

**SAMHSA-HRSA**  
CENTER for INTEGRATED  
HEALTH SOLUTIONS

**Identifying and Addressing  
Health Disparities in your  
PBHCI Program**

March 18, 2016

**SAMHSA**  
Substance Abuse and Mental Health Services Administration

**HRSA**  
Health Resources & Services Administration

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## How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**



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- Define and illustrate the social determinants of health
- Describe how social and economic inequities impact health status
- Identify how health disparities are manifested in racial, ethnic, and culturally diverse populations
- Create a shared definition and language for addressing health disparities systemically



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## Define and illustrate the social determinants of health



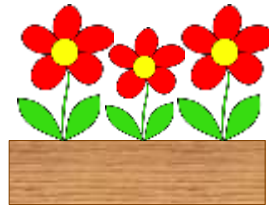
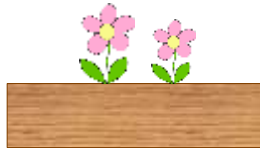
### Gardener's Tale



Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.



## Gardener's Tale

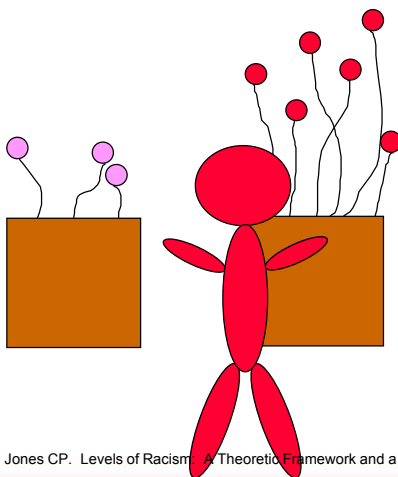


Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.



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## Who is the gardener?



- Power to decide
  - Power to act
  - Control of resources
- Dangerous when
- Allied with one group
  - Not concerned with equity

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.



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## Levels of Racism

- Institutional
- Personally-mediated
- Internalized

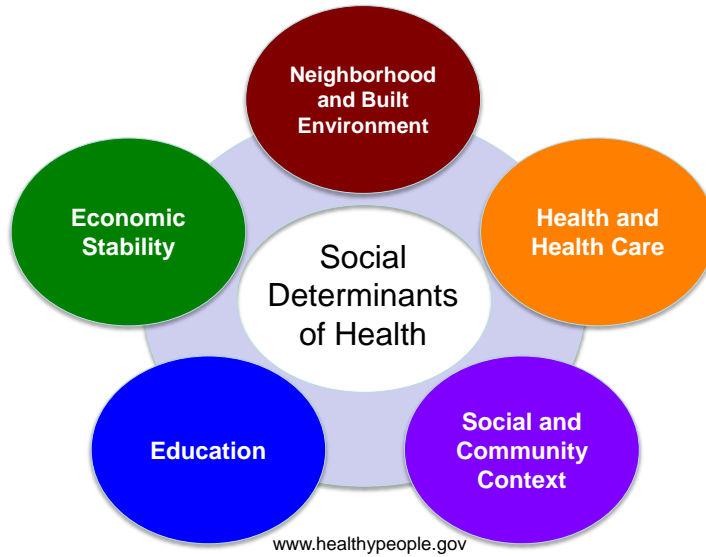


**Figure 1: Determinants of Health**



Source: World Health Organization, undated.





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Economic Stability

WE'RE HIRING!

100

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**Neighborhood and Built Environment**



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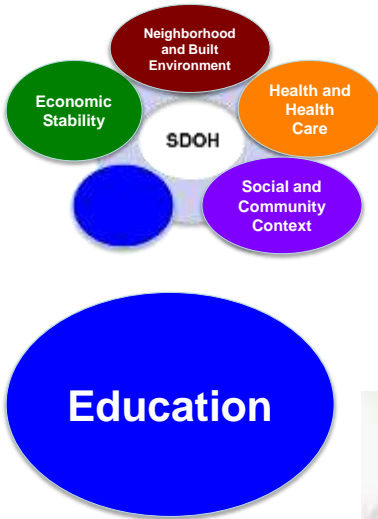
**Health and Health Care**



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**Social and Community Context**



**Education**







Adapted from Brennan Ramirez LK, Baker EA, Metzler M. (2008) Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. CDC, Atlanta



