompass policies, systemic racism, and economic inequality. This multi-level perspective highlights that health disparities are not due solely to individual choices but are embedded in structural and environmental contexts (Noursi, 2020).
 - *Privilege*: Individuals with high income, private insurance, and proximity to well-resourced hospitals benefit from shorter wait times, advanced treatments, and more preventive care. For example, affluent neighborhoods often have better access to specialty clinics and healthier food options, reducing chronic disease risk (Dickman et al., 2017; Fox et al., 2014).
 - *Discrimination*: Conversely, systemic racism and bias in health care delivery leads to poorer outcomes for marginalized groups. In many communities, for example, Black patients are more likely to experience undertreatment for pain and higher maternal mortality rates than white patients, even after controlling for socioeconomic status. Language barriers also result in miscommunication and lower-quality care for non-English-speaking patients. These inequities reflect structural disadvantages at the macrosystem level, such as discriminatory policies and unequal resource distribution (Dickman et al., 2017).

Workforce Diversity

- One step toward building a socially just and culturally responsive workforce is to attract a diverse representation. Diverse representation in health care and mental health care has the following benefits:
 - *Reduces a barrier to care*: Many individuals from minority groups avoid therapy due to fear of bias or lack of understanding. Diverse representation helps reduce stigma and foster trust. When patients see providers who reflect their identity (race, ethnicity, language, LGBTQ+, etc.), they may be more likely to seek and continue treatment (Guilamo-Ramos et al., 2025).
 - *Language access*: Providers who speak the patient’s primary language eliminate reliance on interpreters, improving accuracy and emotional connection. This is critical for nuanced discussions about trauma, family dynamics, and mental health symptoms.
 - *Improved outcomes through rapport*: Shared cultural experiences can strengthen the therapeutic alliance, which is one of the strongest predictors of positive outcomes in therapy (Cruwys et al., 2023). Patients often feel safer and more validated when their provider understands cultural stressors like discrimination or immigration challenges.

Inclusive Practices

- Benefits of inclusive practice in health care:
 - Greater trust and engagement in therapy.
 - More accurate diagnosis and culturally tailored interventions.
 - Reduced stigma and increased willingness to seek help.
 - Better treatment adherence and improved mental health outcomes.

Sample Activities/Assessments for LO-1

Activity: Experience with Providers, Communication, and Access to Health Care

Students are invited to self-disclose or interview someone (not family or close friends) on their experience with health care and/or mental health care. Students may report their findings in a one-page blog or three-minute video summary. The instructor may provide opportunities for members of a small group to respond to posts, with a focus on understanding the perspective of the interviewee. The following prompts may be helpful for the interview:

- Describe how easy or difficult it was for you to access the care you needed—from scheduling to transportation to wait times.
 - *Purpose: Identifies barriers to care and logistical challenges.*
- During your interactions with health care staff, did you feel that you were treated with fairness and respect, regardless of your background or identity?
 - *Purpose: Explores perceptions of equity and dignity.*
- Have you ever thought that your cultural background, language, or personal identity influenced the way providers communicated with you?
 - *Purpose: Assesses cultural responsiveness and inclusive communication.*
- How well did your provider listen to your concerns and include you in decisions about your treatment or care plan?
 - *Purpose: Evaluates shared decision making and patient-centered communication.*
- Were there any points in the process where you felt misunderstood, dismissed, or not fully supported? What would have helped make the experience better?
 - *Purpose: Identifies gaps in communication, trust, and support.*

Activity: Self-Sufficiency Calculation

Students calculate the cost of living for fictitious cases to understand how the economic and financial position of a patient impacts their financial stress and, subsequently, their engagement in health care. (See LO-1 Resources for a visual example of a resource calculator.)

Specific Resources for LO-1

Resource: Bronfenbrenner's Ecological Theory

Ecological Model: Professor Rachelle Tannenbaum provides a useful overview of ecological theory, including the interaction between multiple systems that influence one another throughout a person's lifespan.

- Tannenbaum, R. (2018). *Bronfenbrenner's ecological theory* [Video]. YouTube. https://youtu.be/HV4E05BnoI8?si=1yVOjhgM_b-diulh

Resource: Self-Sufficiency Calculator

Calculator: This tool allows for self-assessing one's ability to earn income for basic expenditures related to the cost of living. The calculator compares inputs to average costs in region, including housing, utilities, transportation, child-care, medical, and miscellaneous expenses.

- Workforce Development Council of King County. (2018). *Self-sufficiency calculator*. <https://thecalculator.org/index.php>

Resource: Washington Connection

[Link to Services](#): A virtual pathway for identifying and applying for benefits in Washington based on income.

- State of Washington. (2026). *Washington Connection*. <https://www.washingtonconnection.org/home/>

Resource: Addressing Health Disparities

[Disparities](#): This article describes the factors contributing to ethnic health disparities and their impact on health equity in the United States.

- Williams, K. A. (2025). Advancing health equity and addressing health disparities. *American Journal of Lifestyle Medicine*, 19(7), 1018–1022. <https://doi.org/10.1177/15598276251329888>

LO-2: Describe the relationship between SDOH, patient behaviors, and health outcomes.

