Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)
1992-2012
20 YEARS STRONG

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Substance Abuse and Mental Health Services Administration
SAMHSA
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1992-2012
20 YEARS STRONG

2014 Annual PBHCI Grantee Meeting

Trends in PBHCI Health Disparities

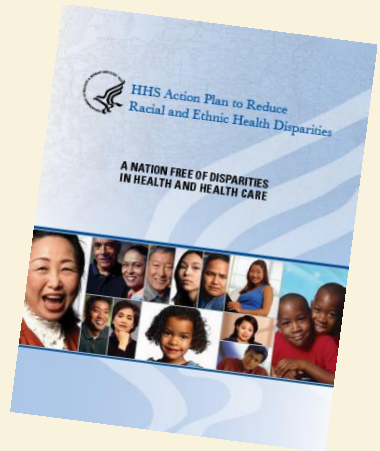
August 13, 2014
Trina Dutta, MPP, MPH
Center for Mental Health Services

HHS Action Plan to Reduce Racial and Ethnic Health Disparities (2011)

Secretarial Priority #1

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, and in some instances, could be used to score grant applications if underlying program authority permits

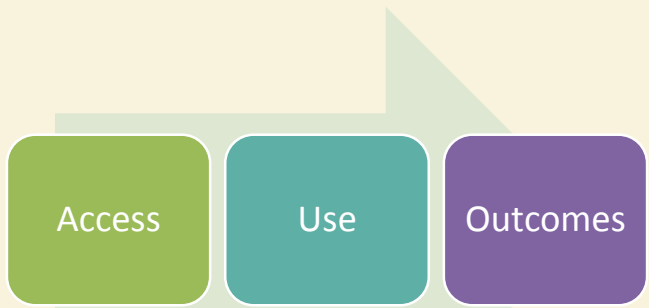


Definition of Health Disparity (Healthy People 2020)

- 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."

What do we know about who's getting what, are they getting better and why?

SAMHSA's Health Disparities Framework

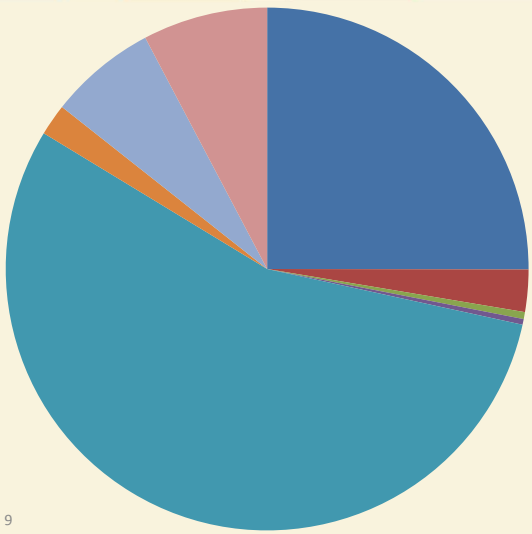


SAMHSA's Health Disparities Framework

- Access
  - Access to services
  - Access to preventive interventions
  - Access to trainings/TA
- Use
  - Services
  - Retention in Services
  - Infrastructure activities – trainings, collaborations
- Outcomes
  - General (NOMS)
  - Program-specific outcome measures

Access: *Who are you serving?*

Access



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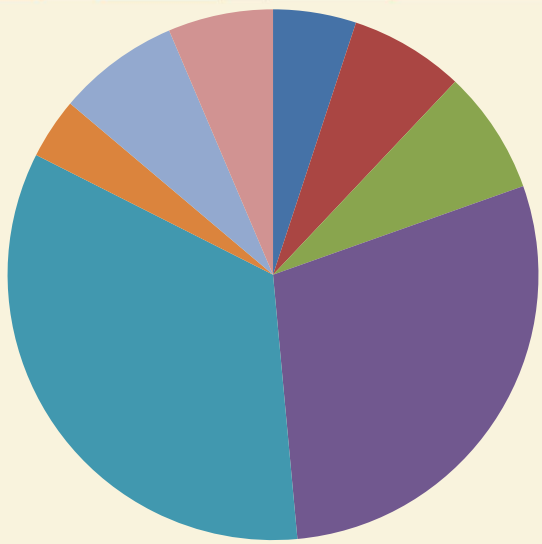

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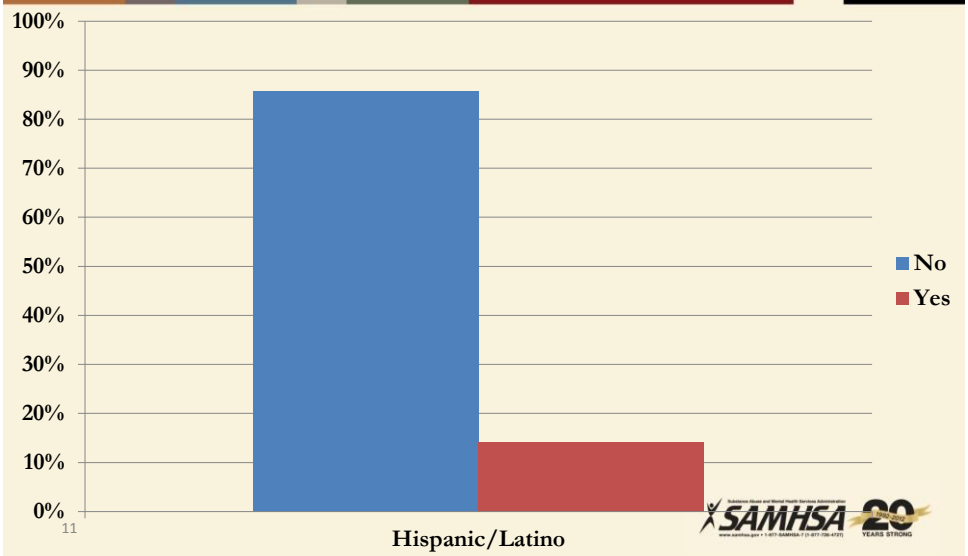
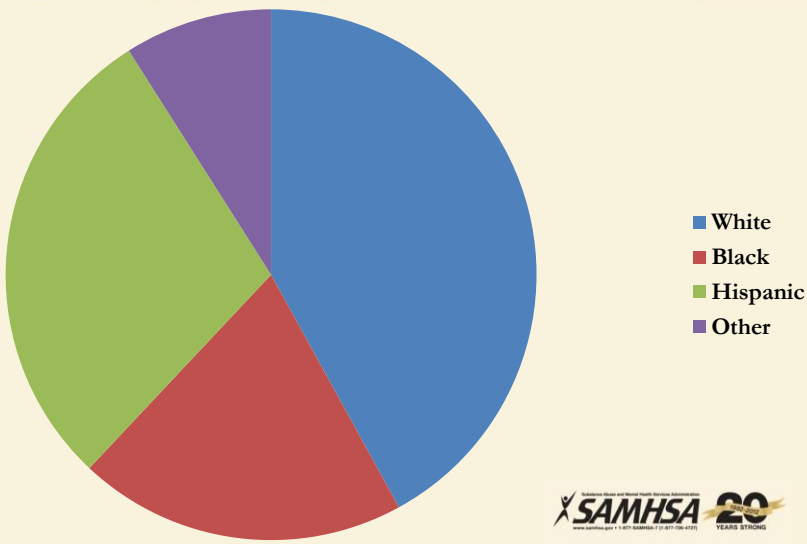


11

Kaiser Family Foundation: Distribution of the Nonelderly with Medicaid by Race/Ethnicity



