

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



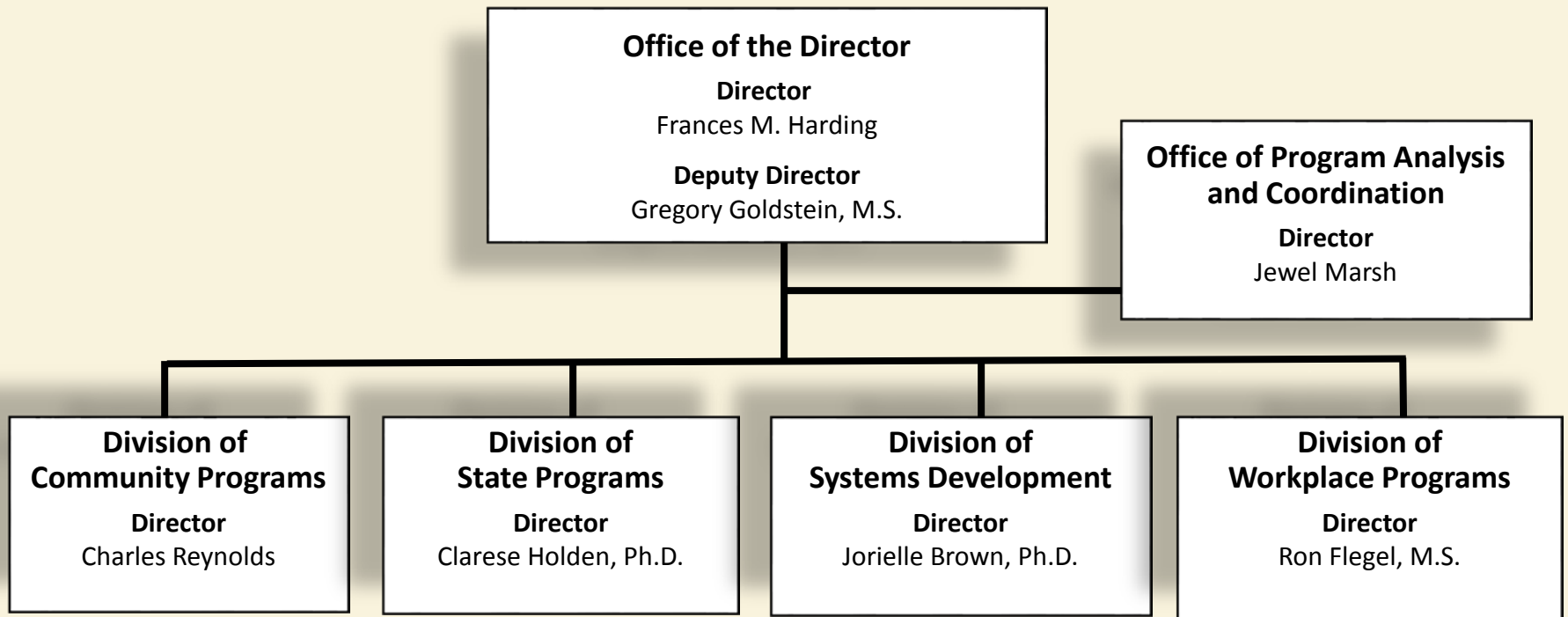
Behavioral Health Disparity in the Context of Prevention

Office of Behavioral Health Prevention Conference
August 1-3, 2016
Georgia

Tonia Schaffer, MPH
Public Health Advisor
Government Project Officer
Division of State Program/ CSAP



CSAP Organizational Chart



Agenda/Topics

1

Background on Health Disparities and CLAS

2

SAMHSA's Strategy for Behavioral Health Disparities

3

Behavioral Health Disparity in the Context of Prevention

The fact that the nation's health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans.