[Key Terms and Concepts for LO-2](#)

- **social determinants of health (SDOH)**: the nonmedical factors that affect a wide range of health, functioning, and quality of life health outcomes and risks. These involve the conditions in which people are born, grow, work, live, and age as well as the broader systems that shape those everyday life conditions.
- **patient behavior**: the actions individuals take that influence their health status either positively or negatively. These behaviors include lifestyle choices and daily practices that affect risk for chronic disease, overall well-being, and health care utilization.
- **health outcomes**: key indicators used to evaluate the effectiveness of health care and public health strategies. Health outcomes can include measures such as mortality rates, disease prevalence, functional status, and quality of life. They help identify disparities across populations and guide resource allocation for improving health equity.

[Key Teaching Points for LO-2](#)

Social Determinant of Health Examples

- *Economic stability*: Income, employment, and financial security.
- *Education access and quality*: Literacy, early childhood education, and higher education opportunities.
- *Health care access and quality*: Availability of services, insurance coverage, and cultural competence of providers. Additionally, access to medical research that includes the study of diverse populations rather than sampling participants of a single race or gender.
- *Neighborhood and built environment*: Housing quality, transportation, safety, and environmental conditions. Additionally, environments that provide access for those who are disabled.
- *Social and community context*: Social support, experience of discrimination, and depth of community engagement.

The above determinants are shaped by policies, social norms, and structural factors such as racism and economic inequality, which significantly affect health equity and outcomes (The EveryONE Project, 2018).

Health Behavior Examples

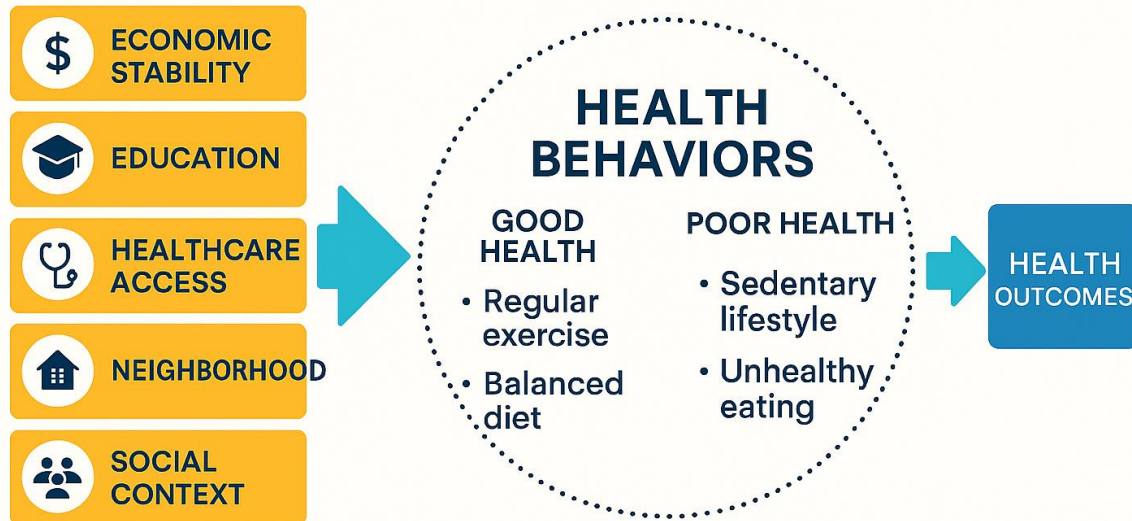
- *Dietary habits*: Balanced nutrition versus high-fat/high-sugar intake.
- *Physical activity*: Regular exercise versus sedentary lifestyle.
- *Substance use*: Tobacco use, alcohol consumption, and licit or illicit drug use that leads to poor health.
- *Medication adherence*: Medication adherence is the extent to which a patient's behavior in taking medications aligns with the agreed-upon recommendations from their healthcare provider. This includes taking the correct medication, in the correct dose, at the correct time, and for the appropriate duration as part of a treatment plan.
- *Preventive care practices*: Vaccinations, screenings, and routine check-ups.
- *Stress management and sleep hygiene*: Often influenced by numerous factors, including the health behaviors listed above.

The above behaviors are critical because they are modifiable risk factors for conditions like cardiovascular disease, diabetes, and obesity. Primary care providers often focus on promoting healthy behaviors through education, counseling, and preventive interventions to improve long-term health outcomes. Mental and behavioral health providers support health behavior by identifying sources of motivation for health behaviors, barriers to change, and strategies to negotiate barriers to health.

Health Outcomes

- Health outcomes are metrics used to understand the relationship between social determinants of health and health behaviors in a population sample. The relationship between social determinants of health (SDOH) and patient health behaviors is deeply interconnected. SDOH—such as income, education, neighborhood environment, and access to health care—shape the opportunities and constraints individuals face when making health-related choices. For example, someone living in a safe neighborhood with access to parks and affordable healthy food is more likely to engage in regular exercise and maintain a balanced diet. Conversely, individuals in areas with food deserts, high crime rates, or limited health care access may struggle to adopt healthy behaviors, even if they are motivated to do so (World Health Organization [WHO], 2025).
 - Examples of good health due to positive interaction:
 - A patient with stable employment and health insurance (economic stability) can afford preventive care visits and medications, leading to better management of chronic conditions like hypertension.
 - Living in a walkable neighborhood with recreational facilities encourages physical activity, reducing obesity risk.
 - Examples of poor health due to negative interaction:
 - A patient in a low-income area with limited grocery options may rely on processed foods, increasing the risk of diabetes and cardiovascular disease.
 - Lack of transportation and flexible work schedules can prevent patients from attending medical appointments, resulting in delayed diagnoses and worse outcomes.
- See Figure 1 for a visual representation of the relationship between social determinants of health, health behaviors, and outcomes (WHO, 2023).