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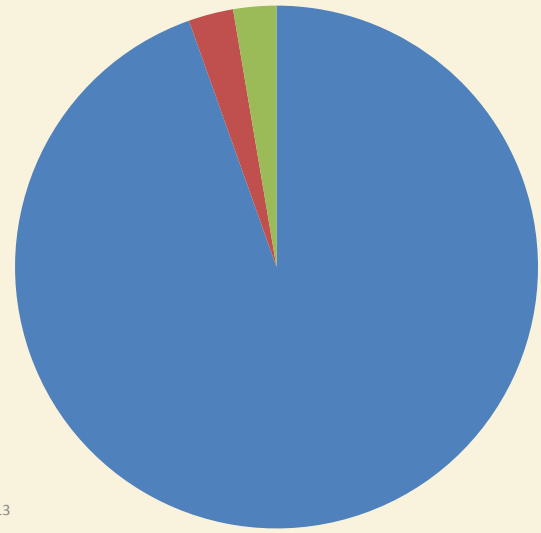
Access



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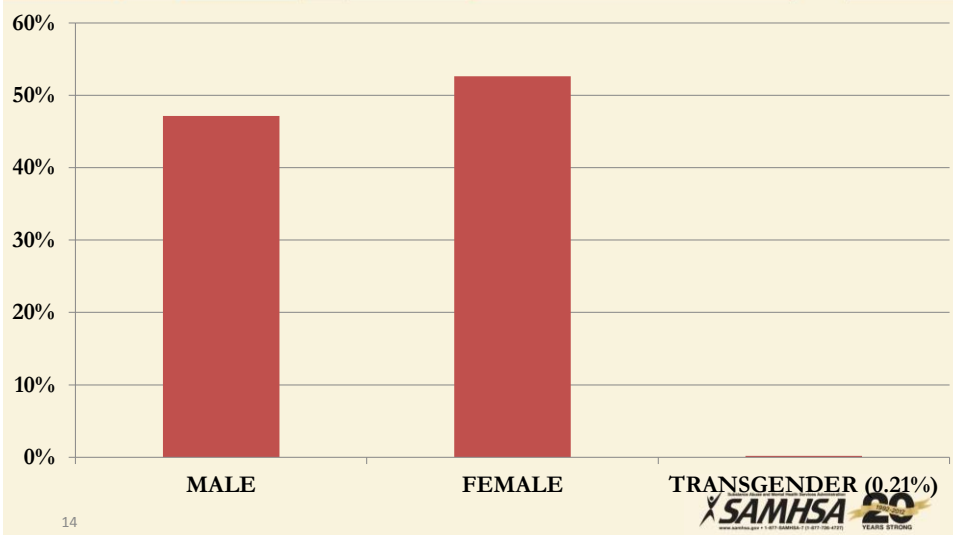
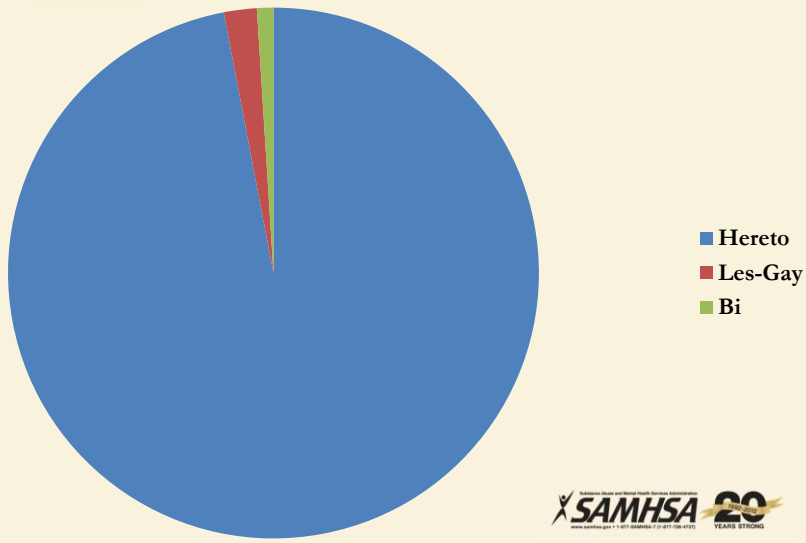