The Sullivan Report, 2004

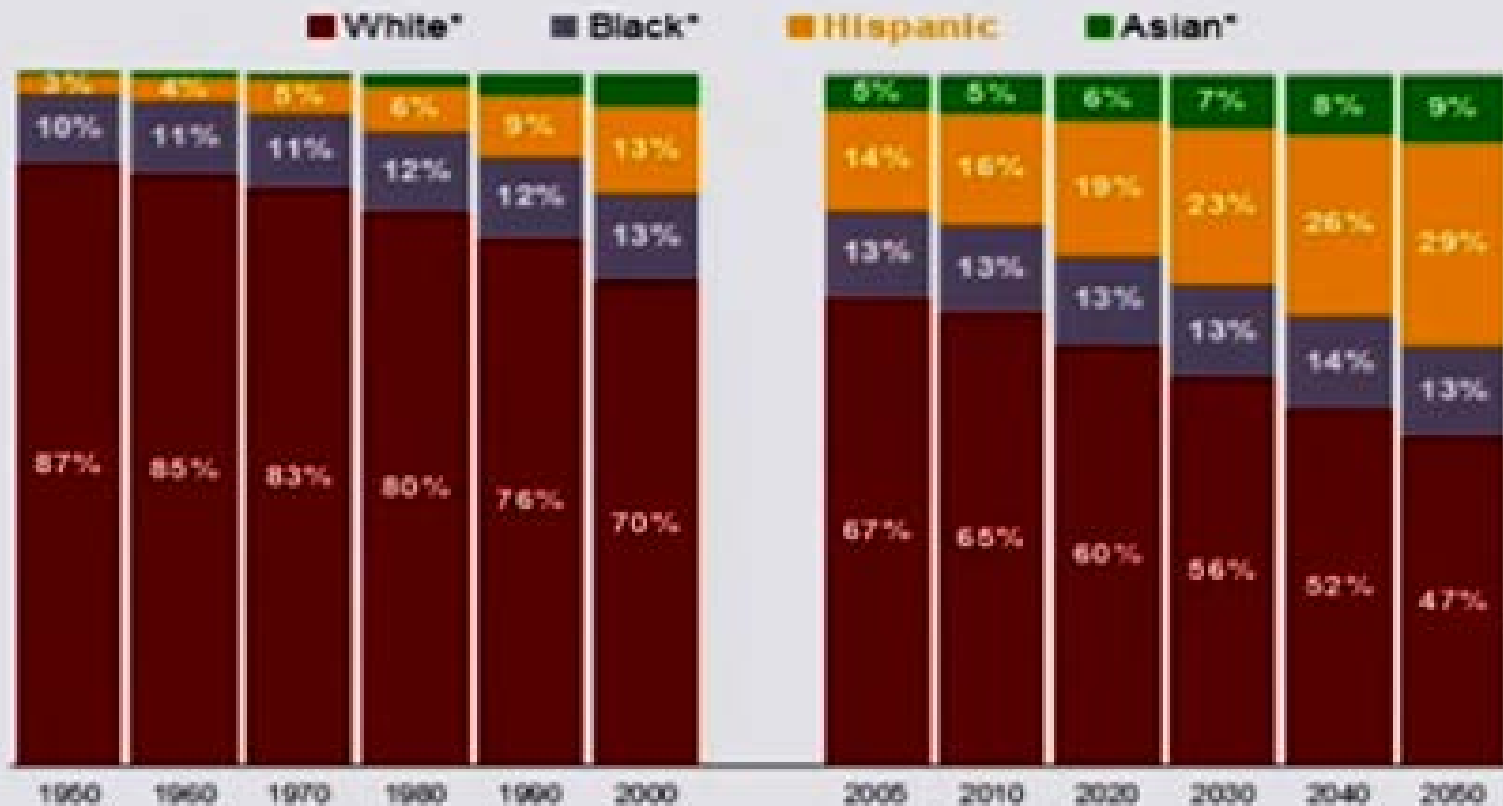
Why now? –Unfolding Opportunities

Key Policy and Data Drivers



The Changing Face of America, 1950-2050

Percent of Total Population



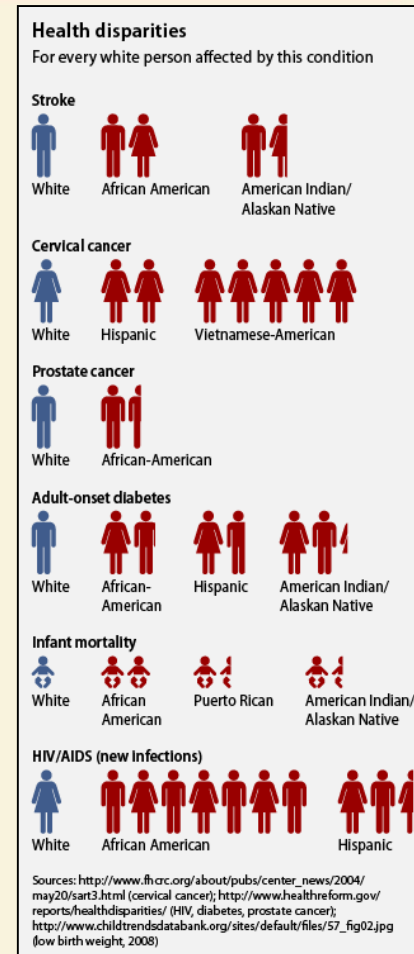
Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

Dr. Martin Luther King, Jr.

What is a health disparity?


“A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”

Healthy People 2020



General Health Status

General Health Status among US Adults*, by Race or Ethnicity

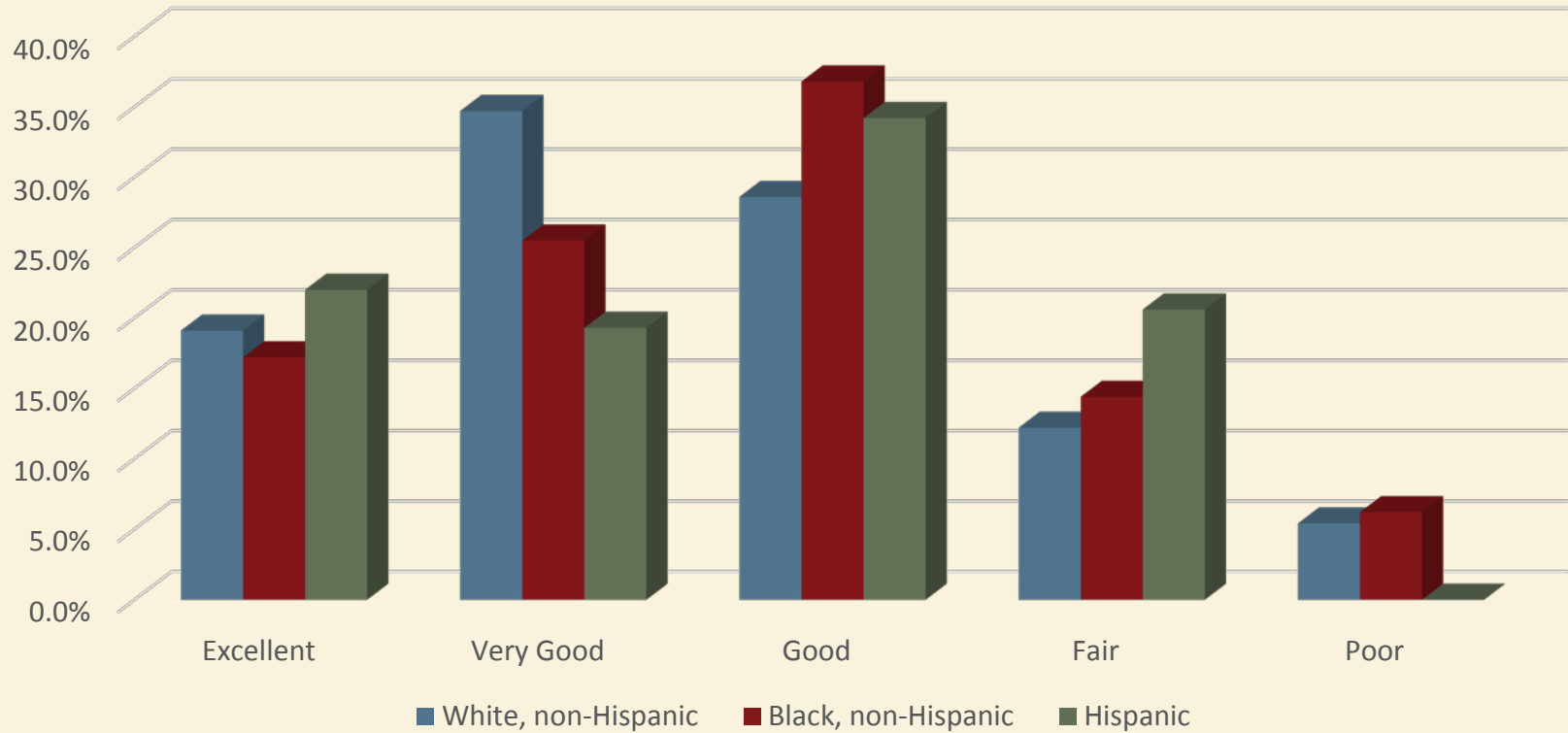


Race or Ethnicity	Excellent/ Very Good Health Status	Good Health Status	Fair/Poor Health Status
Non-Hispanic White	59.3%	27.8%	12.9%
Non-Hispanic Black	44.4%	34.6%	21.1%
Hispanic	33.6%	35.4%	31.1%
Asian	55.8%	33.8%	10.4%
Hawaiian/PI [^]	55.4%	29.7%	14.8%
Native American ⁺	42.7%	32.8%	24.5%

*Aged 18 years or older, [^]Pacific Islander,
⁺Includes American Indians and Alaska Natives