SOCIAL DETERMINANTS OF HEALTH AND HEALTH BEHAVIORS



Source: World Health Organization, 2023

Sample Activities/Assessments for LO-2

Activity: Disparities Rooted in Medical and Mental Health Research

Scientific research is critical to understanding the nature and progression of illnesses for the purpose of assessment, diagnosis, and treatment. Research is often conducted with samples, and when human subjects are involved, the research proposal must undergo rigorous review prior to a study being launched to prevent unintended harm to participants. For this activity, instruct students to seek out articles that explore health disparities in research. Instruct students to identify two articles, write an annotated bibliography, and share with a peer for feedback. Alternately, it may be helpful to instruct students to find one piece of historical research that led to broad generalizations about health, but that did not include minority participants in its sample. For example, past research has led to the over-diagnosis of ADHD in white male populations and underdiagnosis of the same disorder in Black female populations. See the examples below.

- Shelton Miller, S. (2025). What's behind the underdiagnosis of ADHD in Black women? *HealthyWomen*. <https://www.healthywomen.org/condition/adhd-in-black-women>
 - This article highlights that Black women are among the least likely to receive an ADHD diagnosis, partly due to historical exclusion from research. It cites a review showing that only 16 ADHD studies out of thousands focused on Black children, and Black women were rarely represented. The piece emphasizes the need for inclusive research and awareness among providers.
- Robertson, S. (2025). Bridging the gap: Why Black voices must shape mental health research. *NAMI Blog*. <https://www.nami.org/blog/bridging-the-gap-why-black-voices-must-shape-mental-health-research/>

- Robertson discusses how systemic bias and lack of representation in research have led to misdiagnosis and underdiagnosis of ADHD in Black women. The blog advocates for research that centers Black voices and experiences to improve diagnostic accuracy and treatment equity.

Specific Resources for LO-2

Resource: Social Determinants of Health

Social Determinants: This resource lists social determinants with an explanation of the ecological model of health care.

- California Department of Public Health. (n.d.). *Social determinants of health and the socio-ecological model*.
https://www.cdph.ca.gov/Programs/CCDCPHP/sapb/cannabis/CDPH%20Document%20Library/Attachment_M_SDOH_and_SEM.pdf

Resource: Healthy Behavior Change E-Guide

Healthy Behavior: This resource provides a roadmap to health behavior change embracing an ecological model and recognition of the interaction between SDOH and health behaviors.

- The College for Behavioral Health Leadership. (2016). *Healthy behavior change e-guide*.
<https://www.change4health.org/>

Resource: Eliminating Barriers to Healing

Eliminating Barriers: A network of providers that offers free mental health education, advocacy, and therapeutic services for individuals experiencing racial trauma, anxiety, depression, and other emotional or psychological challenges caused by systemic oppression, economic hardship, and unresolved intergenerational trauma.

- Therapy Fund Foundation. (n.d.). *Eliminating barriers to healing: Removing financial, cultural, and systemic barriers to mental health access*. <https://therapyfundfoundation.org/>

LO-3: Explain the relationship between health literacy and patient engagement.

Key Terms and Concepts for LO-3

- **health literacy**: the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **patient engagement**: the active participation of patients in their own health and wellness. It involves patients being informed, involved, and empowered to make decisions about their care. This may include understanding their health and mental health conditions, actively communicating with healthcare providers, following prescribed whole health plans, and taking proactive steps to manage their health.

Key Teaching Points for LO-3

Health Literacy

- Health literacy matters because it directly influences a person's ability to make informed health decisions and engage effectively with health care systems (McAnally & Hagger, 2023). A few key reasons are:

- *Improved health outcomes:* People with higher health literacy are better able to understand medical instructions, adhere to treatment plans, and manage chronic conditions, which leads to better overall health.
- *Reduced health disparities:* Low health literacy is linked to poorer health outcomes and higher hospitalization rates, often disproportionately affecting vulnerable populations.
- *Cost efficiency:* When individuals understand preventive care and treatment options, they are less likely to require emergency interventions, reducing health care costs.
- *Empowerment and autonomy:* Health literacy enables individuals to actively participate in decisions about their health, fostering a sense of control and confidence.

Patient Engagement

- In primary care and other health care settings, patient engagement refers to an active partnership between patients, families, and health care professionals to improve health outcomes and system performance. It involves incorporating patients' experiences, perspectives, and priorities into decisions about their care, fostering collaboration at multiple levels—from direct clinical interactions to organizational governance and policymaking (Carman et al., 2012; Milken Institute, 2025; WHO, 2016). This engagement is critical because it enhances adherence to treatment plans, improves health literacy and self-management, increases patient satisfaction, reduces health care costs, and contributes to safer, higher-quality care.

