HEALTH CARE DISPARITIES

SIGNIFICANT ISSUE FOR EFFECTIVE INTERVENTION, TREATMENT AND RECOVERY – ORIENTED STRATEGIES

Prison and Jail Overcrowding Commission

Department of Mental Health and Addiction Services

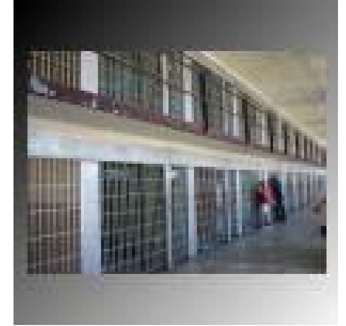
November 4, 2004

Two Key Definitions

Behavioral Healthcare: Mental Health and Addiction Treatment Services

Health disparities: Systematic differences in health care practices and patterns of service utilization that are related to race, culture or gender and not due to a health condition

Men in the Criminal Justice System



- *94% of all inmates in U.S. state and federal prisons are men*
- *Black and Hispanic inmates constitute 62% of the prison population*
- *16% have mental illness*
- *Policy implications:*
  - *Front Door – Jail Diversion*
  - *Back Door – Community Reentry*

What is the CT Health Disparities Initiative?

Goals:

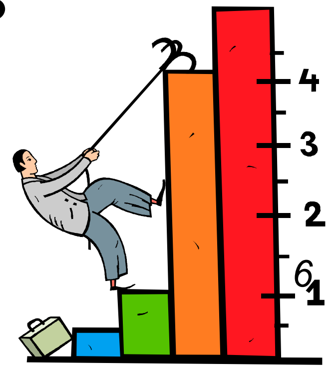
- *Identify and reduce behavioral health disparities*
- *Improve quality of care by enhancing cultural competence*
- *Create sustained Systems Change*
- *Contribute to the body of scientific knowledge*

U.S. Surgeon General on Mental Health: Culture, Race and Ethnicity

- **Less access to, and availability of, mental health services**
- **Less likely to receive needed mental health services**
- **Those in treatment often receive a poorer quality care**
- **Underrepresented in mental health research**
- **Experience a greater burden of disability**

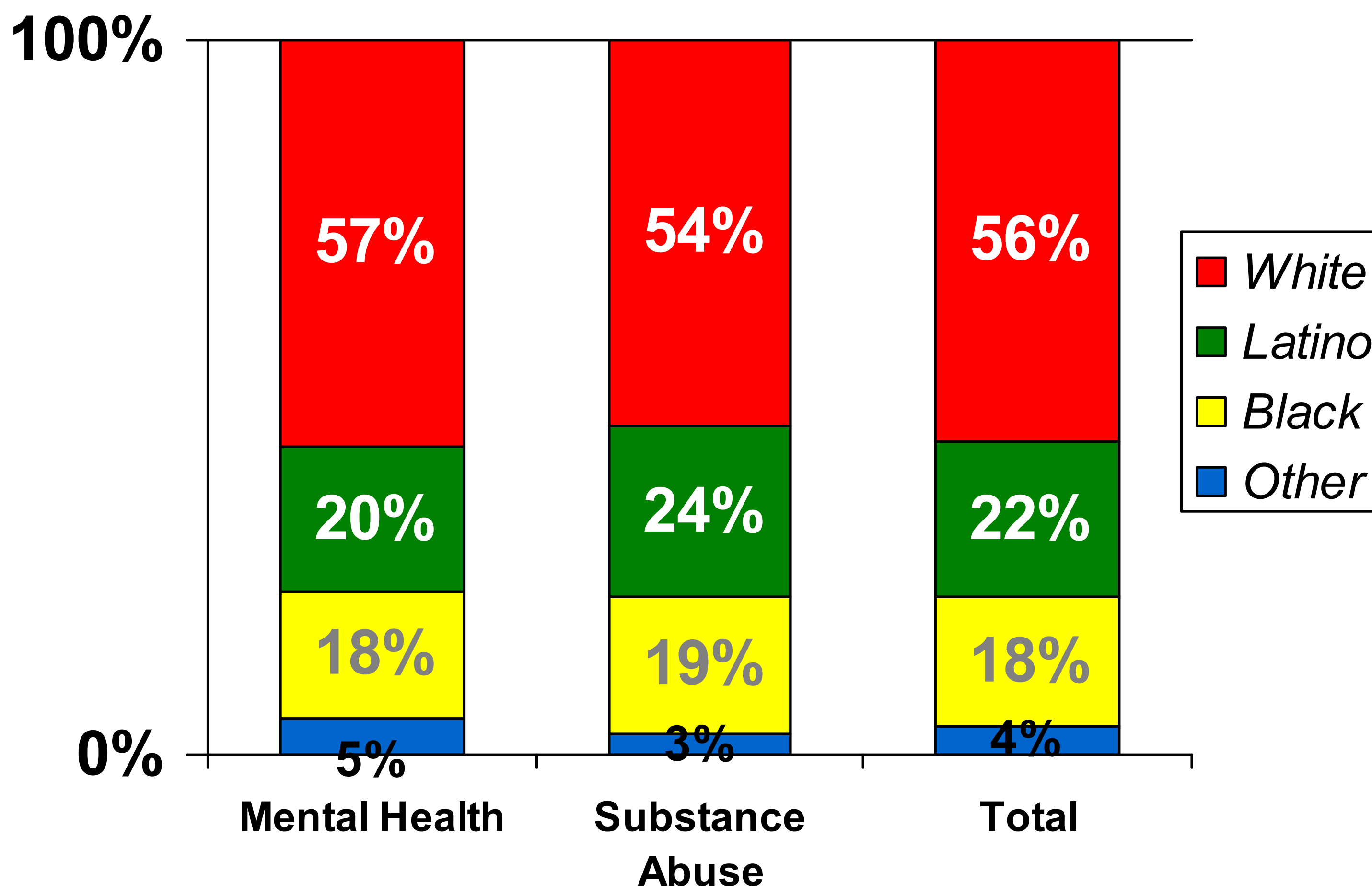
Why Address Behavioral Health Disparities NOW

