Addressing Behavioral Health Disparities

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Office of Behavioral Health Equity
Administrator’s Office of Policy Planning and Innovation
Feb 1, 2012
California Reducing Disparities Project for AAPIs
Overview

• About SAMHSA
• Behavioral Health Disparities Data
• Data Focusing on AAPI Populations
• Federal Efforts to Address Disparities
  – Affordable Care Act (ACA)
  – Office of Behavioral Health Equity (OBHE)
  – National Network to Eliminate Disparities in Behavioral Health (NNED)
SAMHSA’s Vision & Mission

• **Vision:** SAMHSA provides leadership and devotes its resources toward helping the Nation act on the knowledge that:
  – Behavioral health is essential for health,
  – Prevention works,
  – Treatment is effective, and
  – People recover from mental and substance use disorders

• **Mission:** To reduce the impact of substance abuse and mental illness on America’s communities
SAMHSA’s Theory of Change

INNOVATION
- Proof of concept
- Services Research
- Practice-based Evidence

TRANSLATION
- Implementation Science
- Demonstration Programs
- Curriculum Development
- Policy Development
- Financing Models and Strategies

DISSEMINATION
- Technical Assistance
- Policy Academies
- Practice Registries
- Social Media
- Publications
- Graduate Education

IMPLEMENTATION
- Capacity Building
- Infrastructure Development
- Policy Change
- Workforce Development
- Systems Improvement

EVALUATION

SURVEILLANCE

WIDESCALE ADOPTION
- Medicaid
- SAMHSA Block Grants
- Medicare
- Private Insurance
- DOD/VA/DOL/DOJ/ED
- ACF/CDC/HRSA/IHS

SURVEILLANCE

EVALUATION

WIDESCALE ADOPTION

IMPLEMENTATION

DISSEMINATION

TRANSLATION

INNOVATION
SAMHSA: 8 Strategic Initiatives

SI 1: Prevention
SI 2: Trauma and Justice
SI 3: Military Families
SI 4: Recovery Support
SI 5: Health Reform
SI 6: Health Information Technology
SI 7: Data, Outcomes, & Quality
SI 8: Public Awareness & Support
Since inception has shown that nearly two-thirds of the measures of disparity in quality of care are not improving for Blacks, Asians, and Hispanics in the United States.

http://www.ahrq.gov/qual/qrdr10.htm

Quality of Care

Access to Care

AHRQ, National Health Disparities Report (NHDR)
Disparities in 2009

Quality of Care

Access to Care

AHRQ, Nat’l Health Disparities Report, 2009
State Disparities Efforts

- AHRQ’s Healthcare Cost and Utilization Project (HCUP) was developed to address the results of the National Health Disparities Report.

- Environmental scan of all 50 states and the District of Columbia to identify states that met the following criteria:
  - Published in 2007 or later
  - Data-driven
  - Addressing health care disparities
  - With evidence of state action on the document
HCUP Objectives

• Create sources of national and state level all-payer health care data.

• Produce a set of tools to facilitate the use of these data and other administrative data.

• Develop a collaborative partnership with organizations in each of the states that will increase the quality/use of health care data and research to inform decisions that will affect health care delivery.
States Provide Grants to Local Communities to Address Disparities

- **Colorado** uses data from its health disparities report for its requests for applications for the health disparities grant program.
- **New Jersey** has undertaken the Medical Interpreter Pilot Project to train bilingual hospital staff to be medical interpreters.
- **Utah** has a state tobacco control program which uses information from the disparities report to fund networks to promote tobacco control within specific populations.
State Activities: Cost of Disparities

- **Georgia** (Calculated YPLL for each county, human cost of disparities)
- **Connecticut** (Calculated human loss and days away from work, human and monetary cost of disparities)
- **Maryland** (Calculated excess cost to state incurred by Medicare and all-payers, monetary cost of disparities)
The Economic Burden of Health Inequalities in the United States

• Direct medical costs of health inequalities

• Indirect costs of health inequalities

• Costs of premature death

• www.jointcenter.org/hpi
Between 2003 and 2006, 30.6% of direct medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequalities.

Eliminating health inequalities for these groups would have reduced direct medical care expenditures by $229.4 billion for the years 2003-2006.