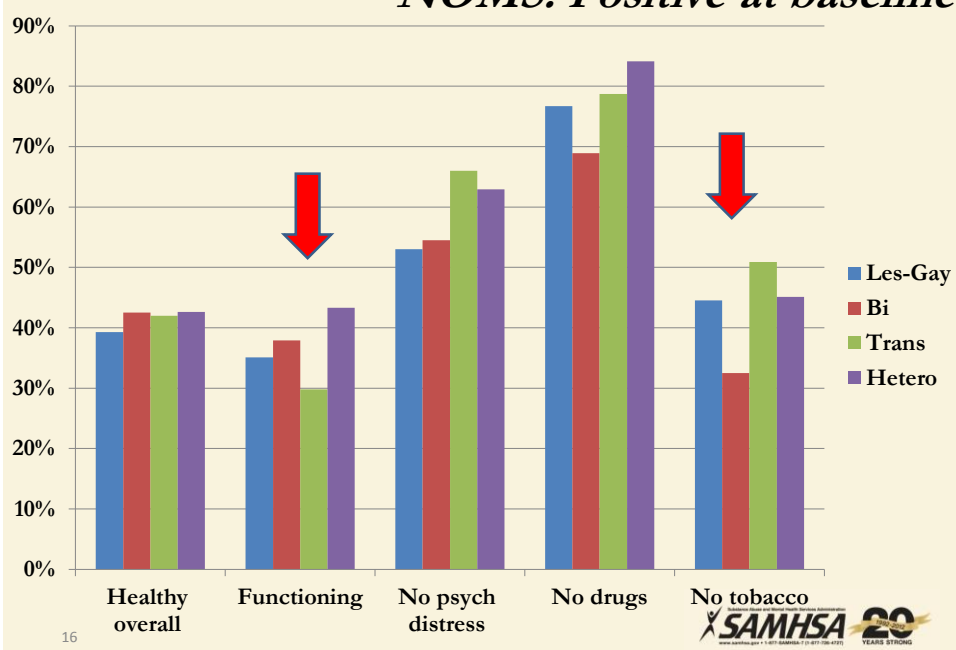
14

CDC July 2014 Report: *Sexual Orientation and Health Among U.S. Adults*



15

NOMS: Positive at baseline



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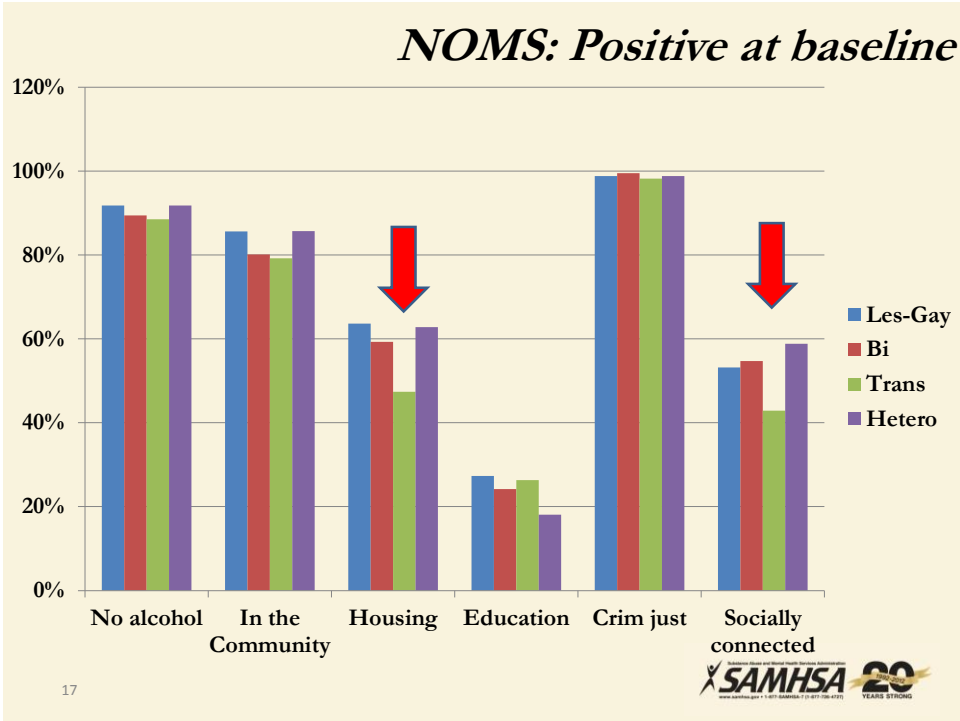
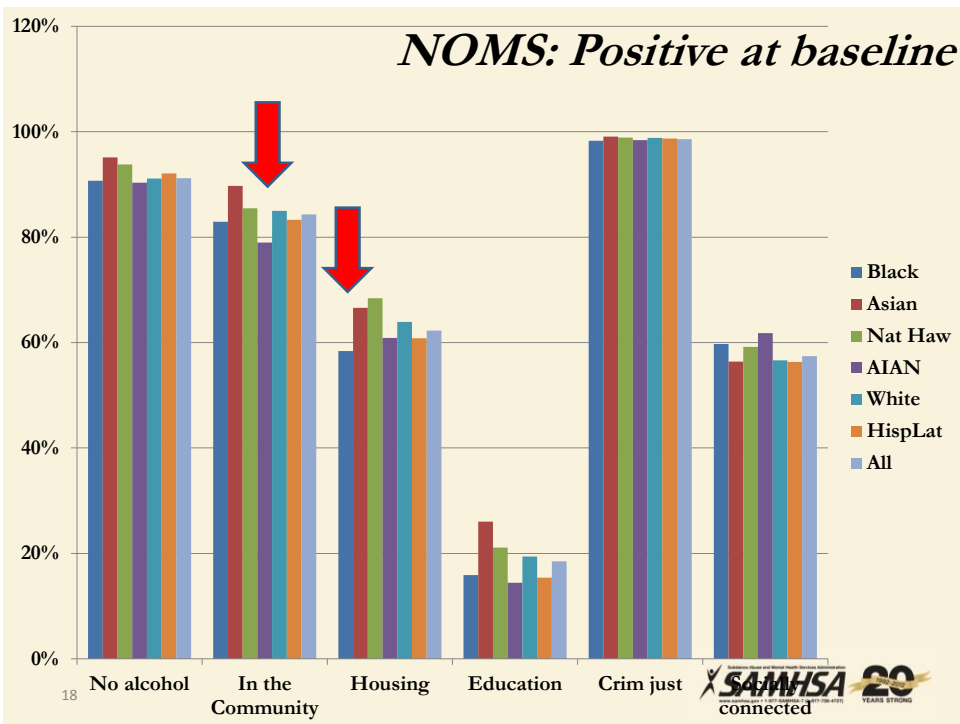
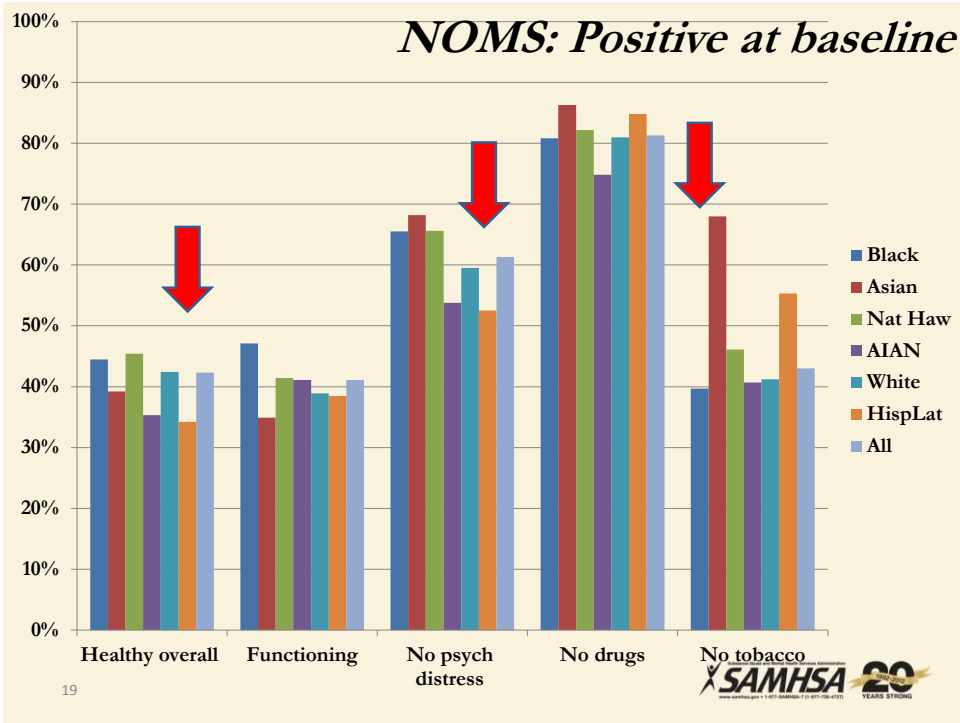
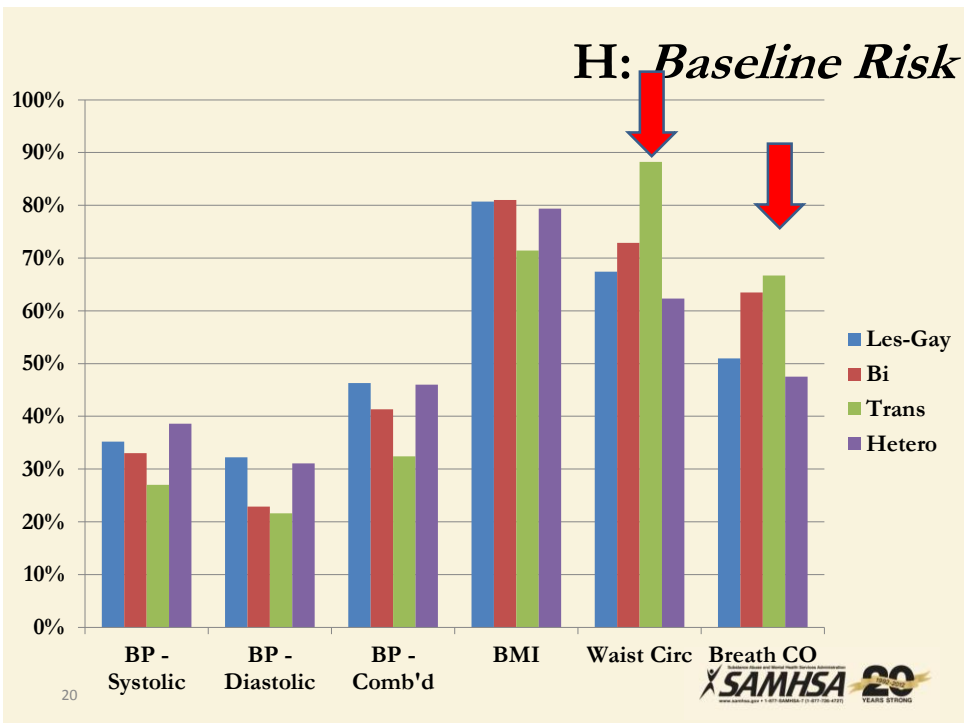
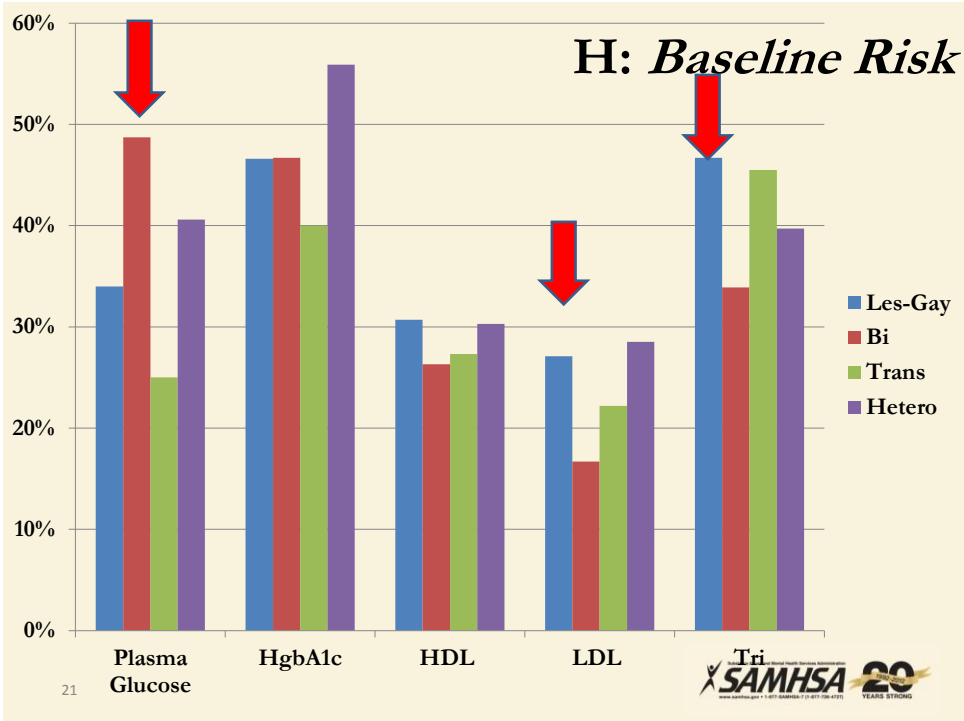
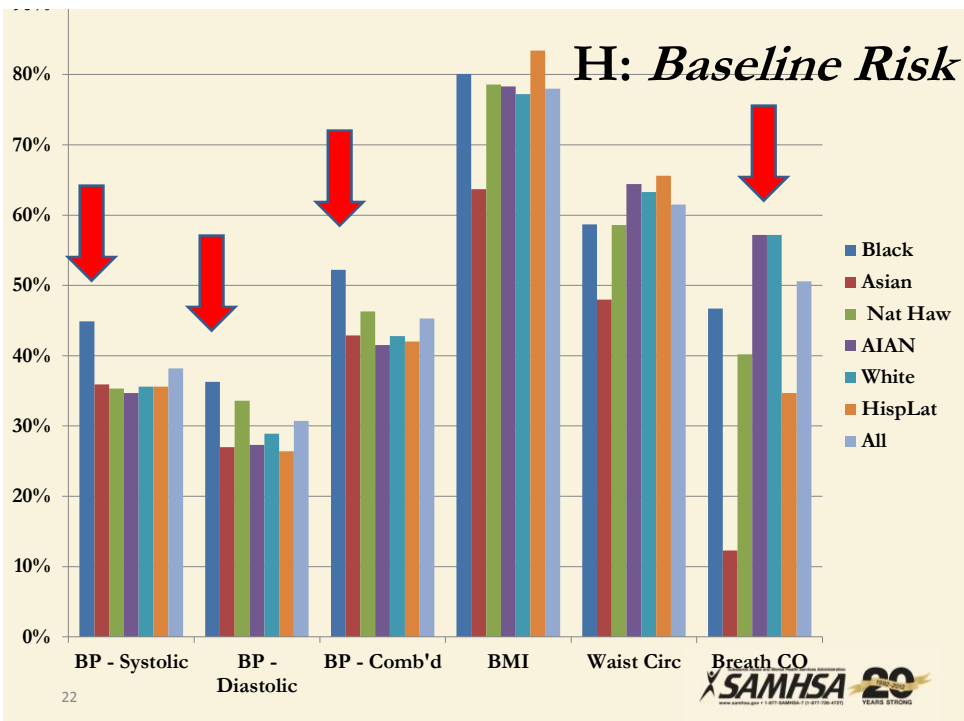