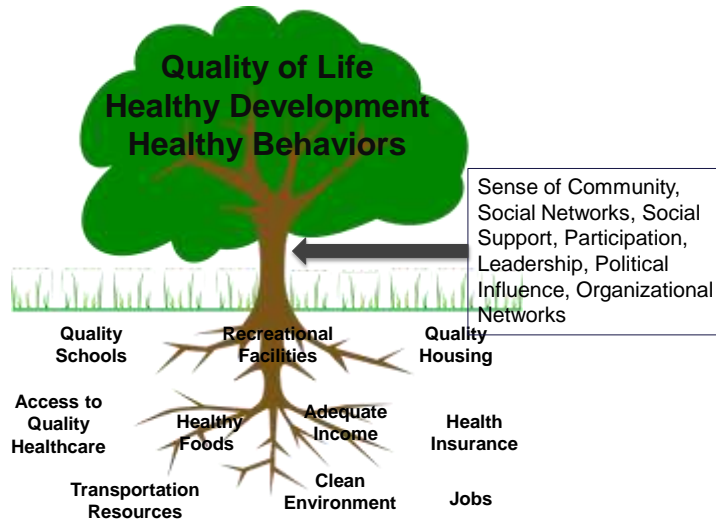
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 **HHS Action Plan to Reduce Racial and Ethnic Health Disparities**

**A NATION FREE OF DISPARITIES IN HEALTH AND HEALTH CARE**



**Five Goals**

1. Transform health care
2. Strengthen the nation's health and human services infrastructure and workforce
3. Advance the health, safety and well-being of the American people
4. Advance scientific knowledge and innovation
5. Increase the efficiency, transparency and accountability of HHS programs

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## Behavioral Health Disparities Impact Statement

### I. Demographic Data

Did the grantee provide service population demographics according to the Census categories?

Did the grantee provide any additional qualitative information regarding subpopulation disparities such as theories, service gaps, barriers, etc?

Did the grantee provide information on access to care factors for the selected disparate population?

Did the grantee provide information on the quality of care issues for this disparate population?

### II. Quality Improvement Plan

#### Data Collection and Analysis

Are the evaluation findings integrated into ongoing program planning, management, and modification?

Are National outcomes measures (NOMS) for mental health services addressed?

Are outcomes for all grantee services monitored across race and ethnicity to determine the grant's impact on behavioral health disparities?

### III. Adherence to the CLAS Standards

Does the grantee address diverse cultural health beliefs and practices within service delivery?

Does the grantee address accommodations for the preferred languages of all diverse clients?

Does the grantee address implementation of health literacy and other communication needs of all sub-populations?



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### Poll Question:

**How much information were you able to provide on social determinants of health in your BHDIS?**

- Not sure
- None
- A little bit
- Some
- A lot



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## **Describe** how social and economic inequities impact health status



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Health behaviors

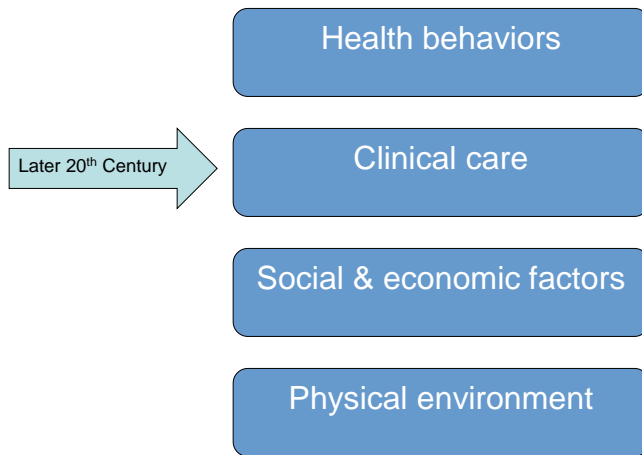
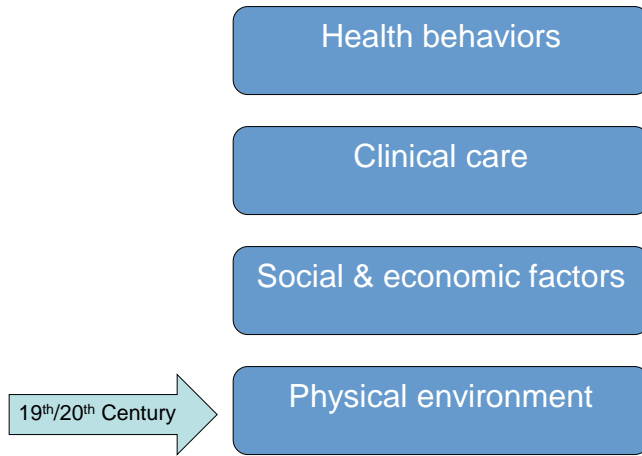
Clinical care