Between 2003 and 2006 the combined costs of health inequalities and premature death were $1.24 trillion.
Suicide Rates by Ethnicity and Age Group in the U.S., 2003-2007

A. Crosby, CDC, 2011
API Females Age 65 and Over Still Have Highest Suicide Rates

* Except for 1994 and 1996, fewer than 20 deaths reported in these years for Hispanic females, American Indian females, or Alaska Native females.


Chung, 2008
Decline in Suicide Rates, Male Age 65 & Over, Except in API Males

Detailed Race, Hispanic Origin: United States, Selected Years 1990 - 2001

* Except for 1994 and 1996, fewer than 20 deaths reported in these years for Hispanic females, American Indian females, or Alaska Native females.


Chung, 2008
Suicide and Death Ideation in Depressed Primary Care Elderly

PRISM-E Study

- Black (N=530)
- Asian or Pacific Islander (N=111)
- Hispanic or Latino (N=299)
- White (N=1228)

Chung, 2008
Suicide Death Rates, Age 15-24

Suicide death rates for 2004 among 15-24 year olds

CDC, National Center for Health Statistics, 2006
Major Depressive Episode (MDE) in the Past Year, Age 12-17 by Race/Ethnicity

MDE in the Past Year, Age 12-17, by Race/Ethnicity 2004-2005

SAMHSA, National Household Survey on Drug Use and Health (NSDUH), 2006
≥1 MDE in Lifetime and Receipt of Treatment in the Past Yr for Depression, Age 12-17

Note: Where no estimate was reported due to low precision 0.0 was used.

SAMHSA, National Household Survey on Drug Use and Health (NSDUH), 2005
Age of Illicit Substance Use Initiation by Race/Ethnicity, 2009

SAMHSA, National Household Survey on Drug Use and Health, NSDUH, 2009
Percentage of Persons Aged 12 or Older Who Met the Criteria for Alcohol Dependence or Abuse in the Past Year, by Race and Ethnicity: 2002, 2003, and 2004

- Native Hawaiian or Other Pacific Islander: 8.5%
- American Indian or Alaska Native: 14%
- White: 7.9%
- Hispanic: 8.2%
- Asian: 4.3%
- Black: 6.5%

Percentages of Past Month Alcohol Use among Persons Aged 12 to 20, by Demographic Characteristics: 2005-2006

Total Aged 12 to 20
12 to 17
18 to 20
Male
Female
Native Hawaiian or Other Pacific Islander
American Indian or Alaska Native
White
Two or More Races
Hispanic or Latino
Asian
Black or African American

Average Number of Drinks Consumed per Day on the Days Used Alcohol in the Past Month among Past Month Alcohol Users Aged 12 to 20, by Demographic Characteristics: 2005-2006

- Total Aged 12 to 20: 4.9
- 12 to 17: 4.5
- 18 to 20: 5.2
- Male: 5.8
- Female: 4
- Native Hawaiian or Other Pacific Islander: 6.4
- American Indian or Alaska Native: 5.4
- White: 5.4
- Two or More Races: 5.3
- Hispanic or Latino: 5
- Asian: 4.9
- Black or African American: 3.4

Percentage of Past Month Illicit Drug Use among Persons Aged 12 or Older, by Race/Ethnicity*:
2004 and 2005

Percentages of Asian Youths Aged 12 to 17 Reporting Past Year Alcohol Use

SAMHSA, National Household Survey on Drug Use and Health, NSDUH, 2002
Percentages of Asian Youth Reporting Binge Alcohol Use

SAMHSA, National Household Survey on Drug Use and Health, NSDUH, 2002
Treatment Admissions, by Race and Primary Substance of Abuse, 2002

- Tribes are now eligible for all SAMHSA discretionary grants
- FY 2006: awarded $52.8 million for 17 new discretionary grants and one supplemental grant to tribal organizations, with a first year total of $13.4 million.
Respondents Aged 12 or Older Reporting Daily Smoking among Past Month Smokers, 2002-2004

SAMHSA, National Household Survey on Drug Use and Health, NSDUH, 2005
Asians Aged 12 or Older Reporting Past Month Cigarette Use: 2002-2004

SAMHSA, National Household Survey on Drug Use and Health, NSDUH, 2005
HIV/AIDS

• Rate of new AIDS cases increasing

• Despite comparable rate of infection, APAs get tested for HIV at lower rates than other groups in the U.S.
Mental Health and Immigrants

- Immigrants increase their risk of mental health problems especially if they do not live in native ethnic communities.

- The longer an immigrant family lives in the US, the worse their prognosis becomes.