NOMS: Positive at baseline
120%
100%
80%
60%
40%
20%
0%
No alcohol
In the Community
Housing
Education
Crim just
Socially connected
Les-Gay
Bi
Trans
Hetero
17
SAMHSA

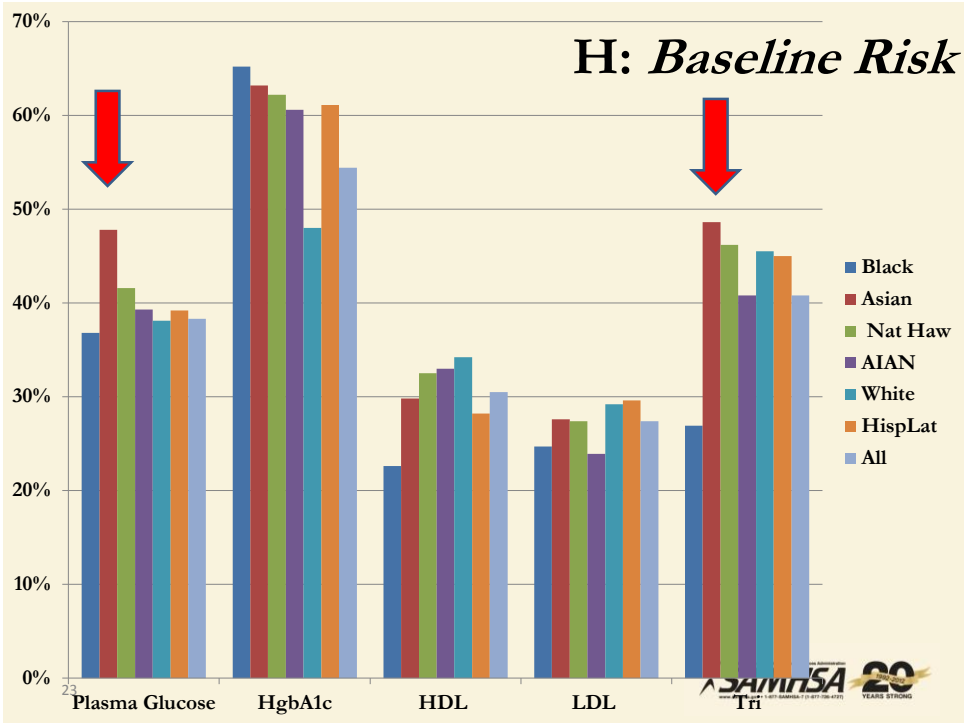

NOMS: Positive at baseline
120%
100%
80%
60%
40%
20%
0%
No alcohol
In the Community
Housing
Education
Crim just
Socially connected
Black
Asian
Nat Haw
AIAN
White
HispLat
All
18
SAMHSA