Interaction Between Health Literacy and Patient Engagement

- Health literacy and patient engagement are deeply interconnected, as individuals must be able to access, understand, and apply health information to actively participate in their care. High health literacy empowers patients to make informed decisions, while engagement ensures those decisions are integrated into collaborative care processes. Conversely, low health literacy can hinder engagement, leading to miscommunication and poorer outcomes. BHSSs play a pivotal role in bridging this gap by assessing literacy levels, using clear and culturally sensitive communication and employing teach-back methods to confirm understanding. They can also facilitate shared decision making and provide tailored resources, creating an environment where patients feel confident and supported in managing their health (Muscat et al., 2021).

Sample Activities/Assessments for LO-3

Activity: Explaining Treatment Options

Some of the most common treatment options are frequently unfamiliar to patients and clients. For this activity, the instructor invites students to provide an “elevator explanation” of common acronyms or shorthand behavioral health treatment options such as cognitive behavioral therapy (CBT), eye-movement desensitization and reprocessing (EMDR), solution-focused therapy, and problem-solving therapy (PST). Students practice giving brief summaries to one another.

Activity: Provider Types Matching Game

Some of the most common abbreviations for treatment providers may be very confusing to patients or clients. Instruct students to match or list common abbreviations in health care to the full identity of the professional degree, license, or certification. This same activity may be adapted for theory or intervention acronyms (e.g. EMDR, CBT, DBT, etc.).

- Examples: MD, DO, PA, ARNP, RN, PhD, PsyD, LMHC, LCSW, LMFT, BHSS, SUDP.
 - Key to acronyms: Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Registered Nurse Practitioner, Registered Nurse, Doctor of Philosophy, Doctor of Psychology Practice, Licensed Mental Health Counselor, Licensed Clinical Social Worker,

Licensed Marriage and Family Therapist, Behavioral Health Support Specialist, Substance Use Disorder Professional.

Specific Resources for LO-3

Resource: Patient Engagement and Whole Person Health

Reframing: An article that emphasizes the business case for adopting whole person health approaches to optimize patient engagement.

- Hutchison, J. W. (2022). *Reframing whole person health and wellness*. Milken Institute. <https://milkeninstitute.org/content-hub/power-ideas-essays/reframing-whole-person-health-and-wellness>

Resource: Understanding Health Literacy

Health Literacy: Information from the CDC related to the benefits and spectrum of health literacy for consumers of health and mental health services.

- Centers for Disease Control and Prevention. (2024). *Understanding health literacy*. <https://www.cdc.gov/health-literacy/php/about/understanding.html>

LO-4: Describe the impact of inclusive language on patient engagement.

Key Terms and Concepts for LO-4

- **inclusive language:** communication that consciously acknowledges and respects the full diversity of patients—across gender, race, ethnicity, ability, sexual orientation, culture, and socioeconomic status—by avoiding bias, assumptions, and exclusionary terms.

Key Teaching Points for LO-4

- Inclusive language in health care refers to communication that acknowledges and respects the diversity of patients by avoiding bias, stereotypes, and exclusionary terms while using person-centered and identity-affirming expressions (CDC, 2021). It matters because language shapes patient experiences and influences trust, engagement, and health outcomes. Inclusive communication reduces stigma, fosters psychological safety, and encourages patients—especially those from marginalized groups—to seek care and participate actively in decision making. By promoting respect and equity, inclusive language becomes a foundational element of patient-centered care and health equity initiatives.
- Inclusive language includes using person-first or identity-affirming language (e.g., “person with diabetes” rather than “a diabetic”) to affirm everyone’s dignity and humanity.
- Inclusive language builds trust and safety by fostering a respectful, welcoming environment where patients—especially those from marginalized groups—feel seen and understood, leading to more honest disclosure and better care.
- Inclusive language helps reduce stigma by avoiding the use of inaccurate descriptors, helping prevent the perpetuation of stereotypes and biases, and minimizing negative psychological impacts like shame or anxiety.
- Inclusive language advances health equity by ensuring communication is culturally, linguistically, and socially appropriate to diverse populations.
- Studies indicate that inclusive communication increases patient engagement and utilization of care, whereas exclusionary or insensitive language can deter individuals (notably transgender and other gender-diverse people) from seeking medical help.

- Practicing inclusive language is a process, not an event. This means that helpers are always seeking to know and understand how patients or clients identify themselves. When a mistake is made, helpers acknowledge the mistake, apologize, and move forward with the correct language. For example, a cisgender female patient states, “My spouse is unaware that I am being treated for depression.” The BHSS responds, “Have you thought about telling your husband about your diagnosis?” The patient clarifies, “Oh, spouse refers to my wife.” The BHSS then says, “I apologize for assuming. Tell me your thoughts about how your wife might react if they knew you are being treated for depression.”

Sample Activities/Assessments for LO-4

Activity: Person-First Language

The instructor creates a list of terms that may be explicitly or implicitly biased or stigmatizing to a person. Students work in pairs or groups to identify person-first language. A few examples are below.

Biased/stigmatizing language	Person-first/inclusive language
He is mentally ill.	He is a person living with a mental health condition.
They are a drug addict.	They are a person living with a substance use disorder.
She is noncompliant with her treatment plan.	She experiences challenges with adhering to treatment protocols.

