Behavioral Health Disparities in Racial and Ethnic Minority Populations: Working towards Health and Health Equity

Addressing Disparities in Behavioral Health: SAMHSA and US DHHS Office of Minority Health in Action!

Teresa Chapa, Ph.D. MPA
Senior Policy Advisor

U.S. Department of Health and Human Services Office of Minority Health
Outline for this Presentation

- Office of Minority Health (OMH)
- OMH Behavioral Health Section
- Health Equity---Health Disparities
- The HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- Disparities + Obstacles = Opportunities: OMH Responds
HHS Office of Minority Health

- Federal focal point for addressing health status and quality of life for racial/ethnic minorities.
- Reauthorized by the Affordable Care Act, 2010.
- Advises HHS Secretary and Assistant Secretary for Health on policies and programs.
- Works with Federal, state, tribal, and local governments; community and faith-based organizations; academia; private sector, etc.
- Funds demonstration programs.
OMH Mission

Improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities
OMH Establishes Behavioral Health Section in 2008

1. Appointed senior staff to develop and lead new behavioral health focus within the US DHHS Office of the Secretary.

2. Established mission and goals to promote behavioral health equity and to end BH disparities.

3. Created an infrastructure to address Closing the Gap concepts and initiatives.
OMH Behavioral Health Section Goals

1. Develop and promote policies, programs, and practices to eliminate BH health disparities and achieve overall health equity.
2. Promote and strengthen development of a multidisciplinary BH workforce and leadership.
3. Infuse cultural and linguistic competency.
4. Establish and strengthen networks, coalitions, and partnerships to identify and eliminate BH disparities.
5. Fund innovation, initiatives and demonstration projects that can inform policies and practices for improving behavioral and overall health.
World Health Organization
Definition of Health

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Source: Healthy People 2020
A health disparity is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect 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.

Source: Healthy People 2020
State Snapshots: Quality Gaps, Disparities Persist in Every State

- Interactive Web tool shows state-specific measures of quality with focus areas on asthma, diabetes, preventive services
- Based on 2010 National Healthcare Quality and Disparities Reports
- Greatest improvement: NH, ME, MN, MA, RI
- Smallest improvement: LA, TX, OK, KY, NM
- New feature: directory of state-based improvement resources

Source: http://statesnapshots.ahrq.gov
Message from Kathleen G. Sebelius, Secretary, US Department of HHS

“It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone.”
The U.S. Department of Health and Human Service unveiled its road map for eliminating health and health care disparities, the most comprehensive federal effort to address differences in health for racial, ethnic and other underserved communities.

The HHS Action Plan to Reduce Racial and Ethnic Disparities and the accompanying National Stakeholder Strategy for Achieving Health Equity are intended to guide initiatives and provide strategies for public and private action to address health disparities.
HHS Action Plan to Reduce Racial and Ethnic Health Disparities

- Builds on the Affordable Care Act.
- First ever HHS Action Plan to reduce health disparities that is operational across HHS immediately.
- Complements to the National Stakeholder Strategy.
- Embodies the core of the NPA – working together to more effectively targeting ending health disparities.
- Leverages and aligns resources and actions in support of HHS Strategic Plan for 2010-2015.
- Action monitored and strategies reevaluated on a biannual basis; progress reported annually.
HHS Action Plan to Reduce Racial and Ethnic Health Disparities

GOALS:

- Transform health care.
- Strengthen the nation’s HHS infrastructure and workforce.
- Advance the health, safety, and well-being of the American people.
- Advance scientific knowledge and innovation.
- Increase the efficiency, transparency, and accountability of HHS programs.
Why Is This Important?

- Health care disparities persist and in many cases are worsening
- Ongoing and enhanced focus & activities within the DHHS
- Recognized importance of quality improvement must include strategies for eliminating disparities
- The ACA requires establishment of offices of minority health in HHS and focus on eliminating health disparities
- The ACA calls for National Quality and Prevention Strategies – each includes eliminating disparities as a core principle
Suicide: Racial and Ethnic Disparities

- Among American Indians/Alaska Natives ages 15- to 34-years, suicide is the second leading cause of death.
- Suicide rates among American Indian/Alaskan Native adolescents and young adults ages 15 to 34 (19.7 per 100,000) are 1.8 times higher than the national average for that age group (11.1 per 100,000).
- Hispanic female high school students in grades 9-12 reported a higher percentage of suicide attempts (14.0%) than their White, non-Hispanic (7.7%) or Black, non-Hispanic (9.9%) counterparts.