- 80% of API children grow up in a family where at least one person is an immigrant.

National CoMorbidity Replication Study, Kessler et al, 2005
General Barriers To Care for AAPI Populations

Lack of Access
- Language
- Economic
- Education about Services
- Health Insurance Variable Among Subgroups
- Stigma

Lack of Identification of Behavioral Health Problems
- Cultural and Linguistic Mismatch
- Focus on Somatic Symptoms
- Family Shame and Guilt
- Fear of Reprisal

Lack of Treatment & Appropriate Tx
- Patient and Family Resistance
- Lack of Providers
- Models of Care Not Culturally Responsive
- Fragmented Services
How does Health Reform help AAPI populations?

The Affordable Care Act (ACA) brings reforms to the insurance industry; increases affordability; increases access; strengthens Medicare; promotes health equity.
Health Reform and AAPI Populations

Benefits of ACA

- Expanded Coverage
- Support to Community Health Workers
- Eliminates Discrimination
- Improvement in Data Collection
- Increase in Workforce Diversity

Benefits of ACA
Health Coverage Distribution of the Non-Elderly by Race/Ethnicity, 2008

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Employer Coverage</th>
<th>Medicaid or Other Public Coverage</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>13%</td>
<td>12%</td>
<td>74%</td>
</tr>
<tr>
<td>Asian</td>
<td>19%</td>
<td>27%</td>
<td>69%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>14%</td>
<td>28%</td>
<td>59%</td>
</tr>
<tr>
<td>NHOPI</td>
<td>17%</td>
<td>30%</td>
<td>55%</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>20%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>28%</td>
<td>28%</td>
<td>44%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>32%</td>
<td>26%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation Analysis
Expanded Coverage

- Medicaid coverage will be expanded to cover more children and adults
- Almost 1.3 million legally present, non-elderly Asian Americans and 90,800 legally present, non-elderly Native Hawaiians and other Pacific Islanders will now be eligible for Medicaid.
Eliminates discrimination related to pre-existing conditions

- Without ACA, those that have a condition that could lead to a denial of coverage include:
  - 1 out of 10 non-elderly Asians (11.7%)
  - 1 out of 6 non-elderly NHOPPI (14.5%)

Increase in Workforce Diversity

- ACA funds scholarships, grants and loan repayment programs for:
  - HC professionals who serve minority and underserved populations
  - Continuing education support for those HC professionals
  - Grants for minority faculty members and health professionals

FamiliesUSA, 2010
Health Reform and AAPI Populations

Improvement in Data Collection

- Need for coordination, documentation, and analysis of data to identify the health disparities by race and ethnicity that exist.
- ACA Section 4302, requires data to be collected and reported by race, ethnicity, sex, disability and primary language for participants.

Support to Community Health Workers

- Grants provide support for community health workers through funding for the training, supervision, and support of community health workers for fiscal years 2010 through 2014.
ACA Provision 4302: Data and Disparities

- To be used in national population health surveys.
- Standards will apply to self-reported information only.
- The law also requires any data standards published by HHS comply with standards created by the Office of Management and Budget (OMB).
- HHS on Oct. 31, 2011, published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act

http://www.minorityhealth.hhs.gov/templates/content.asp?ID=9227&lvl=2&lvlID=208
ACA Provision 4302: Final Standards Published by HHS

- What is your race?
  (One or more categories may be selected)
  ____ Asian Indian
  ____ Chinese
  ____ Filipino
  ____ Japanese
  ____ Korean
  ____ Vietnamese
  ____ Other Asian

These categories roll-up to the Asian category of the OMB standard
ACA Provision 4302: Final Standards Published by HHS

- Native Hawaiian
- ____Guamanian or Chamorro
- ____Samoan
- ____Other Pacific Islander

These categories roll-up to the Native Hawaiian or Other Pacific Islander category of the OMB standard
“State Option to Provide Health Homes for Enrollees with Chronic Conditions”*

- **Goal**: enhanced integration and coordination of primary, acute, behavioral health (mental health and substance use), and long-term services and supports for persons across the lifespan with chronic illness.

- The health home provision provides an opportunity to build a person-centered system of care that achieves improved outcomes for beneficiaries and better services and value for State Medicaid programs.