NOMS: Positive at baseline
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Healthy overall
Functioning
No psych distress
No drugs
No tobacco
Black
Asian
Nat Haw
AIAN
White
HispLat
All
19


H: Baseline Risk
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
BP - Systolic
BP - Diastolic
BP - Comb'd
BMI
Waist Circ
Breath CO
Les-Gay
Bi
Trans
Hetero
20


H: Baseline Risk
60%
50%
40%
30%
20%
10%
0%
Plasma Glucose
HgbA1c
HDL
LDL
Tri
Les-Gay
Bi
Trans
Hetero
21


H: Baseline Risk
80%
70%
60%
50%
40%
30%
20%
10%
0%
BP - Systolic
BP - Diastolic
BP - Comb'd
BMI
Waist Circ
Breath CO
Black
Asian
Nat Haw
AIAN
White
HispLat
All
22



So, what do we know about access to PBHCI?

- Generally speaking, PBHCI clients are as diverse as Medicaid beneficiaries
- Generally speaking, PBHCI clients reflect the LGBT diversity of the general population
- Transgender clients show lower baseline functioning, lower rates of safe housing, and lower social connectedness, and bisexual clients show lower rates of non-smoking.
- At baseline, AI/AN have lower rates of involvement in their community, and blacks have lower rates of safe housing
- Hispanic/Latino clients have the lowest overall self-report of health and psychological health, and blacks have the lowest rates of non-smoking.

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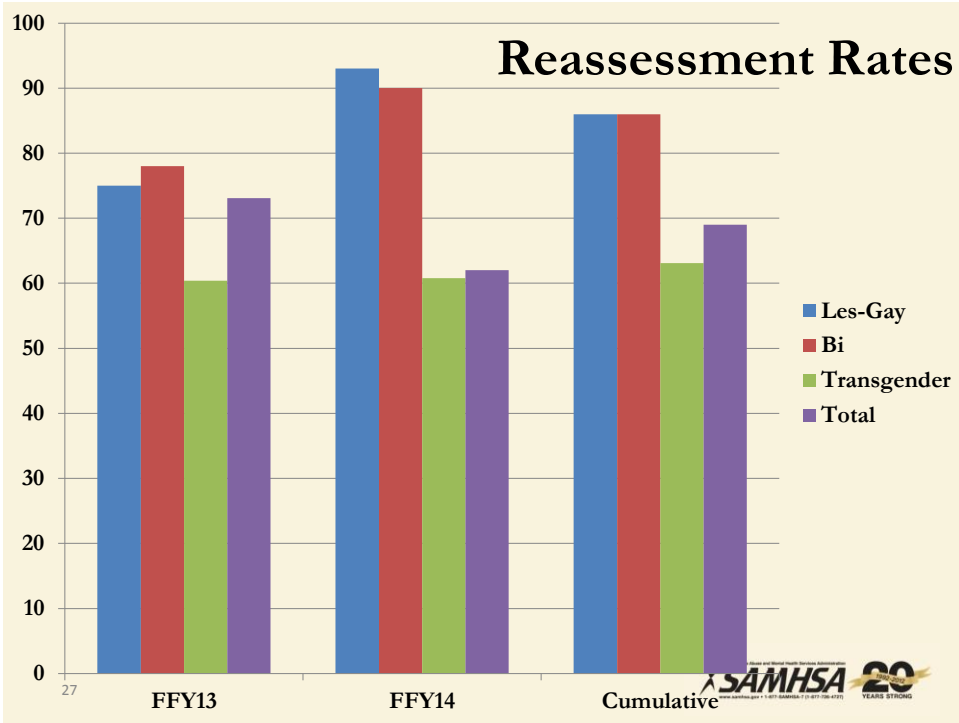
So, what do we know about access to PBHCI?

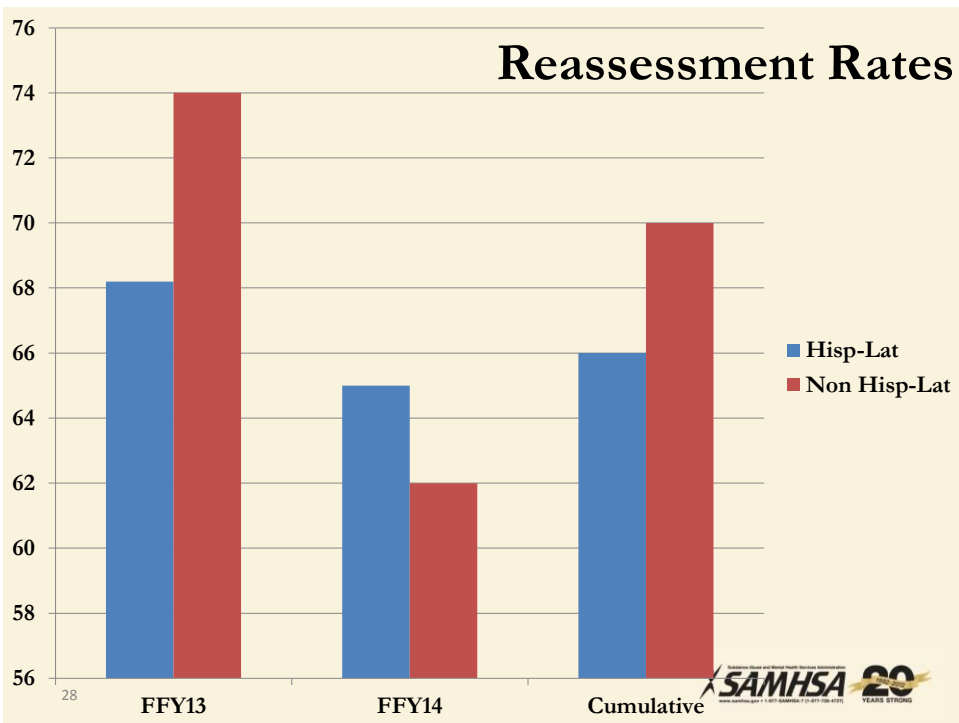
- Transgender clients have the highest risk levels around waist circumference and breath CO.
- Bisexual clients have the highest risk around fasting blood sugars and LDL, while lesbian-gay clients have the highest triglyceride risk.
- Blacks have the highest risk across all blood pressure indicators, and AI/AN and whites have the highest breath CO levels.
- Asians have the highest blood glucose risk and Asians/Native Hawaiians have the highest triglyceride risk.