<table>
<thead>
<tr>
<th>Disparities in Minority Health &amp; Mental Health Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Poor quality of care, inadequate or unsatisfactory care:</td>
</tr>
<tr>
<td>---- No usual source of care</td>
</tr>
<tr>
<td>---- Problems with accuracy of diagnoses</td>
</tr>
<tr>
<td>---- Barriers with location and availability of services</td>
</tr>
<tr>
<td>---- Missing care coordination</td>
</tr>
<tr>
<td>--- Poor timing of interventions treatments and services not available when needed</td>
</tr>
<tr>
<td>--- Few providers with cultural and linguistic competency</td>
</tr>
<tr>
<td>□ Help seeking delays leading to more chronic and disabling mental health conditions</td>
</tr>
<tr>
<td>□ Under or uninsured</td>
</tr>
</tbody>
</table>
Barriers to Receiving Good Behavioral Health Care

- Wait times for treatment
- Older generation of medications
- Poor treatment alliances
- Insufficient diverse workforce
- Limited language competency & services
- Need for targeted research
Health Care Reform Act and Cultural Competency Components

- Provide culturally and linguistically appropriate information through Exchanges

- Develop and evaluate cultural competency training

- Disseminate cultural competency curricula through online clearinghouse

- Support primary care training in cultural competence and health literacy
Think Cultural Health offers a suite of continuing education programs and resource clearinghouse promoting culturally and linguistically appropriate services:

www.thinkculturalhealth.hhs.gov
Message from Minority Behavioral Health Leaders

“It’s time to get organized, find common ground and come to a consensus, specially during these changing times.”
OMH Strategies for Eliminating Behavioral Health Disparities

Improvements in meaningful access and improved quality of behavioral healthcare alone could potentially eliminate behavioral health disparities…

- Encourage implementation of Integrated primary and behavioral healthcare models (collaborative care, patient centered health home).
- Promote best, promising and evidence based practices that are culturally and linguistically appropriate.
- Support efforts to build a multidisciplinary diverse, knowledgeable, bilingual and culturally competent workforce.
- Improve information and science dissemination strategies.
OMH Behavioral Health Projects 2011-2012

- Innovative Clinical and Training Programs in African American Seminaries, Schools of Divinity & Theology and Communities. 2012
OMH Behavioral Health Projects & Initiatives

- Behavioral Health Workforce, 2009. Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos. Partnership with the National Resource Center for Hispanic Mental Health to sponsor a two-day Consensus Meeting, and

- Alliance for Latino Behavioral Health Workforce Development, 2010. A leadership driven steering committee dedicated to implementing recommendations and actions steps of Movilizandonos.
Training a New and Existing Substance Use Workforce

- All health care disciplines need to have adequate basic training in the disease of addiction, the nature of substance abuse treatment and how to work in complex team settings.

- The adoption of two specific evidence based practices appropriate for primary care and other medical settings, screening, brief intervention and referral to treatment and medication assisted treatment is critical to the future of integrated care.
More OMH Behavioral Health Projects & Initiatives

- Dialogue and Strategies for Effective Holistic Health for African Americans -Blacks: Addressing the Integration of Mental Health, Substance Abuse and Primary Care, 2010.

- Pathways to Integrated Health Care, Strategies for African American Communities and Organizations. Consensus statements and recommendations. May 2011.

Working in Partnership

- HHS Behavioral Health Coordinating Committee.
- Behavioral Health and Primary Care Integration Sub-committee.
- National Integration Academy Council (NIAC), AHRQ. Steering Committee member.
- Policy Summit to Eliminate Mental Health Disparities. Planning Chair and Summit Faculty.
- Healthy People 2020
NATIONAL PARTNERSHIP FOR ACTION

to End Health Disparities

Together we can. Together we will.

- **Purpose**: Mobilize public-private sector action to end health disparities

- **Components**: National Stakeholder Strategy, Regional and Issue Focused Blueprints, Health Equity Councils, Initiatives/Campaigns
NPA Strategies

 Stimulates a comprehensive, community-driven approach to achieving health equity through collaborations

 Provides 5 goals and 20 strategies to be used in partnerships, coalitions, and targeted initiatives

 Incorporates ideas and comments from individuals and organizations through focused stakeholder meetings and public comment period

 Stakeholders can identify which goals are most important for their communities, and incorporate their practice to develop effective strategies and actions
Contact Information

Teresa Chapa, Ph.D., MPA
Senior Policy Advisor, Mental Health
Office of Minority Health
1101 Wootton Parkway, Suite 600
Rockville, MD 20852
Teresa.chapa@hhs.gov
Phone (240) 453-6904

www.minorityhealth.hhs.gov