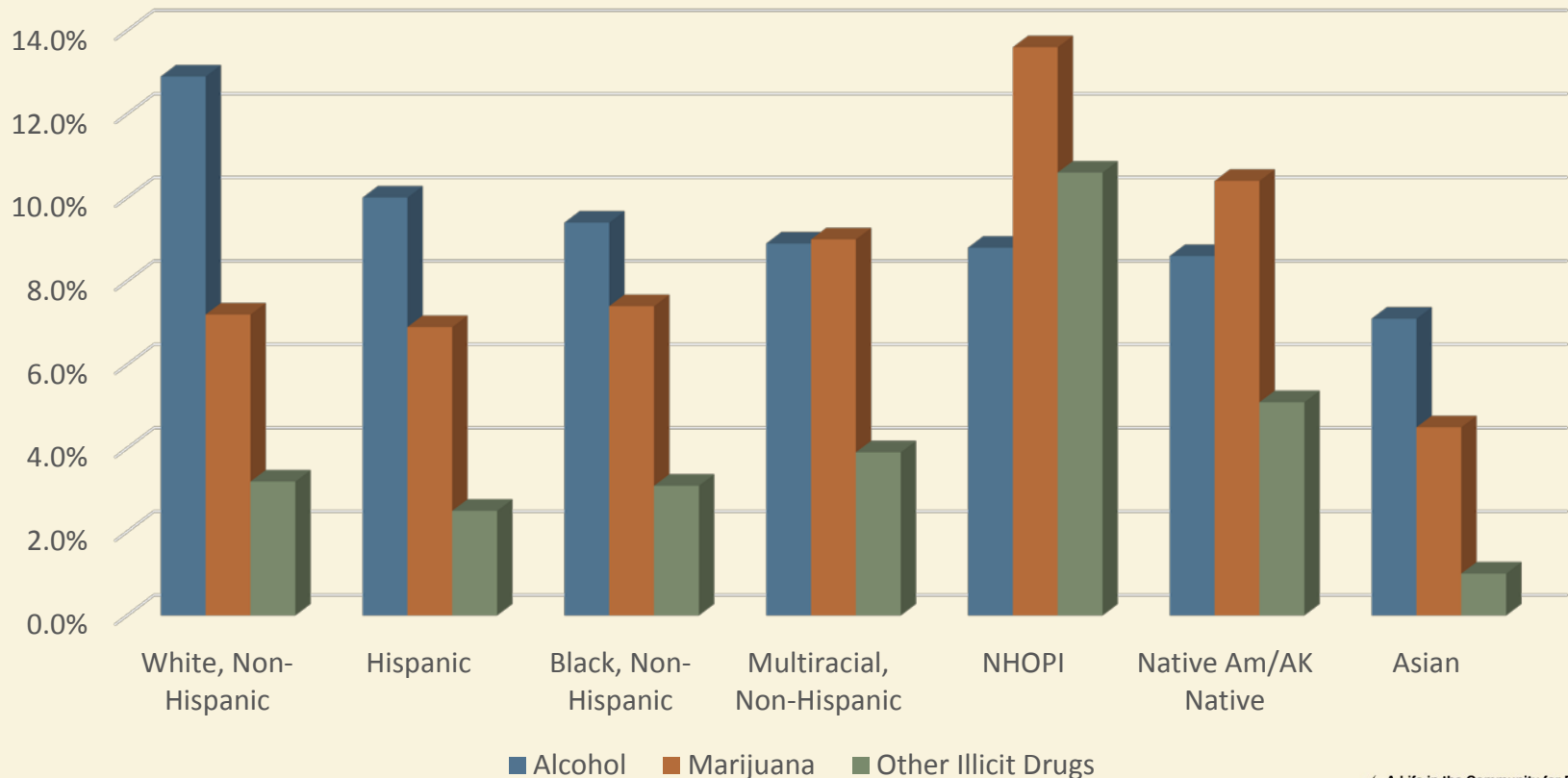
Racial/Ethnic Disparities in Self-Reported General Health Status - GA

Self-Report General Health Status of Adults in Georgia, 2014



Racial/Ethnic Disparities in Adolescent Substance Use

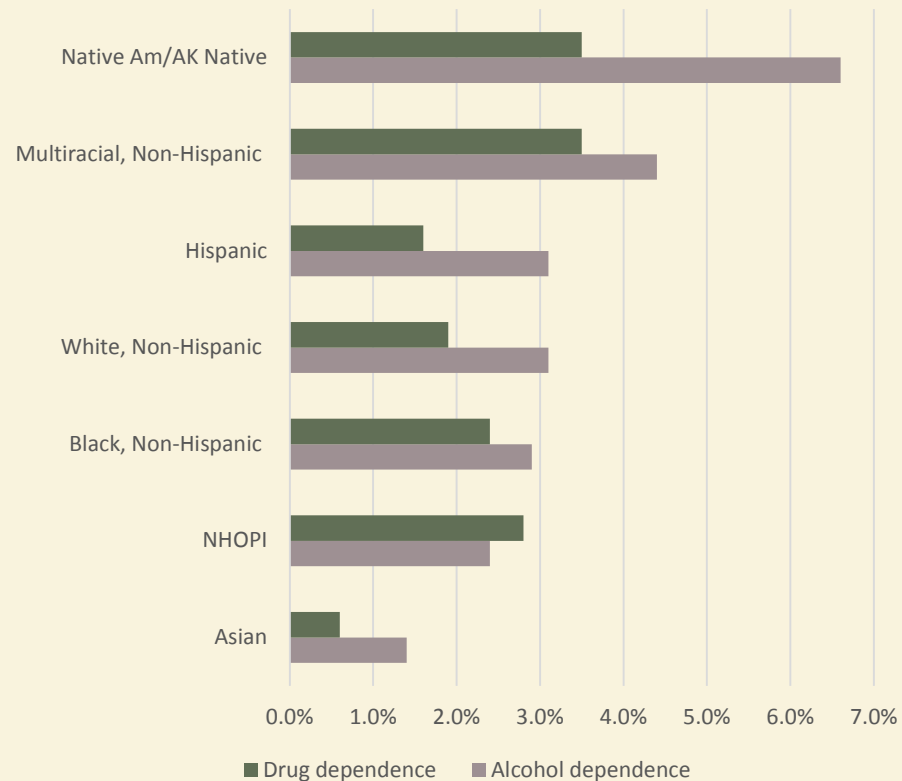
Percent of Adolescents (age 12-17) reporting Substance Use in Last Month, by Race/Ethnicity (US Total, 2013)



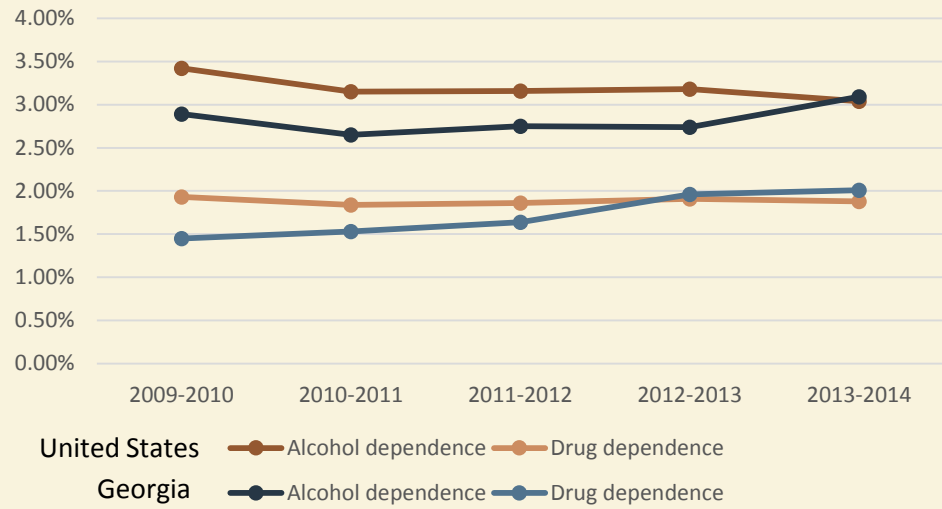
NHOPI= Native Hawaiian/Other Pacific Islander
 Native Am/AK Native: Native American/Alaska Native