*Led by Centers for Medicaid and Medicare (CMS), in partnership with SAMHSA, ASPE, HRSA, and AHRQ
Affordable Care Act, Section 2703

Population Served

- Eligible individuals are those with chronic conditions, meaning an individual who is eligible for medical assistance under the State plan or under a waiver of such plan and has at least
  - 2 chronic conditions; or
  - 1 chronic condition and is at risk of having a second chronic condition; or
  - 1 serious and persistent mental health condition

- Chronic conditions must include:
  - A mental health condition
  - A substance use disorder
  - Asthma
  - Diabetes
  - Heart disease
  - Being overweight, as evidenced by having a BMI >25
Affordable Care Act, Section 2703

Required Services
• Comprehensive care management;
• Care coordination and health promotion;
• Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;
• Patient and family support (including authorized representatives);
• Referral to community and social support services, if relevant; and
• Use of health information technology to link services, as feasible and appropriate.
Technical Assistance Center: SAMHSA/HRSA Center for Integrated Health Solutions (CIHS)

In partnership with HHS/Health Resources and Services Administration (HRSA)

- **Goal:** To promote the planning and development of integrated primary and behavioral health care for those with SMI, addiction disorders and/or individuals with SMI and a co-occurring substance use disorder, whether seen in specialty mental health or primary care safety net provider settings across the country

- **Purpose:** To serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development

- [www.centerforintegratedhealthsolutions.org](http://www.centerforintegratedhealthsolutions.org)
Integrated Care Grant Program

- SAMHSA’s Primary and Behavioral Health Care Integration (PBHCI) Initiative

- Improve the physical health status of people with serious mental illnesses (SMI)
  - supporting communities to coordinate and integrate primary care services into publicly funded community mental health and other community-based behavioral health settings
Health Reform and AAPI Populations

• Resources
  – Families USA Fact Sheets highlighting how the new health reform law will help America's communities of color. Links available at:
    • http://nned.net/index-nned.php/NNED_content/news_announcement/hcr/
  – Centers for Medicare and Medicaid Services Multilingual Publications-- This website provides downloadable CMS documents in English, Spanish, Chinese, Korean and Vietnamese.
    • http://www.medicare.gov/publications/multilanguage.asp
Office of Behavioral Health Equity (OBHE)

- **Created by the Affordable Care Act:** 6 new offices of Minority Health created within 6 different HHS agencies coordinated by the Assistant Secretary for Health.

- **Vision:** “All populations have equal access to high quality behavioral health care.”

- **Mission:** “To reduce the impact of substance abuse and mental illness on populations that experience behavioral health disparities by improving access to quality services and support that enable individuals and families to thrive, participate in and contribute to health communities.”
Key Federal Policy Drivers

- Federal Survey Data
- HHS Secretary’s Health Disparities Strategic Action Plan
- 2011 National Stakeholder Strategy (NSS) for Achieving Health Equity
- AHRQ National Health Disparities Report
- Healthy People 2020 Disparity Goals
- HHS Secretary’s Strategic Initiatives
- SAMHSA’s 8 Strategic Initiatives
- White House Executive Orders
HHS Secretary’s Strategic Action Plan to Reduce Racial and Ethnic Health Disparities

- Overarching Priorities
  - Assess impact of all HHS policies, programs to reduce disparities (health disparity impact statements in grants)
  - Use of data to improve health of minority groups (map high need disparity areas and HHS investments)
  - Measure/incentivize better health care quality for minority groups (SAMHSA/CMS measures related to burden of depression)
  - “ensure access to quality, culturally competent care for vulnerable populations…..”
  - Social determinants and health impact in all policies
SAMHSA’s Office of Behavioral Health Equity (OBHE): 5-Part Plan

1. Data Strategy (disparity impact statement in grants/contracts; revisions to RFA template)

2. Communications Strategy (access and info)

3. Policy Strategy (build on policy levers)

4. Practice and Workforce Innovations (NNED Learn2012; TCU Institute, Pacific Jurisdictions Master Trainer Program March 2012)

5. Customer Service (trusted broker of information to stakeholders)
OBHE Functions

1. **Data Strategy (with CBHSQ)**
   - Standardizing collection of race/ethnicity/sexual minority status
   - SAMHSA surveys and reports (NSDUH, TEDS, DAWN, etc.)
   - Grants Data

2. **Communications Strategy (with Office of Communications)**
   - Public awareness campaigns (multicultural)
   - Webpage (launch by April 12); blog, etc.
   - Internal SAMHSA, External groups, federal work groups
OBHE Functions