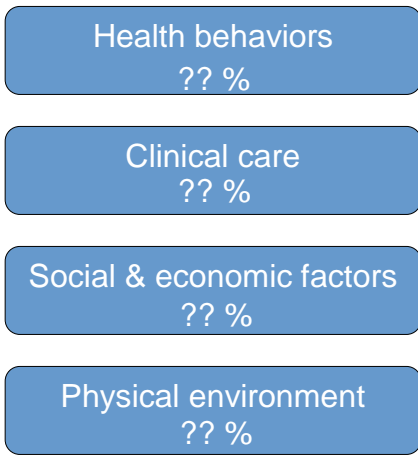
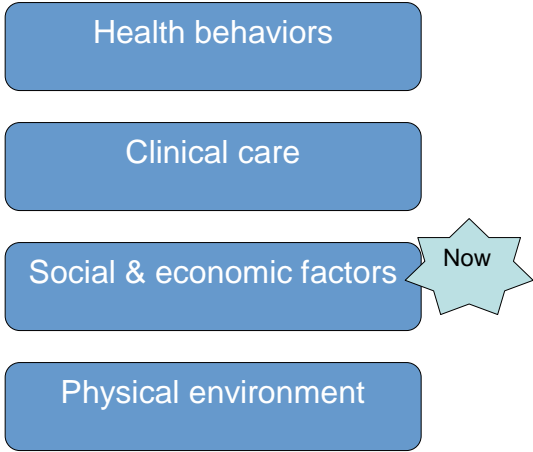
Social & economic factors

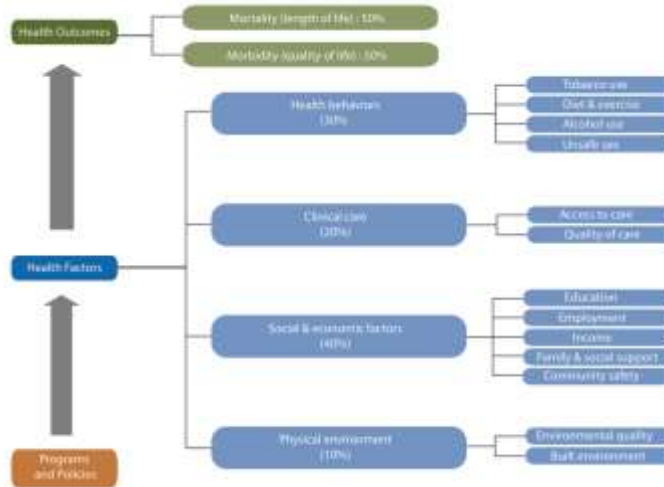
Physical environment



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Source: [http://publichealth.lacounty.gov/epi/docs/SocialD\\_Final\\_Web.pdf](http://publichealth.lacounty.gov/epi/docs/SocialD_Final_Web.pdf)  
 Adapted with permission from [www.countyhealthrankings.org/our-approach](http://www.countyhealthrankings.org/our-approach)



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**Identify** how health disparities are manifested in racial, ethnic, and culturally diverse populations



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## 2013 National Healthcare Disparities Report

Key findings are summarized below.

	Status	Change over time	Areas improving	Areas lagging
Quality	Fair <ul style="list-style-type: none"> <li>70% of recommended care actually received</li> <li>Large variation across States</li> </ul>	Getting better	Improving more quickly <ul style="list-style-type: none"> <li>Hospital care</li> <li>CMS publicly reported measures</li> <li>Adolescent vaccines</li> </ul> Performing well <ul style="list-style-type: none"> <li>New England and West North Central States</li> </ul>	Improving more slowly <ul style="list-style-type: none"> <li>Ambulatory care</li> <li>Diabetes care</li> <li>Maternal and child health</li> </ul> Performing more poorly <ul style="list-style-type: none"> <li>West South Central and East South Central States</li> </ul>
Access	Fair <ul style="list-style-type: none"> <li>26% with difficulties getting care*</li> </ul>	Getting worse*	Improving <ul style="list-style-type: none"> <li>Availability of providers by telephone</li> </ul>	Not improving <ul style="list-style-type: none"> <li>Private health insurance coverage*</li> </ul>
Disparities	Poor <ul style="list-style-type: none"> <li>Minorities and people in poverty with worse quality and access for large proportion of measures</li> </ul>	No change	Disparities getting smaller <ul style="list-style-type: none"> <li>HIV disease</li> <li>Patient perceptions of care</li> </ul> Few gaps in disparities data on Blacks, Hispanics, and Asians	Disparities getting bigger <ul style="list-style-type: none"> <li>Cancer screening</li> <li>Maternal and child health</li> </ul> Many gaps in disparities data on Native Hawaiians and Other Pacific Islanders

