



Health Equity plan

2024-2025

Bridges Healthcare provides integrated behavioral health services to all people in a welcoming and respectful manner that values the inherent worth of every individual, regardless of race, ethnicity, age, sexual orientation and gender and socioeconomic status. The agency is committed to addressing the health inequities that exist internally and within the communities, it serves to improve access to services in a culturally competent and inclusive manner.

Through Bridges' health equity plan, issues of access and health disparities will be addressed using standards set for Culturally and Linguistically Appropriate Services (CLAS). This health equity plan is considered a process that will be reviewed annually as we continue to collect data and develop new goals based on our findings.

Health disparity: a health difference linked to the social, economic, or environmental disadvantage that adversely affects those who systemically experience social or economic obstacles to attaining good health.

Health equity occurs when members of society have access to the resources necessary to attain their full health potential; no one is unable to achieve their potential due to their social position or socially determined circumstances.

Bridges' work toward addressing health equity falls within three primary areas. Much of this work touches on racial and social justice in addition to health equity. Although race and ethnicity are social constructs, they are points of focus in measuring health disparities because race and ethnicity are highly correlated with socioeconomic determinants of health.

1. Continuous Quality Improvement Plan

Bridges' Continuous Quality Improvement Plan includes the work of the **Health, Equity and Wellness** (Diversity, Equity and Inclusion committee) task force at the Agency. This committee meets monthly but few members of the committee meet two times in a month to discuss the higher level information. This committee works to address staff wellness, cultural competency, and awareness. Most recently, the Health, Equity and Wellness committee has assisted with the agency's efforts around diversity, equity and inclusion by offering resources to staff to increase knowledge around racial injustice that often leads to health inequities. Tasks specific to the Health, Equity and Wellness committee include:

- A. Dissemination of information and updates in newsletters and emails to raise cultural awareness and issues around racial injustice.
- B. Cultural events to understand different customs and beliefs in communities served.
- C. Offering resources including books, movies, and short videos focused on different cultures, racial justice, and systemic racism with opportunities for reflection and discussion.
- D. Making recommendations to leadership on ways the agency can better meet the cultural needs and increase racial sensitivity for staff and clients.

2. Diversity, Equity and Inclusion Initiative

Bridges has initiated an ongoing process to focus on systemic racism and promote equity within Bridges staff and toward individuals served through our Health, Equity and Wellness committee. The agency has contracted with a consulting group to assist with this process. Bridges also took part in a six-month process of racial justice and health equity planning and development technical assistance by the Connecting children and families to care initiative at the state level. The focus of early DEI efforts has included:

- A. **Consultation** around common issues that emerge in organizations around racial bias and policies that impact recruitment, hiring, retention, and advancement of people of color.
- B. Agency-wide survey will continue to administer periodically or as needed to staff and the Board of Directors to assess Bridges' awareness and practices around diversity, equity, and inclusion as an employer and healthcare provider.
- C. Include training for all staff on **microaggressions** and **unconscious bias**. Training opportunities will be offered to all staff ongoing basis.

3. Accessibility and Cultural Competence policies to reduce barriers to care

Bridges maintain policies that promote the accessibility to services in communities served regardless of race, gender identity, ethnicity, and socioeconomic status. These policies promote activities that are initiated to assure that the organization is providing services in a culturally and linguistically appropriate manner. Internal activities toward reducing barriers to care and enhancing access include:

- A. Annual demographic analysis of communities served will be done by looking at the census data by town, race and ethnicity (and demographic data in EHR analysis of those served internally) to best plan and respond to racial, ethnic, and age trends.
- B. Developed a process of translation of all agency screenings/intakes of clinical programs, release of information and all required forms, and collateral materials in the second most utilized language (Spanish). This translated material is available on the website under a Spanish language page.
- C. Offering access to language line translation for individuals served who do not speak English.
- D. Formation of a Consumer Advisory Council comprised of clients across multiple programs in the agency. The members of this council are chosen from various race and ethnicity group. The Advisory Council provides feedback and recommendations around programs and services to assist with increasing access and reducing barriers to care.
- E. It is difficult for clients with no transportation access to attend the services. Which impacts quality of care. We are identifying the transportation as a gateway to achieve greater quality of care by offering an assistance accessing transportation to agency services.

Specific goals for FY 2024-2025

Bridges overall approach around health equity will be ongoing. The agency touches on a number of the CLAS standards through an aforementioned initiative addressing barriers to care and inequities. This year there will be a more targeted strategy to **assess demographic data both agency-wide and by the program**. We will conduct focus groups per program focusing on the survey questions related to the Health equity and access needs. We will continue to look at the data related to identifying health disparities. Discussions around making program modifications

according to the areas identified, to best meet changes and trends will be initiated by program leadership, and the data will be communicated at all levels.

There will also be a continuous focus on updating current **cultural competency** staff training annually and policies that address accessibility. Both Bridges staff and the **Board of Directors** will better understand CLAS standards and the efforts Bridges makes to assure that there is equitable access to services across the agency and that leadership is responsive to barriers that can be remedied internally.

CLAS Standard Addressed

#15 Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Strategy	Major Tasks	Performance Measure	Impact or Result	Accountability	Timeline
<p>Bridges will continue to communicate the organization’s process in implementing and sustaining CLAS standards to all to stakeholders.</p>	<p>Bridges DEI ambassadors present topics related to CLAS standards as well as diversity, equity and inclusion in staff meetings on a monthly basis</p>	<p>Increased knowledge of program leadership around issues related to health disparities and access through client focus groups</p>	<p>Staff, leadership, and Board will be more informed of CLAS standards</p>	<p>DEI and HEW committee</p>	<p>Ongoing/annually</p>

CLAS Standard Addressed

4 Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

Strategy	Major Tasks	Performance Measure	Impact or Result	Accountability	Timeline
<p>Bridges will assure that leadership, staff, and the Board are on board with recruiting, promoting and supporting culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the area</p>	<p>Assure that the bridges staff represents the diverse population served.</p>	<p>Review the ratio of the population in the service area and staff ratio necessary to meet cultural and linguistic needs</p>	<p>Enhanced measures to meet needs of diverse populations in service delivery</p>	<p>QA Department</p>	<p>Ongoing</p>

CLAS Standard addressed

#8 Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Strategy	Major Tasks	Performance Measure	Impact or Result	Accountability	Timeline
<p>Bridges will continuously update the website and the multimedia material/signage in the most common languages used by clients</p>	<p>Bridges launched a Spanish language page on the website and translated most of the intake forms in to Spanish. All intake forms and other required documents are on the website for clients to access.</p> <p>Signage on clients rights posted at clinical locations</p> <p>There is also access to other languages on the agency website.</p>	<p>Intake forms for Spanish speaking clients are accessed and filled out.</p>	<p>Increased knowledge about Bridges' services offered in Spanish on the website as well as increased access to services in the Spanish language through bilingual staff or the language line.</p>	<p>IT Department/ Marketing and Q/A department.</p>	<p>Forms translated.</p>