Drug and Alcohol Dependence in the Past Year

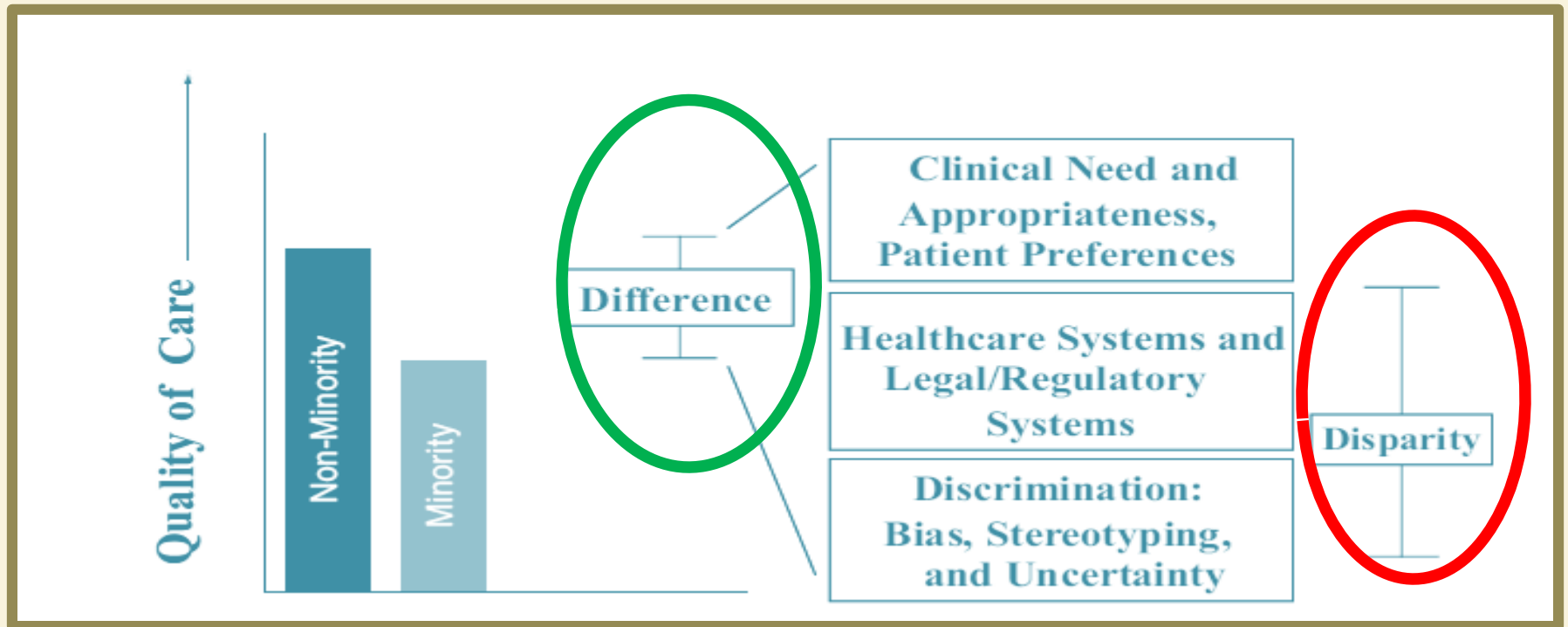
Percent Reporting Drug and Alcohol Dependence in the Past Year, Aged 12 and older (US Total, 2013)



Alcohol and Drug Dependence in the U.S. and Georgia, 2009-2014



Differences and Disparities



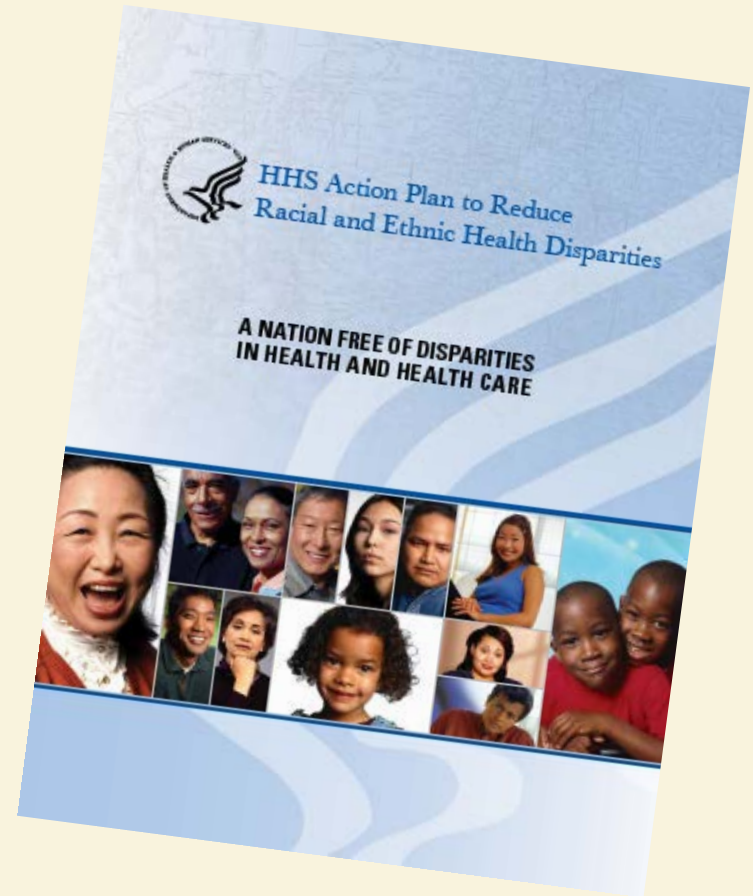
SAMHSA's Strategy for Behavioral Health Disparities

HHS Action Plan to Reduce Racial and Ethnic Health Disparities

16

1. Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that:

(c) Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, in some instances, could be used to score grant applications if underlying program authority permits



16

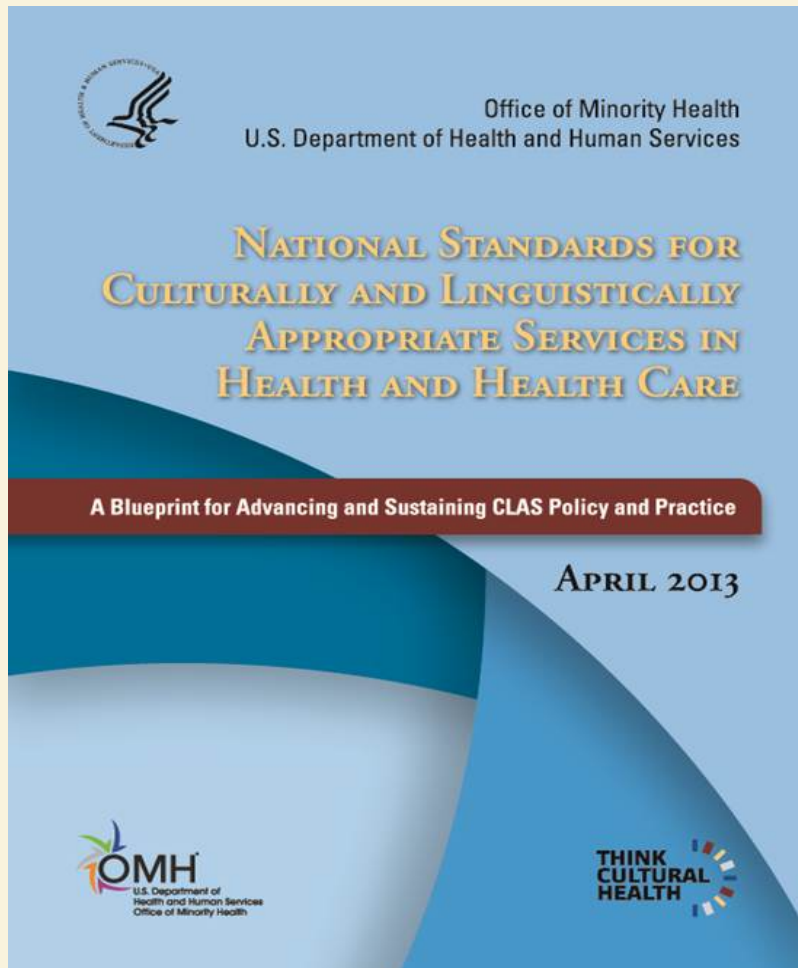
SAMHSA's Response to HHS Action Plan Priority