3. Policy and Practice

– Action steps in Secretary’s Plan
  • Disparities impact statement in grant programs
  • OBHE review of SAMHSA RFAs

– Action steps in SAMHSA Strategic Initiatives
  • #1 Prevention: suicide prevention Latina youth and Tribal population
  • #5 Health Reform: 50% uninsured are people of color; strategy for outreach and enrollment; 18-21yr olds of color 55% Latino; 32% Black; 25%White

– White House Initiative on AAPI – Kiran Ahuja, Exec Dir.
  • Very Active; blog; newsletter; interest in building capacity in behavioral health
OBHE Functions

4. Quality Practice and Workforce Development

- Pacific Jurisdictions Master Trainer Program
- Tribal Colleges Univ Institute
- National Network to Eliminate Disparities in Behavioral Health (www.nned.net) over 1,000 community-based organizations and affiliates serving c/r/e minorities and LGBT populations; resource sharing, communities of practice and learning communities

  - Identify exemplary programs/practices/policies in communities and community-based organizations, exchange on network
National Network to Eliminate Disparities in Behavioral Health

Striving for behavioral health equity for all individuals, families, and communities.

Learn About HHS’s Action Plan to Reduce Racial and Ethnic Health Disparities (posted 4/27)


» FULL STORY

RECENT NEWS

- Study Suggests Flaw In Methods Used To Measure Racial Health Disparities (posted 4/27)
- PBS’s Independent Lens Premier Documentary on Two Spirits 6/14
- IOM Releases Report to Help Focus Action Aimed at Achieving Healthy People 2020 Goals (posted 4/6)
- Indian Youth Suicide Crisis Baffles Fort Peck (posted 3/29)
Sponsored by:

- The Substance Abuse and Mental Health Services Administration
- The NIH/National Institute on Minority Health and Health Disparities
- Annie E. Casey Foundation
Purpose: To build a national network of diverse racial, ethnic, cultural and sexual minority communities and organizations to promote policies, practices, standards and research to eliminate behavioral health disparities.

www.nned.net
NNED Desired Outcomes

**LINK** community providers, organizations, research/training centers and networks in diverse communities

**IDENTIFY** and **LINK** pockets of excellence

**DEVELOP** an infrastructure for collecting, analyzing and disseminating information, data, best practices, research, and policy

**BUILD CAPACITY** through learning collaboratives, communities of practice, and community action

**IMPACT DISPARITIES** through community collaboratives and targeted actions
NNED Structure

Community & Ethnic-based Organizations & Networks

Knowledge Discovery and Diffusion Centers

National Facilitation Center
Key Operations of the NNED

• Provide a network structure for the sharing, dissemination, and uptake of effective practices among community-based providers and organizations

• Provide a structure for peer training and technical assistance

• Foster researcher-provider collaborations

• Launching an “Innovations Exchange”

• Develop and support Communities of Practice

• Provides virtual workspace

• **NNED Learn 2012**
National Network to Eliminate Disparities (NNED) 2008-2011

- 2008 – 35 Partners
- 2009 – 134 Partners
- 2010 – 320 Partners
- 2011 – 464 Partners
National Network to Eliminate Disparities (NNED) 2008-2011

2009 – 39 Affiliates
2010 – 355 Affiliates
2011 – 701 Affiliates
NNED Geomapping Feature

http://maps.nned.net/
## Sample Learning Cluster Topics

- Parental Depression in Low Income Communities
- Integrating Primary Care and Behavioral Health Care
- Putting SBIRT into Primary Care/ CHC’s
- Role of Faith-based Communities in BH
- Public Awareness Campaigns for Diverse Communities
- **Community-defined Evidence Project**
- Network of Hospital-based Violence Prevention
- Best Practices for Indigenous Communities
Communities of Practice Topics

• Bienvenido Program – Mental Health Promotion for Latino Communities (Spanish-speaking)

• Project Youth Venture – Tribal Youth Substance Abuse Prevention EBP

• Latino Multi-Family Group Therapy

• Launching:
  – Motivational Interviewing
  – Consumer Peer Support
  – Strengthening Families
Join the NNED

Invitation to join the NNED:
Share best practices, innovations, practice/research partnerships…

www.nned.net
A Framework for Health Disparities

Economic & Social Opportunities and Resources (reflected in income, education, and racial or ethnic group)

Living & Working Conditions in Homes and Communities

Medical Care

Personal Behavior

HEALTH

M. Marmot, World Health Organization (WHO)