Activity: Repairing Errors When Language Is Non-Inclusive

The instructor invites students to generate a list of statements that, during a patient encounter, a mental health provider makes that may be unintentionally or intentionally biased. These should be similar to the example in the LO-4 Key Teaching Points about a provider using non-inclusive language regarding a patient’s husband, wife, or spouse. With an activity partner, students practice making the error, then offer an apology, and correct the error, with the goal of maintaining the relationship and continuing the conversation.

Specific Resources for LO-4

Resource: Stigmatizing Language

[Language About Difficult Patients](#): This video with Dr. Perry Wilson explains the damage of stigmatizing terms in medical and team notes while acknowledging the real frustrations with patients that providers may encounter when working in health care. Dr. Wilson emphasizes eliminating stigmatizing language from the medical record.

- Medscape. (2024). *‘Difficult patient’: Stigmatizing words and medical error* [video]. YouTube. <https://www.youtube.com/watch?v=PCLUsmiWYel>

Resource: How Inclusive Language Improves Health

[Health and Language](#): An article citing literature on the impact of inclusive language on health care practice.

- ScienceUpFirst. (2025). *How inclusive language improves health*. <https://scienceupfirst.com/science-101/how-inclusive-language-improves-health/>

Resource: Inclusive Language Guide

[Inclusive Language](#): A helpful resource for documentation, writing, and research.

- American Psychological Association. (2023). *Inclusive language guide* (2nd ed.). <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines>

BHSS Advanced

LO-5: Develop approaches to patient engagement that incorporate knowledge of a patient's SDOH risk factors.

Key Terms and Concepts for LO-5

See Key Terms and Concepts from previous LOs.

Key Teaching Points for LO-5

LO-5 is a practice-based learning objective employing a staged approach to patient engagement. Any staged approach may require circling back to a previous step to better understand a patient's strengths, needs, and priorities for their health. The case study analysis in LO-5 follows the key teaching points outlined below.

Identify SDOH Risk Factors in Clinical Practice

- Students deliver and interpret screening tools (e.g., PRAPARE, AHC-HRSN) associated with SDOH. See LO-5 Resources for visual examples.
- Alternatively, students may design their own SDOH screening tools using standardized tools for inspiration.
- Before they use any tool to assess SDOH for a client or patient population, students should first verify that the tool has been approved by organizational leadership.
- Students attend to risk of bias when assessing SDOH. See MC5 Screening and Assessment.

List Presenting Problems

- Presenting problems always change and evolve. The BHSS needs to attend to the present concerns and avoid assumptions about a patient's current condition or circumstances.

Map SDOH to Health Outcomes

- Using Figure 1 in LO-2, students connect SDOH to health behaviors and potential health outcomes.

Assess Barriers to Care

- Using the SDOH framework, a BHSS listens for and identifies barriers to accessing care or engagement in health-promoting behaviors.

Identify Strengths and Protective Factors

- A BHSS listens carefully to patient strengths and protective factors as a means of mitigating the impact of SDOH.
- A BHSS practices empathy and active listening to encourage discussion of strengths and protective factors.

Propose Interventions

- Use Motivational Interviewing strategies (See MC7-a) to identify patient priorities for their health and well-being.
- Link persons to community resources including housing, food, and transportation support.
- Attend to client or patient identities that may inhibit linkage to resources, such as ability/disability, citizenship status, transportation, and childcare responsibilities. See MC6 Care Planning and Care Coordination.

Reflect on BHSS Role

- When an intervention does not work or the patient does not follow through on a plan, the BHSS focuses on modifying the plan versus the patient.
- The BHSS may consider changes the clinic can make to better engage the patient, their own communication strategies, and any biases they may hold toward the patient based on the patient's SDOH.
- The BHSS engages in continuous quality improvement based on patient feedback.

Sample Activities/Assessments for LO-5

Activity: Case Study Analysis of Patients with Different SDOH Challenges

A case study with an instructor's answer sheet is provided. Use the following process to analyze a case where the patient presents SDOH challenges. See [LO-5 Case Study](#) for an example.

- Step 1: Identify SDOH
- Step 2: Map SDOH to Health Outcomes
- Step 3: Assess Barriers to Care
- Step 4: Identify Strengths and Protective Factors
- Step 5: Propose Interventions
- Step 6: Reflect on BHSS Role

Activity: Practice using an SDOH screening tool

Invite students to practice using an SDOH screening tool with a role-play partner and generate a few cases to model during practice (see LO-5 Resources for visual examples of screening tools).

Specific Resources for LO-5

Resource: Case Studies in Multicultural Counseling

Case Studies: A textbook edited and authored by Dr. Sue and colleagues contains ample case studies followed by analysis and review based on principles of health equity, cultural responsiveness, and quality care.

- Sue, D. W., Gallardo, M. E., & Neville, H. A. (Eds.). (2014). *Case studies in multicultural counseling and therapy*. John Wiley and Sons, Inc.

Resource: Protocol for Responding and Assessing Patient Assets, Risks, and Experiences

[PRAPARE](#): This tool is licensed by the National Association of Community Health Centers and is available in numerous languages.