If your application is funded, you will be expected to develop a health disparities impact statement. This statement consists of three parts:

- (1) identify **subpopulations vulnerable to disparities** (e.g., racial, ethnic, tribal and sexual minority groups) and how they will be engaged in infrastructure activities (e.g., training, collaborations and partnerships, outreach, etc.);
- (2) propose a **quality improvement plan** to decrease the differences in access to, use and outcomes of these infrastructure activities among these subpopulations; and
- (3) the quality improvement plan should include an **alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care**. (Be sure to review details provided in [Appendix G: Addressing Behavioral Health Disparities](#).)

National CLAS Standards: *The Blueprint*

18



Standard 1

Principal Standard

Standards 2-4

Governance, Leadership & Workforce

Standards 5-8

Communication & Language

Standards 9-15

Engagement, Continuous Improvement & Accountability

18

National CLAS Standards

- Advance health equity
- Improve quality of services
- Eliminate health disparities

What is SAMHSA's Disparity Impact Strategy?

A systems change process in response to policies aimed to improve health outcomes by:

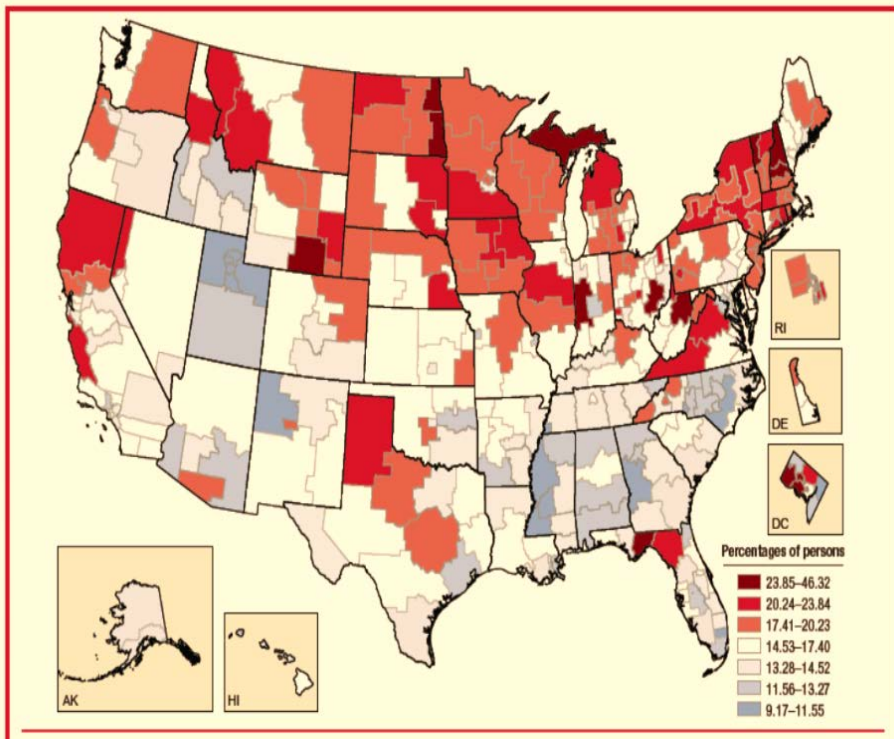
- Creating a more ***strategic focus*** on racial and ethnic populations in SAMHSA investments
- Using a ***data-informed quality improvement*** approach to address racial and ethnic disparities in SAMHSA programs
- Utilizing this secretarial priority to influence ***how SAMHSA does it work***, e.g., its grant-making operations

Framework for Behavioral Health Disparities

Historically, racial and ethnic minority populations in the U.S. tend to have:

- Less Access to care
- Lower or disrupted Service Use
- Poorer Behavioral Health Outcomes

Quality Improvement Process



Improving Outcomes

High Need Community
Prioritized Groups

Behavioral Health Equity

Disparity Population

Why Create a Disparity Impact Statement (DIS)?

- Helps to ensure that funds are used to help the most disadvantaged
- Supports SAMHSA vision of a “nation free of disparities in health and health care”
- Helps to ensure that policies and programs influence health disparities among “groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”¹

Purpose of the DIS

- Should reflect the health disparities data for your state/tribe/jurisdiction
- Ideally, includes:
 - the identified sub-populations experiencing behavioral health disparities
 - numbers of individuals to be reached through prevention efforts, and
 - a description of how disparities will be reduced

Programmatic intent will not change. The focus of the Disparity Impact Strategy is on "how" programs perform in servicing ; reaching; and training/providing technical assistance to subpopulations of individuals whose ethnicity, race, and/or sexual orientation/identity could be related to disparities in their access to, usage of, and outcomes from SAMHSA-funded grant activities.

Statement vs Strategy



Disparity Impact *Statement*

- HHS Action Plan
- SAMHSA Notice of Grant Award

Disparity Impact Strategy

- SAMHSA Strategy
- Quality Improvement Plan
(Implementation of the DI Statement)

Behavioral Health Disparity in the Context of *Prevention*

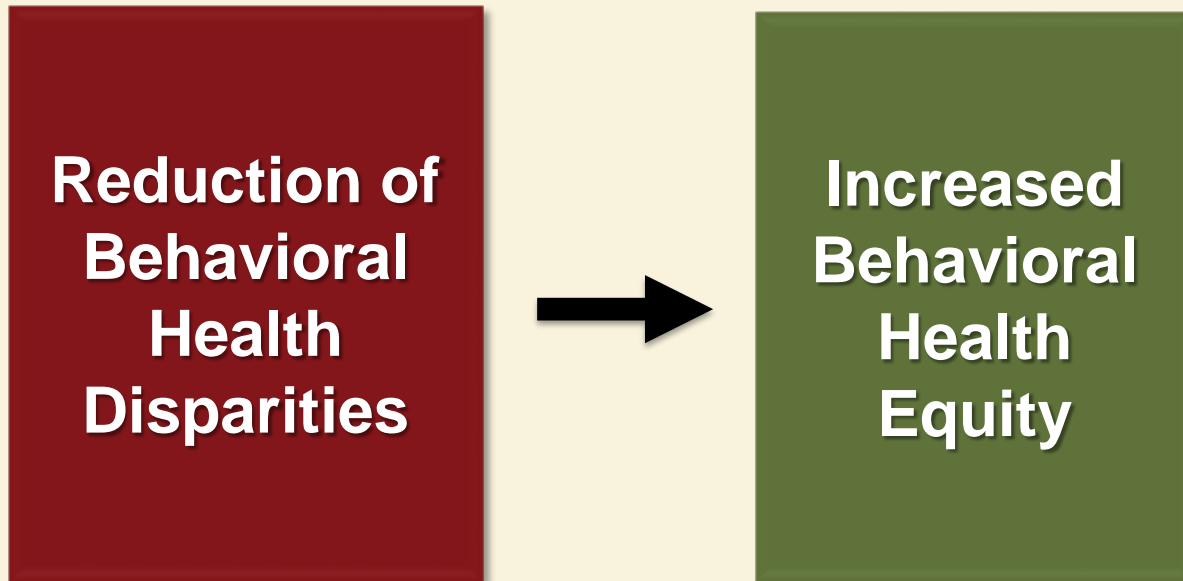
The *What* of Addressing Behavioral Health Disparities: Understanding the Language