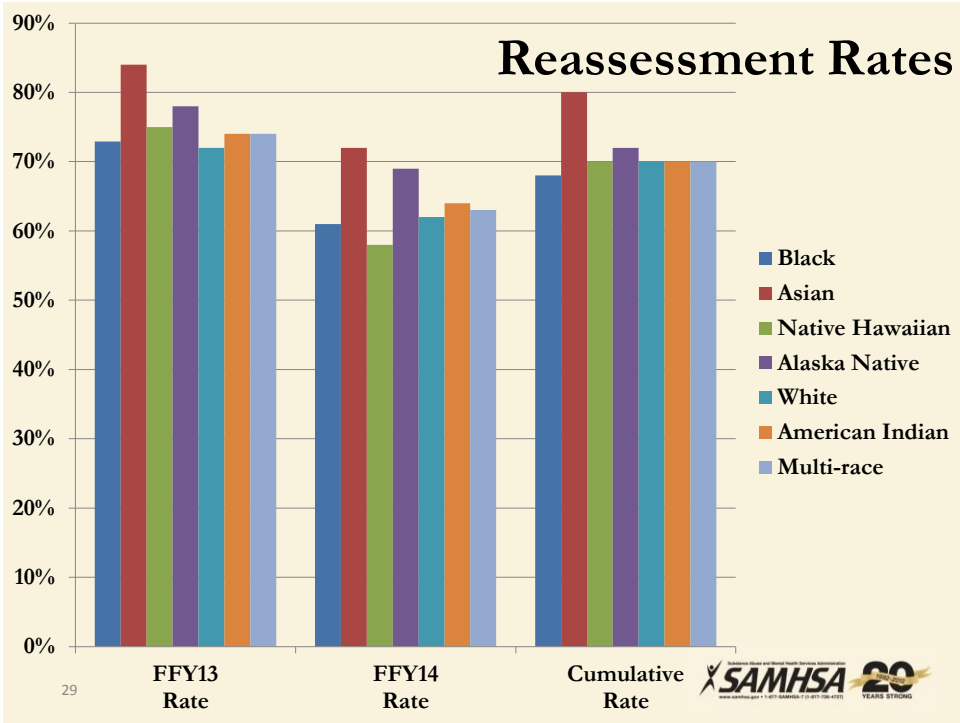
25

Use: W*ho is staying engaged in PBHCI services?*

26


Reassessment Rates
100
90
80
70
60
50
40
30
20
10
0
Les-Gay
Bi
Transgender
Total
FFY13
FFY14
Cumulative
27


Reassessment Rates
76
74
72
70
68
66
64
62
60
58
56
Hisp-Lat
Non Hisp-Lat
FFY13
FFY14
Cumulative
28



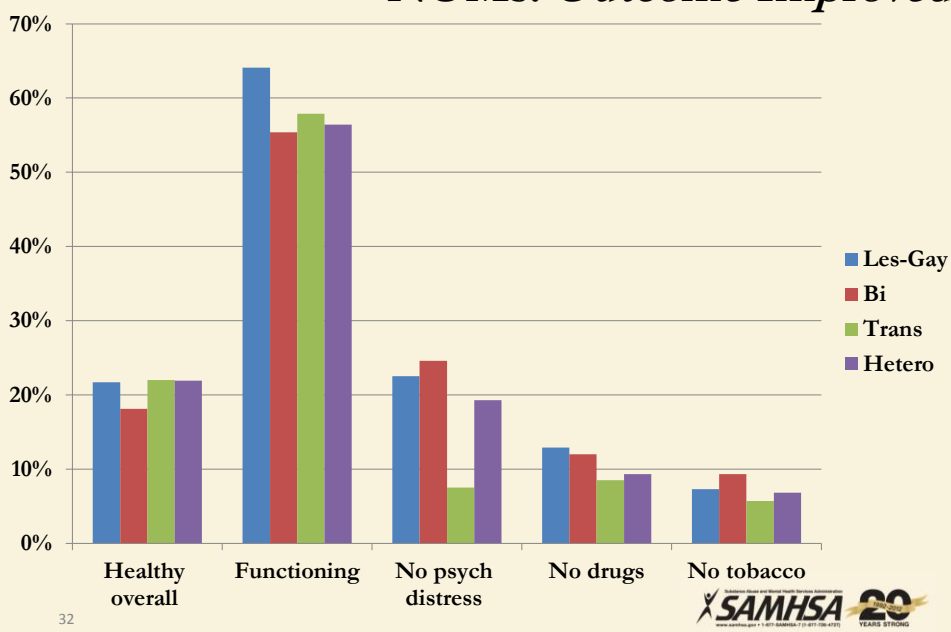
So, what do we know about use of PBHCI?

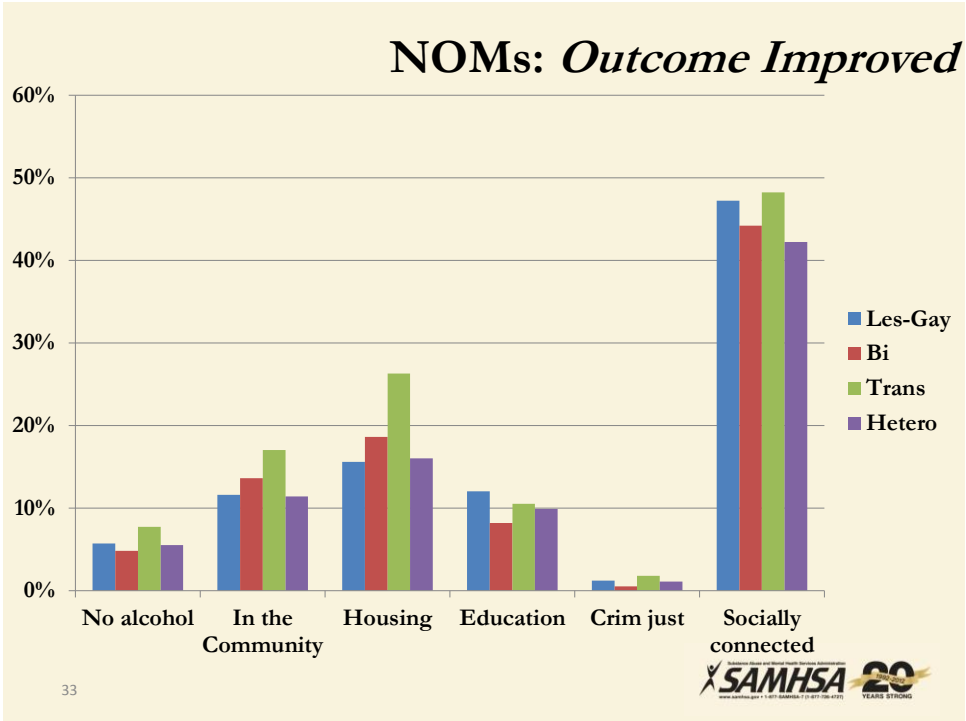
- Transgender and Hispanic-Latino clients generally have low reassessment rates
- Across racial groups, reassessment rates are fairly equal