- *Because the nation's population is changing rapidly*
- *Because too many people lack health insurance – especially People of Color*
- *Because many People of Color are reliant upon public sector services*
- *Because health disparities are serious problems*
- *Because it's the right thing to do!*



Many People of Color are reliant upon public sector services

CT DMHAS Fiscal Year 2003 Data



Source: CT DMHAS eCura

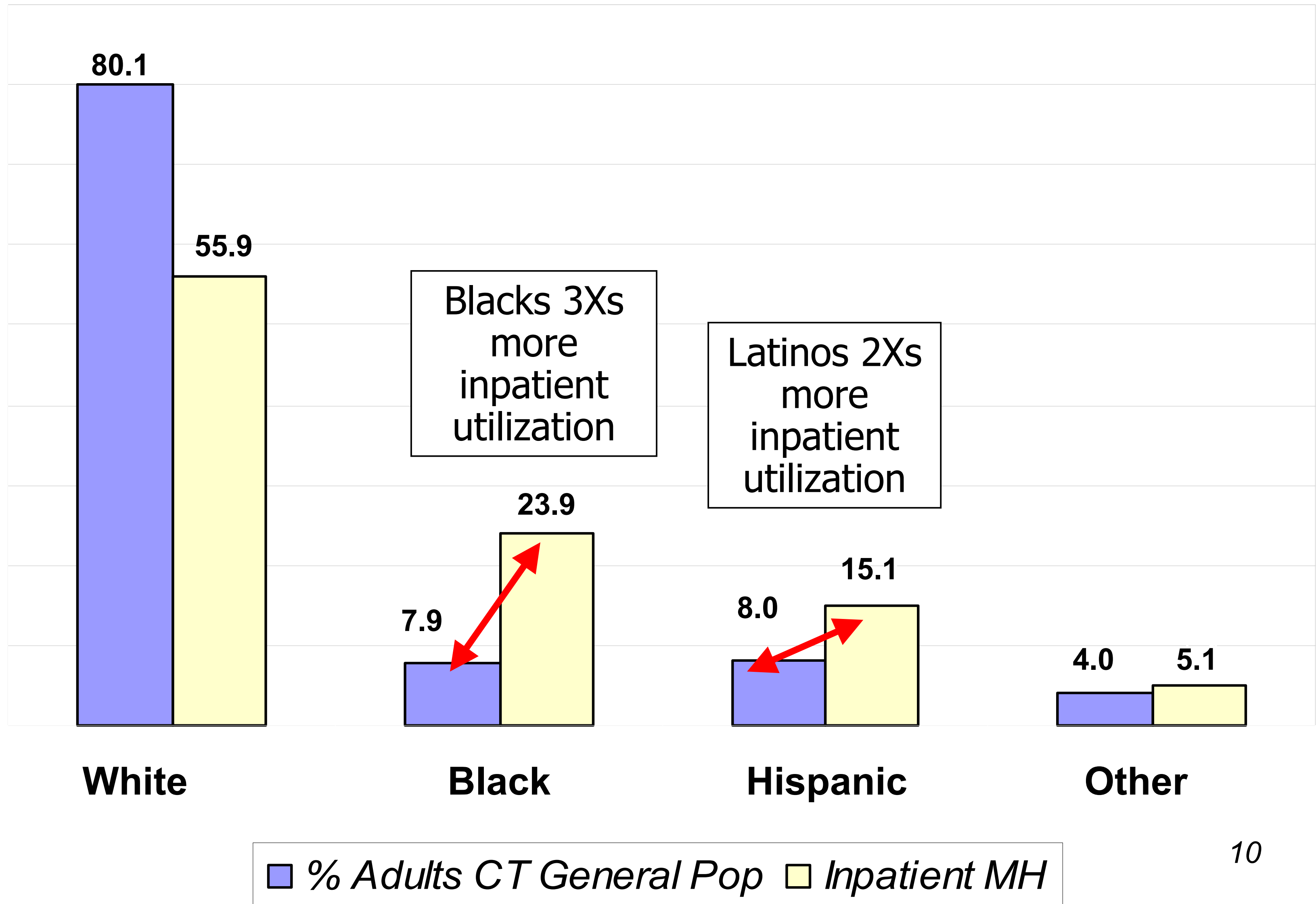
Health Disparities EXAMPLES

What about use of “New Generation” antipsychotics meds in a Connecticut state hospital?

- *Patients receiving new generation antipsychotic meds increased significantly: 80% in FY99 to 87% in CY01*
- *During FY99: Significantly fewer African American patients received atypical meds (72% African American versus 82% among all other patients)*
- *But During CY01: Gap in use of newer meds closes (85% African Americans versus 87% among all other patients)*