Behavioral Health Disparities

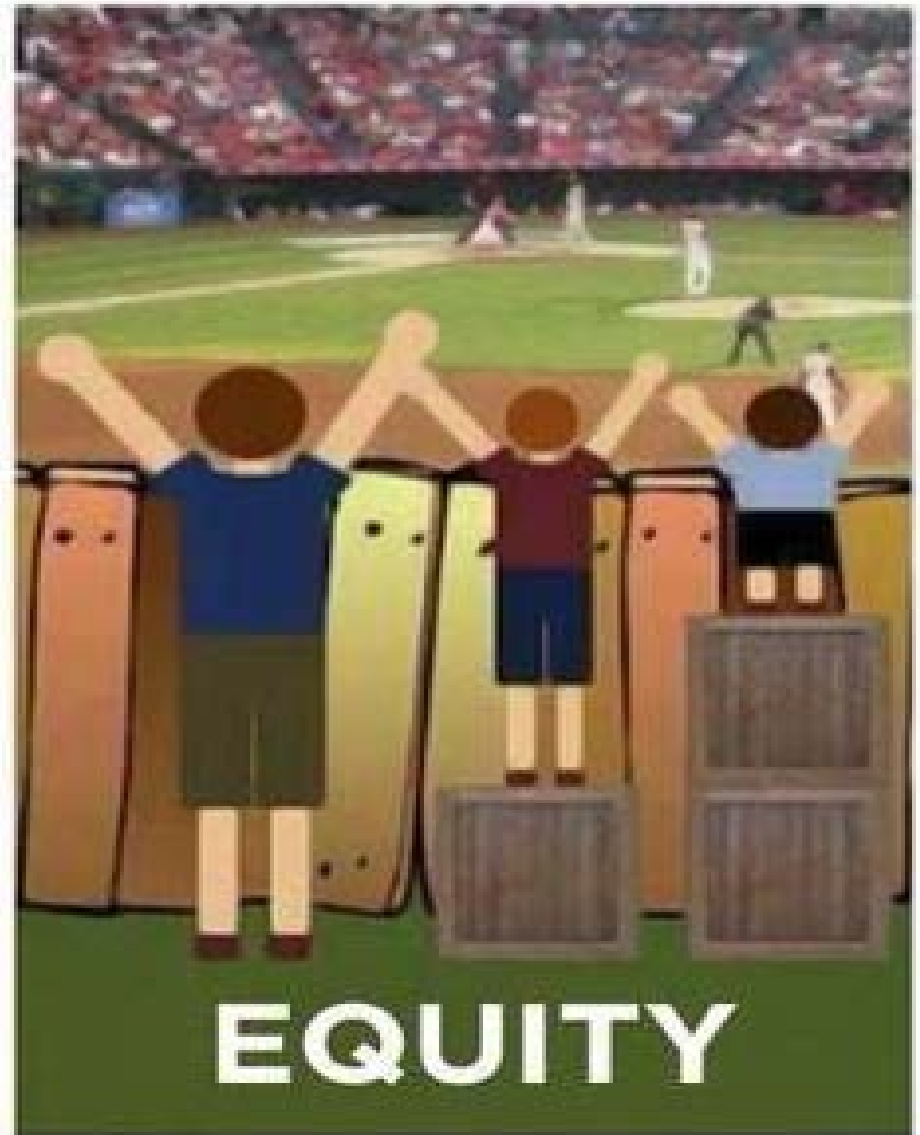
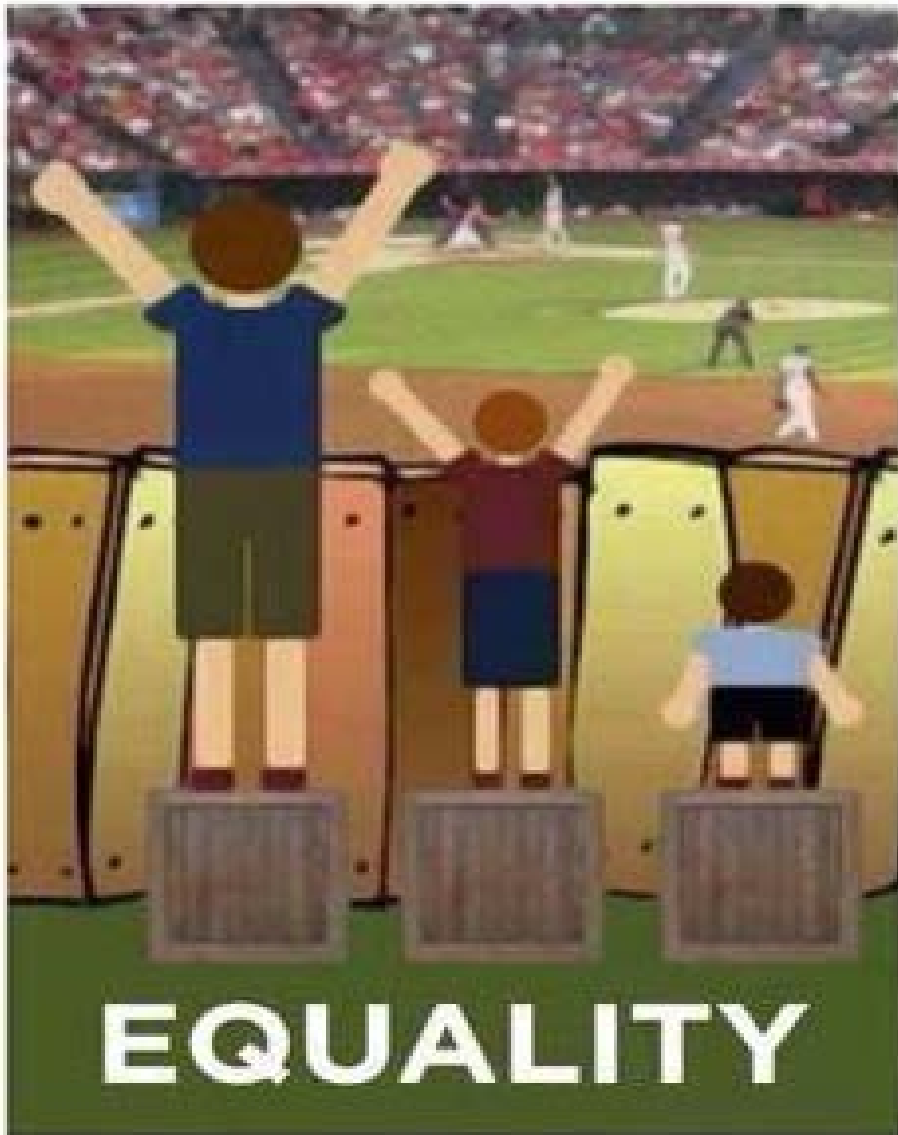
A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