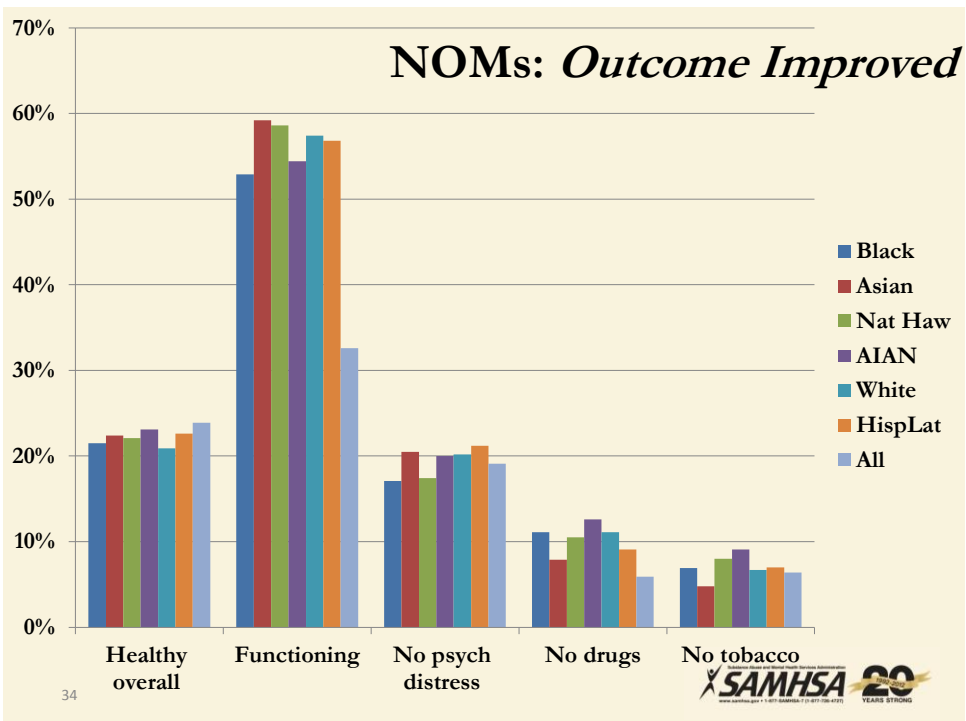
30

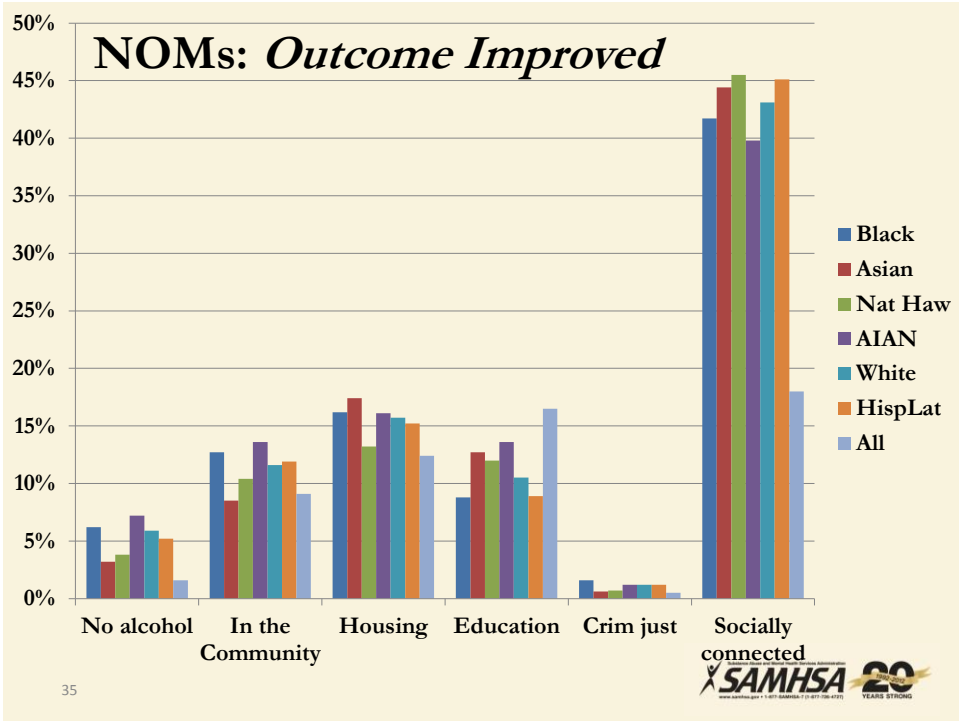
Outcomes: *Who is and isn't getting better?*