- National Association of Community Health Centers. (n.d.). *The PRAPARE screening tool*. <https://prapare.org/the-prapare-screening-tool/>

Resource: The Accountable Health Communities Health-Related Social Needs Screening Tool

[AHC-HRSN](#): This tool identifies unmet social needs like food insecurity, housing instability, utility needs, transportation problems, interpersonal violence, and aims to connect persons to community services.

- Centers for Medicare and Medicaid Services. (2017). *The Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) screening tool*.
<https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf>

LO-6: Use language that is accessible and meaningful to the patient and their unique circumstances.

Key Terms and Concepts for LO-6

- **plain language:** communication that is clear, concise, and easy to understand.
- **patient-centered communication:** tailoring language to the patient’s needs, values, and context.
- **trauma-informed language:** using thoughtful, empathetic terms and phrases that will not trigger or retraumatize patients. Communication choices are based on known history and context for an individual, family, or group.

Key Teaching Points for LO-6

Language Matters

- Language matters in health care because the words helpers choose can either strengthen or weaken trust, understanding, and patient engagement in treatment. Clear, respectful, and collaborative language helps patients feel seen and valued, which is essential for shared decision making and adherence to care plans. For example, using person-first and nonjudgmental phrasing—such as “a person living with diabetes” instead of “a diabetic,” or “let’s talk about what’s been getting in the way of taking your medication” rather than “why aren’t you compliant?”—signals respect and reduces shame or defensiveness. Similarly, inviting partnership through phrases like “What matters most to you right now?” or “How does this option fit into your daily life?” encourages patients to share concerns and preferences openly. By contrast, technical jargon, blame-oriented language, or rushed explanations can alienate patients and undermine confidence in care. Thoughtful, empathetic language builds understanding, fosters trust, and ultimately supports better health outcomes.

Assess Health Literacy: Nonjudgmental Strategies to Gauge Patient Understanding

- One effective strategy to assess health literacy is to intentionally avoid behavioral health jargon while using culturally sensitive communication that invites patient participation. Providers can use plain language, short sentences, and familiar examples—such as saying “symptoms of on-going depression” instead of “symptomatology related to dysthymia”—and then observe how patients respond. Or, using a teach-back approach, ask patients to explain information back in their own words. Asking open-ended, respectful questions like “How do you usually take cope with your symptoms at home?” or “What concerns do you have about this treatment?” allows patients to demonstrate understanding without feeling tested or judged. Cultural sensitivity is equally important: Acknowledging cultural beliefs, preferred languages, family roles, and past health care experiences helps ensure explanations are relevant and respectful. When providers combine simple language with cultural awareness, they create a safer space for patients to ask questions, clarify misunderstandings, and engage more fully in their care.

Empathy and Validation: Use Affirming Language that Respects Patient Experiences

- The use of empathy and validating language plays a critical role in affirming a patient’s perspective on their physical and mental health concerns. When helpers acknowledge emotions and experiences with statements such as “That sounds really overwhelming” or “It makes sense you’d feel anxious given what you’re dealing with,” patients feel heard rather than dismissed. This validation does not require agreeing with every belief, but it communicates respect for the patient’s lived experience and emotional reality. In mental health care, empathic language can reduce stigma, encourage openness, and help patients feel safe sharing vulnerable thoughts or symptoms. By reflecting feelings, normalizing reactions, and expressing genuine concern, providers strengthen the therapeutic relationship and foster trust—creating a foundation from which patients are more likely to engage in treatment, follow recommendations, and actively participate in their healing process. See MC2 Helping Relationships for more details.

Sample Activities/Assessments for LO-6

Activity: Language Audit

Provide students with patient or client scenarios that show a helper using accessible and inclusive language or using language that contains excessive jargon, dismisses patient perspectives, and fails to account for cultural relevance. Artificial intelligence (AI) platforms can assist with generating scenarios. Invite students to audit each sample using the principles of inclusive language identified in this learning objective.

Specific Resources for LO-6

Resource: The Power of Inclusive Language

Inclusive Language: This resource explores how inclusive language builds trust and rapport with marginalized patients; emphasizes practical communication strategies to reduce stigma in therapeutic settings.

- Oakley, P. (2024). *Words can harm, words can heal: The power of inclusive language in healthcare*. EMDR Therapy Quarterly. <https://etq.emdrassociation.org.uk/2024/10/28/words-can-harm-words-can-heal-the-power-of-inclusive-language-in-healthcare/>

Resource: Plain Language Guidelines

Plain Language: A resource that offers suggestions for plain language in both writing and design.

- Digital.gov. (n.d.). *Plain language guide series*. U.S. General Services Administration. <https://digital.gov/guides/plain-language>.

Resource: Cultural Formulation Interview

Cultural Interview: An excellent guide for asking open-ended questions to gain an understanding of patient perspectives of symptoms and contextual realities.

- American Psychiatric Association. (2013). *Cultural formulation interview*. <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/DSM-5-TR/APA-DSM5TR-CulturalFormulationInterview.pdf>

BHSS Practicum

LO-7: Promote equity in behavioral health care.

Key Terms and Concepts for LO-7

Refer to key terms and concepts in previous LOs.