**Behavioral
Health
Disparities**

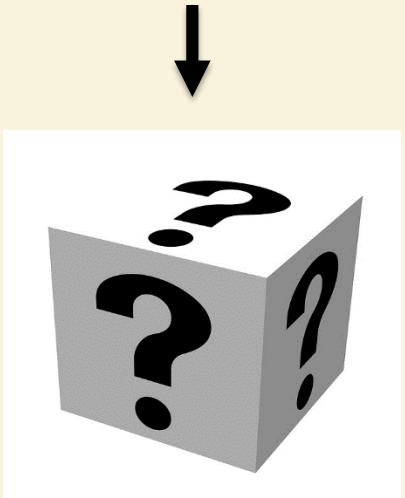
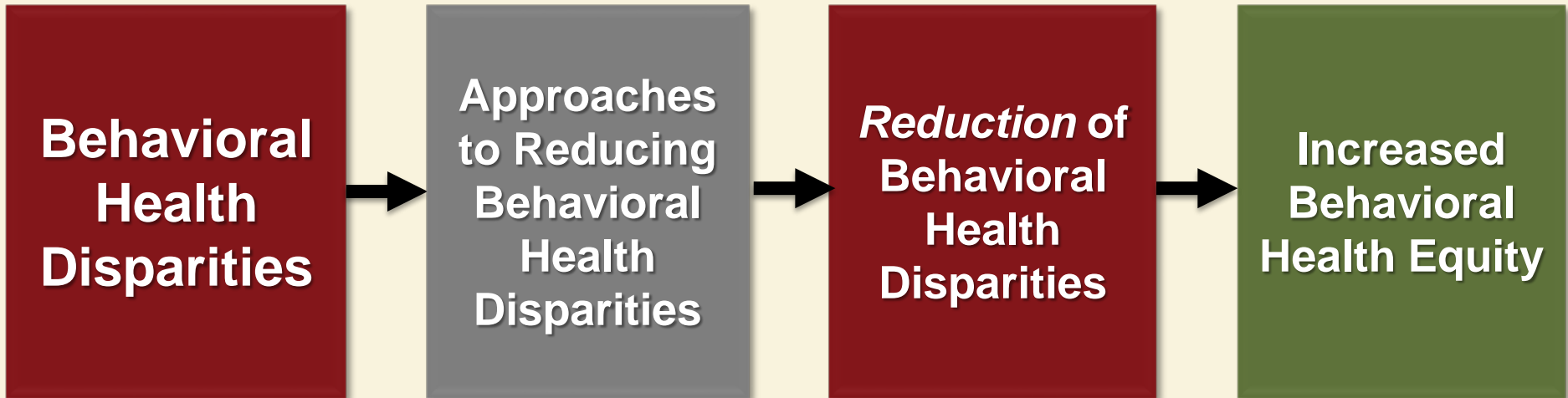
Behavioral Health Disparities and the Road to Health Equity



Health Equity



The Connection Between Disparities and Health Equity

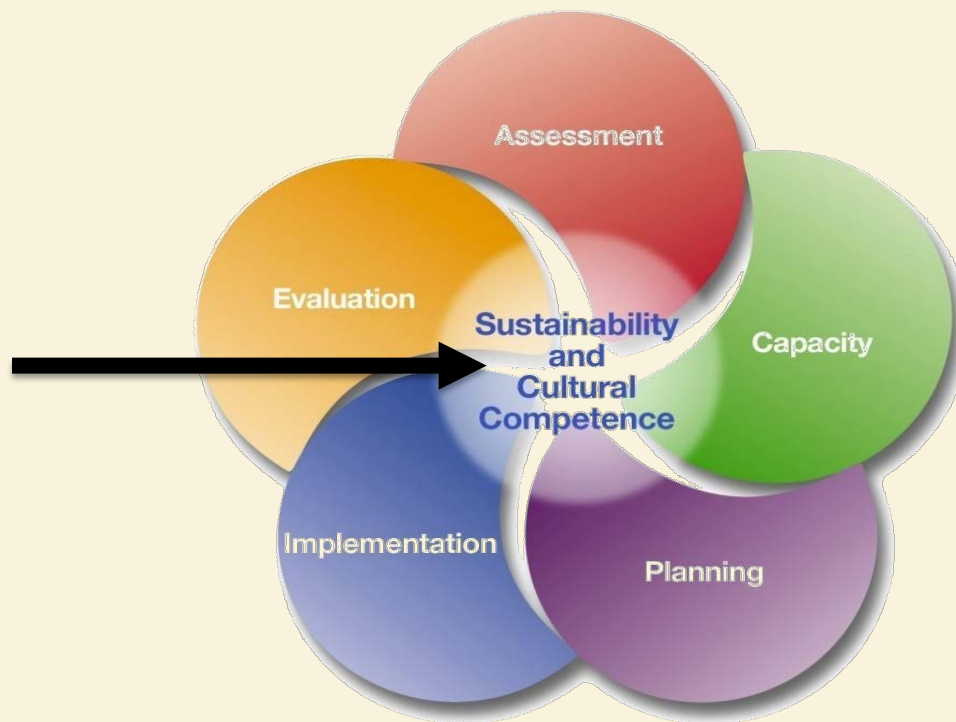


Aligning the Disparity Impact Strategy with the Strategic Prevention Framework



Role of Cultural Competency in Reducing Behavioral Health Disparities

Approaches
to Reducing
Behavioral
Health
Disparities



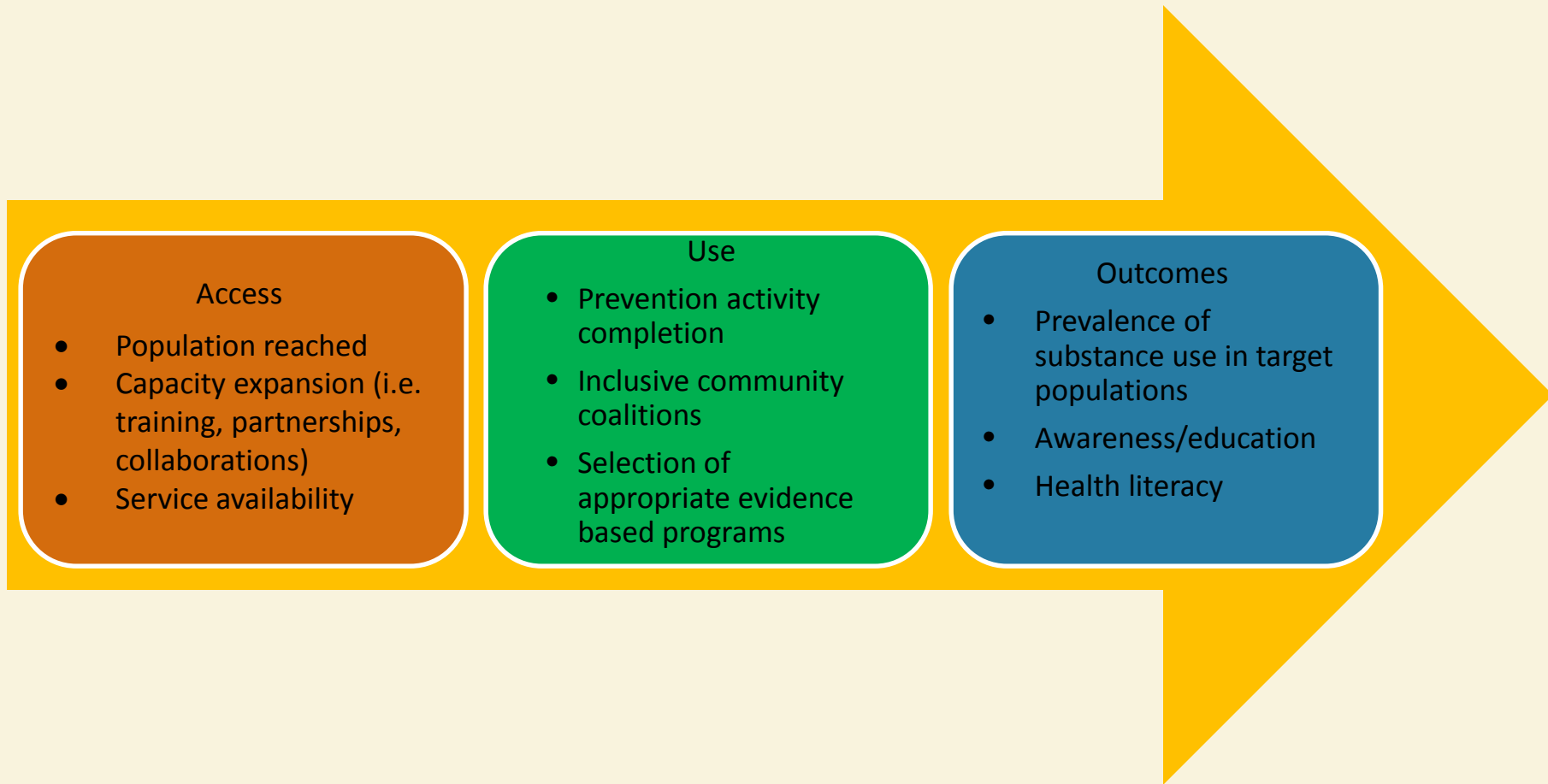
Identifying Sub-Populations Experiencing Disparities