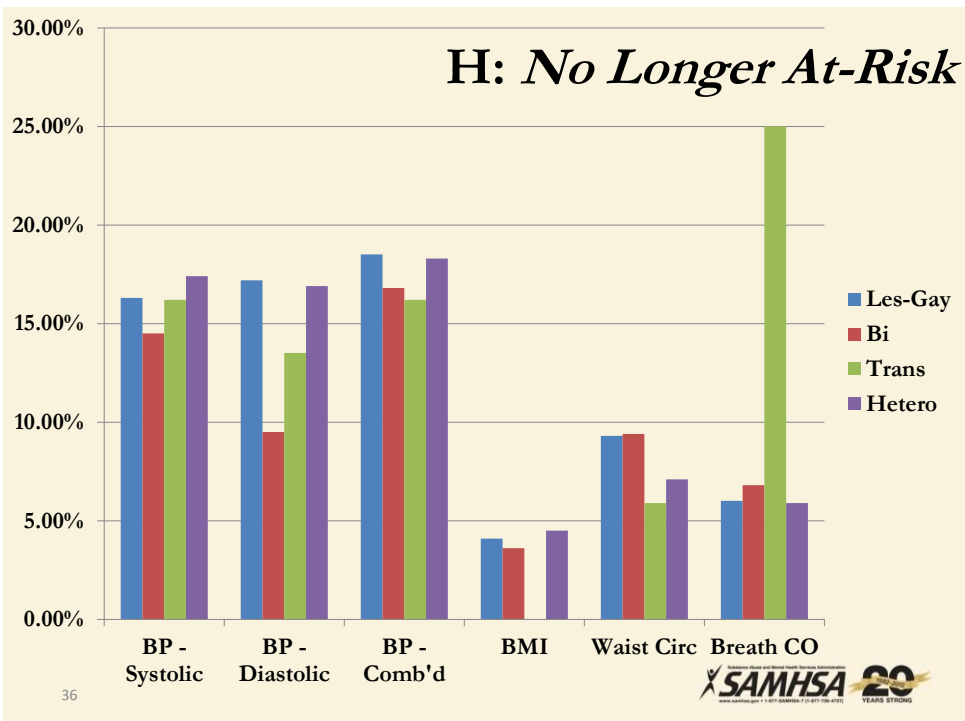
NOMs: *Outcome Improved*

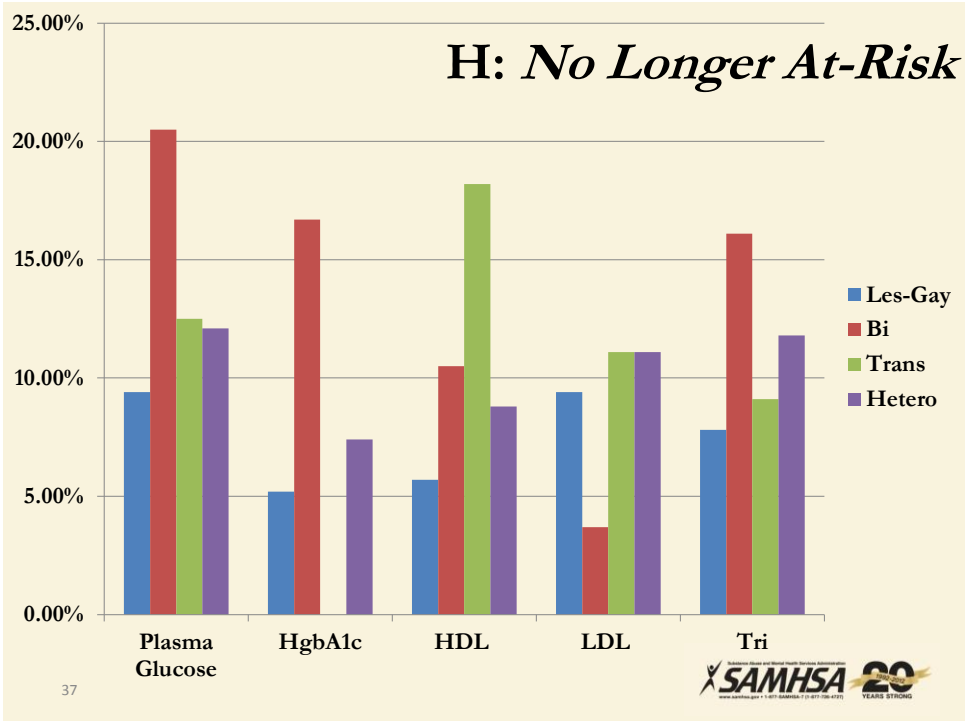


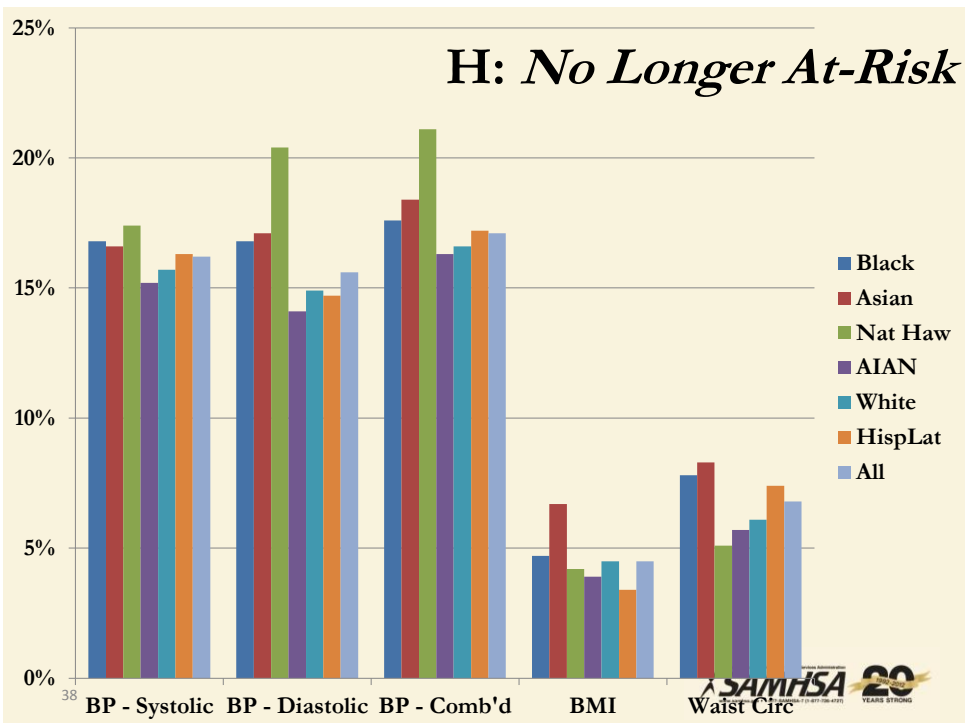

NOMs: Outcome Improved
60%
50%
40%
30%
20%
10%
0%
No alcohol
In the Community
Housing
Education
Crim just
Socially connected
Les-Gay
Bi
Trans
Hetero
33
SAMHSA

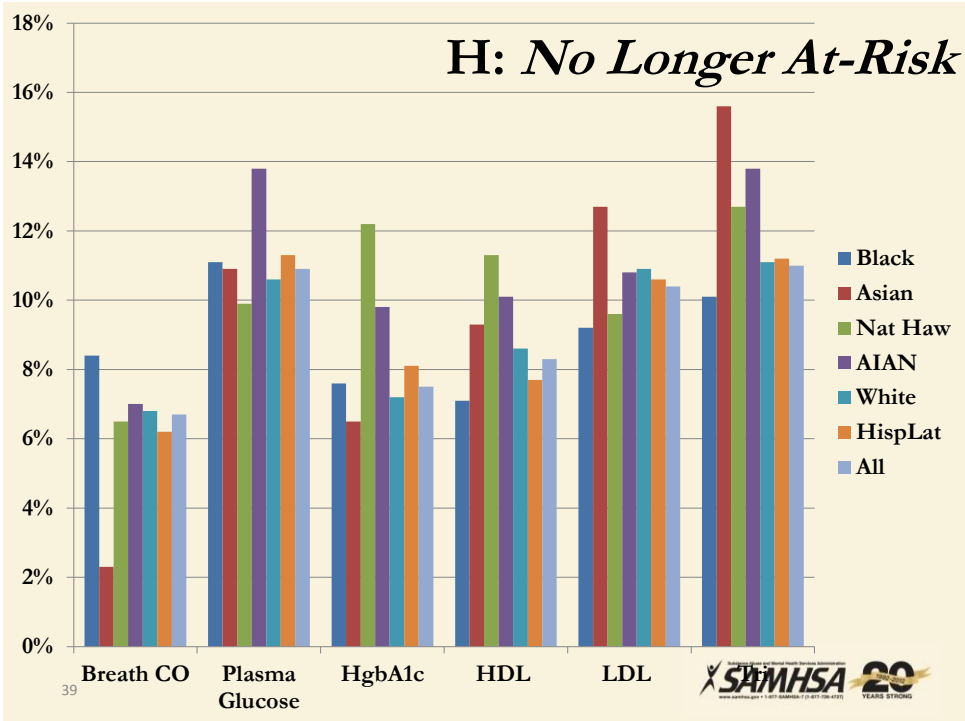

NOMs: Outcome Improved
70%
60%
50%
40%
30%
20%
10%
0%
Healthy overall
Functioning
No psych distress
No drugs
No tobacco
Black
Asian
Nat Haw
AIAN
White
HispLat
All
34
SAMHSA


NOMs: Outcome Improved
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
No alcohol
In the Community
Housing
Education
Crim just
Socially connected
Black
Asian
Nat Haw
AIAN
White
HispLat
All
35
SAMHSA
20 YEARS STRONG


H: No Longer At-Risk
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
BP - Systolic
BP - Diastolic
BP - Comb'd
BMI
Waist Circ
Breath CO
Les-Gay
Bi
Trans
Hetero
36
SAMHSA
20 YEARS STRONG


H: No Longer At-Risk
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Plasma Glucose
HgbA1c
HDL
LDL
Tri
Les-Gay
Bi
Trans
Hetero
37


H: No Longer At-Risk
25%
20%
15%
10%
5%
0%
BP - Systolic
BP - Diastolic
BP - Comb'd
BMI
Waist Circ
Black
Asian
Nat Haw
AIAN
White
HispLat
All
38



Questions you can ask when reviewing your data

- Does your PBHCI population reflect the community you live in OR the community you intended to serve? If not, why, and what outreach/engagement strategies should your team implement to reach those unserved populations?
- Is there a mismatch between who you enrolled in PBHCI, and who is continuing to use services? If so, what is creating this mismatch (i.e., lack of culturally appropriate programs, staff who are not language proficient?)

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HHS Action Plan to Reduce Racial and Ethnic Health Disparities (2011)

Vision: **A nation free of disparities in health and health care**

Goals:

- **Transform health care;**
- **Strengthen the nation's Health and Human Services 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**

Questions you can ask when reviewing your data

- **Are there differences in outcomes across your Section H and NOMs reports by racial/ethnic/LGBT group? If so, what is creating these differences, and what can your program do to address these differences?**
  - **CLAS (National Culturally and Linguistically Appropriate Services *CLAS Standards* in Health and Health Care)**

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What are we trying to achieve?

A person-centered system of care that realizes improved outcomes and better services and value