Key Teaching Points for LO-7

- During the practicum experience, faculty and supervisors are encouraged to explore the student's evolving understanding of health equity through discussion and reflection. Students are invited to revisit key terms and concepts, as well as provide observations of health equity and health inequity from their practicum experience. Promoting health equity is a career-long endeavor built on small steps to contribute to system improvements.
- Instructors and supervisors may benefit from creating a structured environment to discuss topics that may evoke strong emotional reactions, especially when there are differences of opinion. For tips on establishing agreements and facilitating empathic techniques, see Facilitating Challenging Discussions in LO-7 Resources for a visual example.

The outline below may help guide topics for discussion on the meaning of promoting health equity in practice.

- Understanding Health Equity
 - Explain the difference between equity and equality.
 - Discuss why equity is essential for improving mental health outcomes.
- Impact of Social Determinants
 - Explore how housing, income, education, and discrimination affect mental health.
 - Highlight examples of disparities in access to care and treatment outcomes.
- Recognizing Bias and Action Steps
 - Define implicit bias and its influence on clinical decisions.
 - Discuss observations of implicit bias and the subsequent impact on client or patient engagement.
 - Share strategies for self-awareness and bias mitigation.
- Systemic Barriers
 - Identify policies and structures that perpetuate inequities.
 - Discuss the BHSS's role in challenging these barriers.
- Culturally Responsive Care
 - Discuss observed strategies for adapting psychological interventions to diverse populations.
 - Observe emphasis on cultural humility and patient-centered approaches.
- Advocacy and Policy Engagement
 - Explain how BHSSs can advocate for systemic change.
 - Provide examples of advocacy in mental health settings.

Sample Activities/Assessments for LO-7

Activity: Implicit Bias Self-Assessment

Invite students to participate in an implicit bias test and write or vocalize a summary of their experience and learning. See Implicit Bias Tools in LO-7 Resources for visual representation.

Activity: Pause and Ask—An Implicit Bias Reflection

Invite students to discuss a case from their practicum (protecting patient identity) and their clinical impressions of the patient, including the care team’s diagnostic impressions. Students read or listen to the case, pause, reflect, and discuss the following questions:

- What evidence supports this conclusion?
- What alternative explanations could exist?
- How might my own background influence this interpretation?

Activity: Policy Review Exercise

Invite students to analyze a mental-health-related policy that impacts care delivery (for example, mandatory treatment for persons with a substance use offense). Discuss pros and cons of the policy with observations related to fairness and access to care.

Specific Resources for LO-7

Resource: Facilitating Challenging Discussions

Discussions: This resource details a format for introducing difficult or challenging topics, setting ground rules for discussion, monitoring student engagement, and processing thoughts, opinions, and attitudes.

- University of California Irvine (2026). *Facilitating challenging discussions and maintaining pedagogical wellness*. <https://dtei.uci.edu/facilitating-challenging-discussions/>

Resource: Implicit Bias Tools

Implicit Bias: These tools were developed by Harvard University to self-assess implicit bias through observation and response. Students may register to use the tools at no charge.

- Harvard University. (2011). *Project Implicit*. <https://implicit.harvard.edu/implicit/>

Resource: Framework for Healthy Communities

Framework: This webpage details strategies to improve health care access across diverse communities in the US.

- Centers for Medicare and Medicaid Services. (n.d.). *CMS framework for healthy communities*. <https://www.cms.gov/priorities/health-equity/minority-health/equity-programs/framework>

Resource: CDC Social Determinants of Health (SDOH)

Social Determinants: This resource details a policy framework for addressing barriers to health care and improving health outcomes.

- Centers for Disease Control and Prevention. (n.d.). *Social determinants of health (SDOH)*. <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>

Resource: Addressing Social Determinants of Health in Primary Care

Advancing Health Equity: This is a useful resource for identifying key elements of team-based implementation of health equity principles.

- The EveryONE Project. (2018). *Addressing social determinants of health in primary care: Team-based approach for advancing health equity*. American Academy of Family Physicians. https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/team-based-approach.pdf

LO-8: Integrate inclusive and accessible communication strategies into clinical practice.

Key Terms and Concepts for LO-8

Refer to key terms and concepts in previous LOs.

Key Teaching Points for LO-8

Therapeutic Value of Inclusive Language

- Striving for inclusive practices is a process that occurs throughout a BHSSs career and is not limited to individual moments, nor is it a badge of personal honor. Rather, inclusivity is tied to the healing nature of helping; it is team-based, therapeutic, and an ethical responsibility. During the practicum experience, students will have myriad encounters with experienced mental health and substance use disorder providers, client and patient populations, and co-providers of service external to their practicum site. These experiences will provide a canvas to explore the realities of health equity, access to care, and efforts to be inclusive and language and behavior. Practicum and Internship faculty may lean into unique and nuanced practicum experiences to further explore principles of health equity. Discuss other behaviors that contribute to inclusivity and accessibility. For example, what does frequent provider tardiness to appointments communicate to clients and patients? How does a provider's personal life and health intersect with how the provider shows up for client and patient encounters? From this perspective, there is a direct relationship between inclusive communication and ethical behavior. Helping students connect health equity and ethical principles highlights the interconnectedness of the concepts themselves.

Sample Activities/Assessments for LO-8

Activity: Inclusion for Special Populations

Invite students to explore best practices for working with select populations using the example list below. Students may introduce other populations of interest and explore the intersection of several identities. In small groups, students discuss strategies for patient engagement. Examples of resources are provided in LO-8 Resources.