PFS priority population(s)

Identified high-need communities

Sub-populations experiencing disparities

Disparity Impact Strategy and Partnerships for Success



Access

- Population reached
- Capacity expansion (i.e. training, partnerships, collaborations)
- Service availability

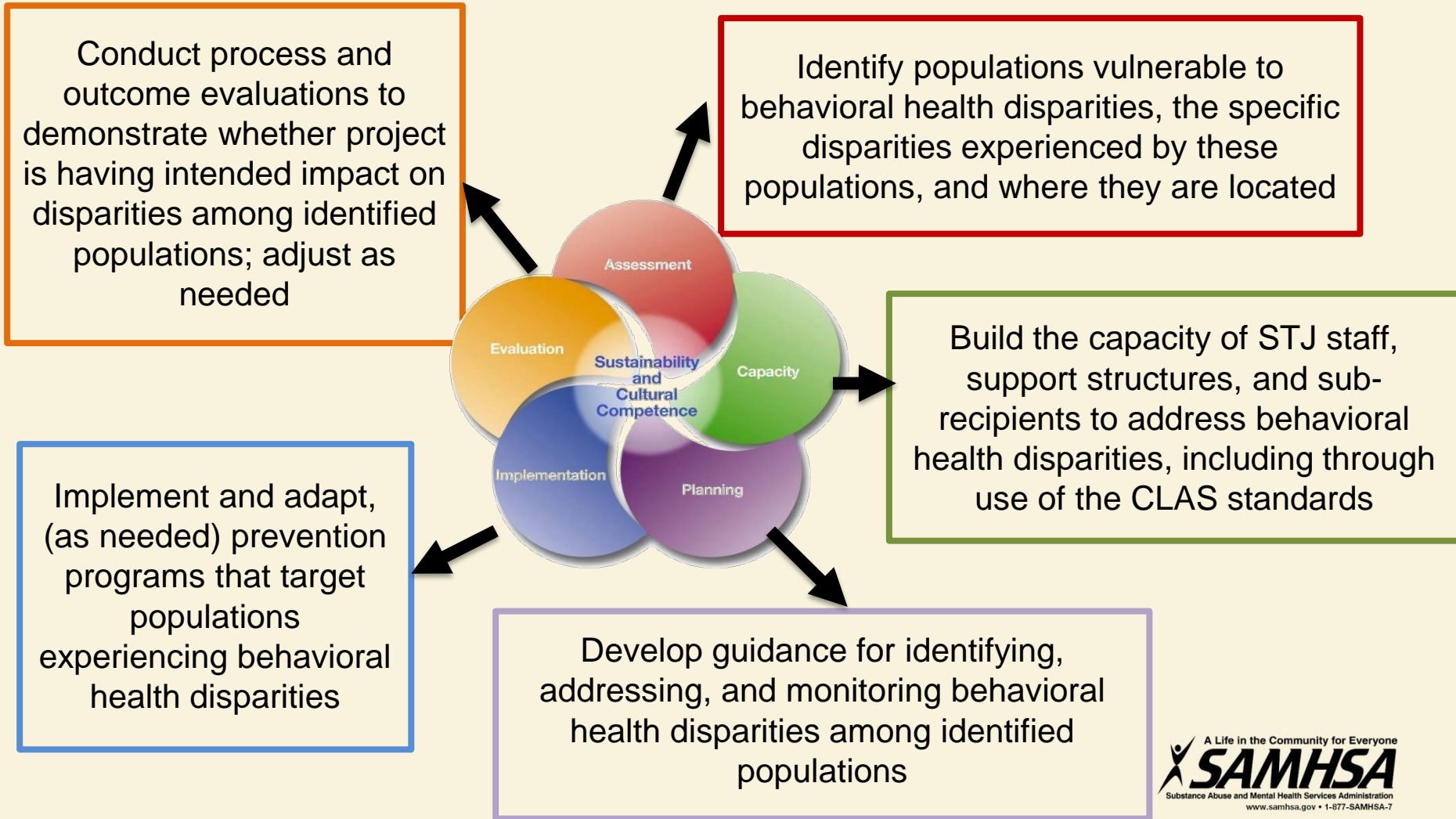
Use

- Prevention activity completion
- Inclusive community coalitions
- Selection of appropriate evidence based programs

Outcomes

- Prevalence of substance use in target populations
- Awareness/education
- Health literacy

Health Disparities in the Context of Prevention



Disparity Impact Strategy *Quality Improvement Plan*



Statement: Provide demographic data on the sub-population (s) experiencing behavioral health disparities to be reached *within* the HNC .

Strategy/Plan: Track program performance data disaggregated by race/ethnicity to determine differences in:

- **Access:** Describe the specific strategies that will be implemented to address behavioral health disparities among identified sub-populations? Describe a plan ensure adherence CLAS Standards? What services are available?
- **Use:** Describe your process for collecting data (demographic data) on sub-populations reached?

Disparity Impact Strategy

Quality Improvement Plan



- **Use (cont.):** How will you monitor the implementation of program and the use/reach of your policies, practices, and/or programs to identified sub-populations in the grant program?
- **Outcomes:** Given the specified outcomes of the program, how do these vary by subpopulations ?
- Quality improvement used to reduce disparities: Describe how you will use data on outcomes regarding sub-populations experiencing behavioral health disparities to evaluate processes and/or make programmatic adjustments to address identified priorities and issues .



Behavioral Health Disparities in the Context of Prevention

42



- Questions
- Comments
- Concerns