\* Findings reflect access prior to implementation of most of the health insurance expansions included in the Affordable Care Act. After a decade of deterioration, access was better in 2011 than in 2010 (see Figure H.6).

Key: CMS = Centers for Medicare & Medicaid Services.

Note: For the vast majority of measures in the reports, trend data are available from 2000-2002 to 2010-2011.



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## Behavioral Health Barometer United States, 2015

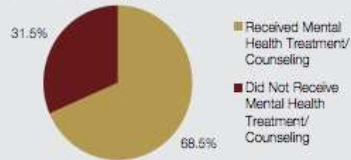
Past Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the United States, by Health Insurance Status (2014)<sup>12,14</sup>



In 2014, among adults aged 18 or older in the United States with SMI, those without health insurance were less likely to have received mental health treatment/counseling.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

Past Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the United States (2014)<sup>12,14</sup>



9.8 million adults with SMI

68.5%

In 2014, 68.5% of adults aged 18 or older in the United States with SMI (an estimated 6.7 million adults) received mental health treatment/counseling in the year prior to being surveyed. This percentage is higher than the percentage in 2012 (62.9%) but not significantly different from any other year from 2010 to 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

CHANGE MATH



[http://www.samhsa.gov/data/sites/default/files/2015\\_National\\_Barometer.pdf](http://www.samhsa.gov/data/sites/default/files/2015_National_Barometer.pdf)



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**Poll Question:**

**Is your data able to identify disparities in your community on the basis of access?**

- Yes
- No
- Not sure



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**Poll Question:**

**Is your data able to identify disparities in your community on the basis of treatment?**

- Yes
- No
- Not sure



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**Poll Question:**

**Is your data able to identify disparities in your community on the basis of outcomes?**

- Yes
- No
- Not sure



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**Create** a shared definition and language for addressing health disparities systemically



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## What's in a Name?

Differences

Disparities

inequity



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## What's in a Name?

“Differences” or “variations”

Meyers, K (2007) Racial and Ethnic Health Disparities: Influences, Actors, and Policy Opportunities. Kaiser Permanente Institute for Health Policy: Oakland, CA.



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## What's in a Name?

“Differences” or “variations”

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## What's in a Name?

### “Differences” or “variations”

- conveys neither a positive or negative connotation

### “Disparities” and “inequalities”

- hold negative connotations, that one group is losing or being harmed

Meyers, K (2007) Racial and Ethnic Health Disparities: Influences, Actors, and Policy Opportunities. Kaiser Permanente Institute for Health Policy: Oakland, CA.



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### Health “inequity”

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### “Disparities” and “inequalities”

- hold negative connotations, that one group is losing or being harmed

### Health “inequity”

- ethical or moral judgement, civil rights issue

Meyers, K (2007) *Racial and Ethnic Health Disparities: Influences, Actors, and Policy Opportunities*. Kaiser Permanente Institute for Health Policy: Oakland, CA.



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## Defining Disparities

“racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”

- Institute of Medicine



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## Defining Disparities

“racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”

 Institute of Medicine

“... differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.”

 Health People 2020



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## Defining Inequities

“Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups.”

 World Health Organization



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“Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups.”

 World Health Organization

“Disparities in health [or health care] that are systemic and avoidable and, therefore, considered unfair or unjust.”

 Virginia Dept. of Health



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## My Terms: In my own words

Term/Concept	In my own words...
Health	
Health disparities	
Health Inequities	



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## Health Disparities Series

### Webinar #2: CLC Applied: Successful ingredients for successful implementation

Friday, April 8, 2016 3-4pm ET

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### Presenter Contact Information

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#### Additional Questions?

Contact the SAMHSA-HRSA Center for Integrated Health Solutions  
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