- Persons who are English language learners
- Persons who require an interpreter
- Persons with intellectual disabilities
- Persons with aphasia
- Persons with a diagnosis on the autism spectrum
- Persons with a hearing impairment
- Persons with a visual impairment

Specific Resources for LO-8

Resource: Health Literacy Tools

[Health Literacy](#): This webpage offers Organizational improvement, education, and publications related to health literacy.

- Agency for Healthcare Research and Quality. (n.d.). *Health literacy*. U.S. Department of Health and Human Services. Retrieved February 6, 2026, from <https://www.ahrq.gov/health-literacy/index.html>

Resource: Medical Interpreters in Outpatient Practice

Interpreters: This resource provides an overview of the federal requirements related to providing interpreter services for non-English-speaking patients in outpatient practice

- Jacobs, B., Ryan, A. M., Henrichs, K. S., & Weiss, B. D. (2018). Medical interpreters in outpatient practice. *Annals of Family Medicine*, 16(1), 70–76. <https://doi.org/10.1370/afm.2154>

Resource: Empowering Communities through Connection and Care

WA Include: This learning network is dedicated to expanding opportunity and removing barriers for people with disabilities throughout Washington State.

- WA Include. (n.d.). *Empowering communities through connection and care*. Institute of Human Development and Disability at University of Washington. <https://wainclude.org/>

Resource: UW READi Lab Practical Tips and Information

Autism Tips for Helpers: The READi Lab provides information and resources on training to better intervene with persons diagnosed on the autism spectrum.

- READi Lab. (n.d.). *Practical tips and information*. University of Washington. <https://uwreadilab.com/practical-tips/>

Chapter or Unit Summary

This chapter introduces Behavioral Health Support Specialists (BHSSs) to the foundational concepts of health equity and the ways health disparities influence patient engagement, treatment adherence, and outcomes. It emphasizes that equitable behavioral health care requires an understanding of systemic barriers—such as socioeconomic inequality, discrimination, limited access to services, and structural racism—that shape individuals’ mental health experiences. Through key concepts including social determinants of health (SDOH), health literacy, cultural responsiveness, privilege, and intersectionality, this chapter explains how disparities emerge and why BHSSs must center fairness, accessibility, and inclusion in all aspects of patient interaction. The ecological model of health care is used to demonstrate how individual, interpersonal, community, and societal factors intersect to either promote or hinder patient well-being.

A major focus of the chapter is developing BHSS competencies in inclusive, clear, and culturally responsive communication. It outlines how language choices affect trust, engagement, and a patient’s sense of psychological safety, and it provides strategies such as using plain language, avoiding jargon, affirming patient identity, checking for understanding, and acknowledging mistakes when they occur. As BHSSs will often serve as a first point of contact in select health care settings, the chapter provides practical tools—such as SDOH screening frameworks, teach-back communication strategies, trauma-informed approaches, and culturally adaptive techniques—to help students assess barriers to engagement and promote equity in practice. Ultimately, the chapter aims to prepare BHSSs to model inclusive care, strengthen therapeutic alliances, reduce stigma, and contribute to broader systemic change within settings that offer mental and behavioral health services.

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<https://doi.org/10.1038/s41569-024-01101-2>

- This article connects advocacy and increased awareness of inclusive language in medicine to enhance the experiences of patients and staff and improve health outcomes.

Lam, P. C., Simpson, D., John, D. A., Rodriguez, M., Bridgman-Packer, D., Cruz, A. G., O'Neill, M. A., & Lewis-Fernández, R. (2022). Differential engagement by race/ethnicity in experimental trials of mental health treatment interventions: A systematic review. *The Journal of Clinical Psychiatry*, 83(6). <https://doi.org/10.4088/JCP.21r14343>

- A meta-analysis of 55 trials revealed significantly lower engagement rates among patients who identified as Black, Indigenous, or people of color (BIPOC) compared to white participants, underscoring persistent disparities even under controlled conditions.

Marrast, L., Himmelstein, D. U., & Woolhandler, S. (2016). Racial and ethnic disparities in mental health care for children and young adults: A national study. *International Journal of Health Services*, 46(4), 810–824. <https://doi.org/10.1177/0020731416662736>

- This article explores data on racial disparities in the US, especially for Black and Latino children, on constructs of mental health access, psychiatric access, and higher proportion of discipline within school settings.

Phelan, S. (2008). The association between perceived discrimination and underutilization of needed medical and mental health care in a multi-ethnic community sample. *Journal of Health Care for the Poor and Underserved*, 19(3), 894–911. <https://doi.org/info:doi/>

- This cross-sectional survey of over 10,000 US citizens representing different racial and ethnic identities indicated a strong relationship between the underutilization of mental health care and perceived discrimination.

Spencer, M. R. T., & Chen, J. (2023). Revisiting patient engagement and empowerment within the NIMHD health disparity framework. *American Journal of Public Health*, 113(2), 141–143.

<https://doi.org/10.2105/AJPH.2022.307170>

- This article examines how economic and social disadvantages—like insurance status—create barriers to patient–provider trust and decision making. The authors highlight direct links between systemic disparities and reduced engagement.

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