Disparities in Psychiatric Hospitalization Rates

Connecticut Data - Fiscal Year 2002



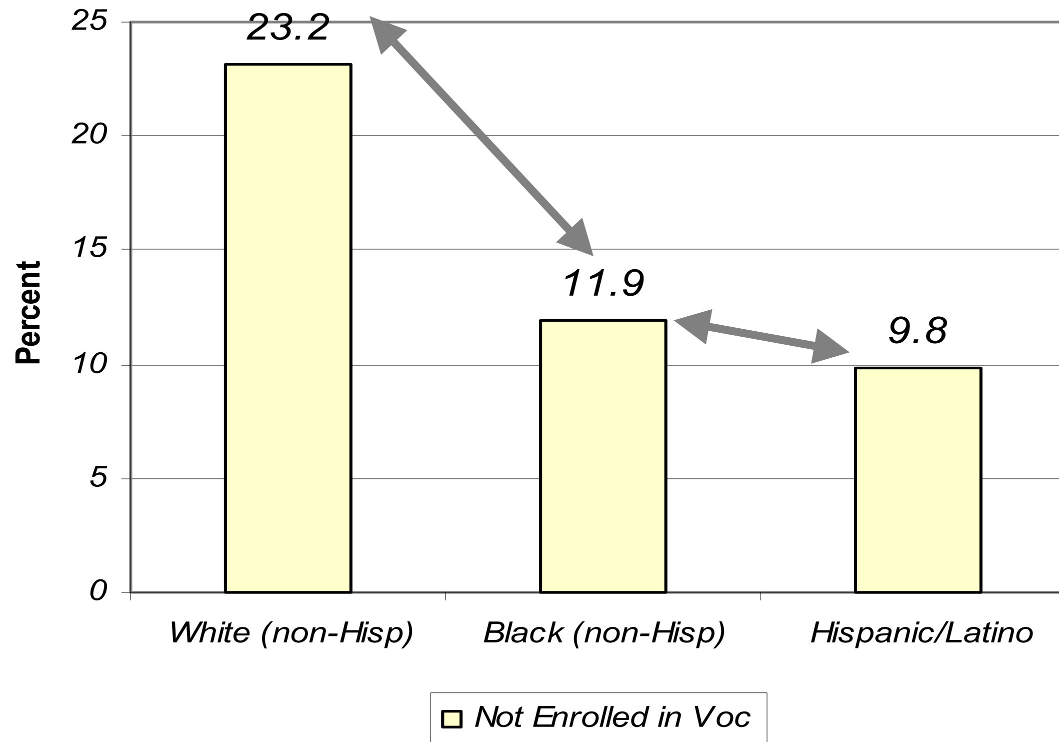
Eliminating

Health Disparities

Eliminating
Health Disparities

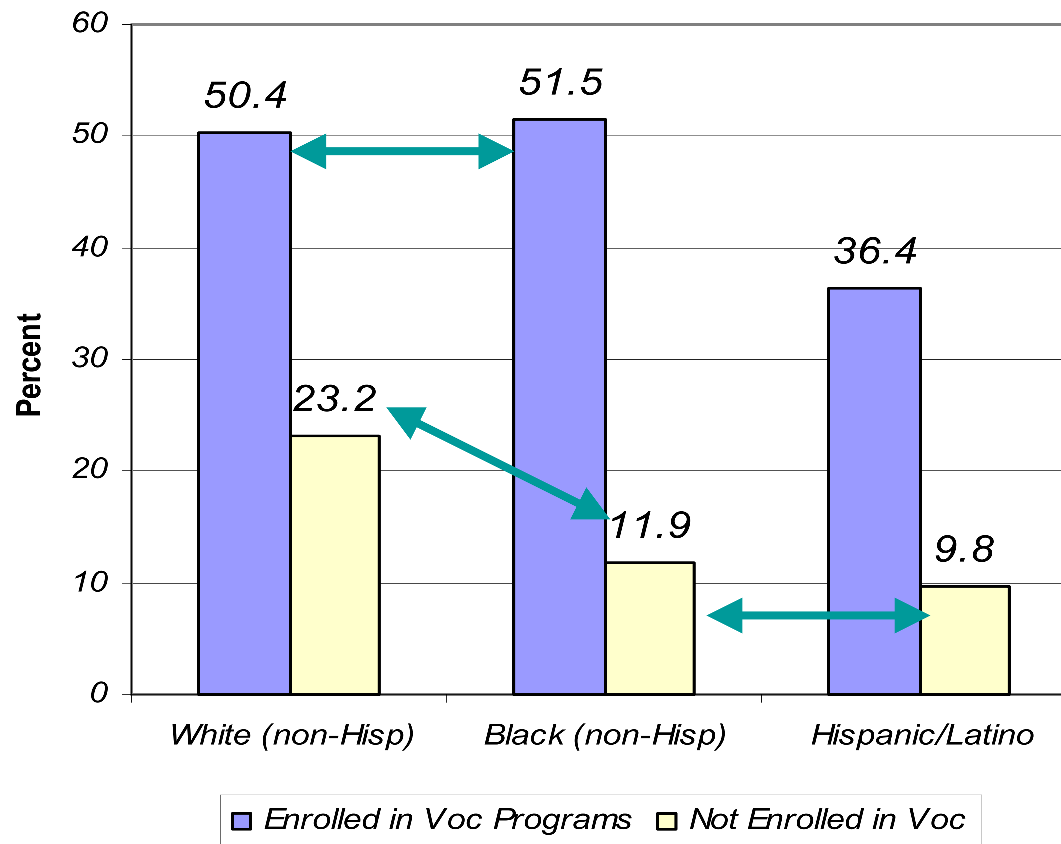
Improving Employment

Results from the “Voice Your Opinion 2000-2001” Connecticut Consumer Survey



Improving Employment

Results from the "Voice Your Opinion 2000-2001" Connecticut Consumer Survey



Culturally Specific Approach
to Methadone Treatment

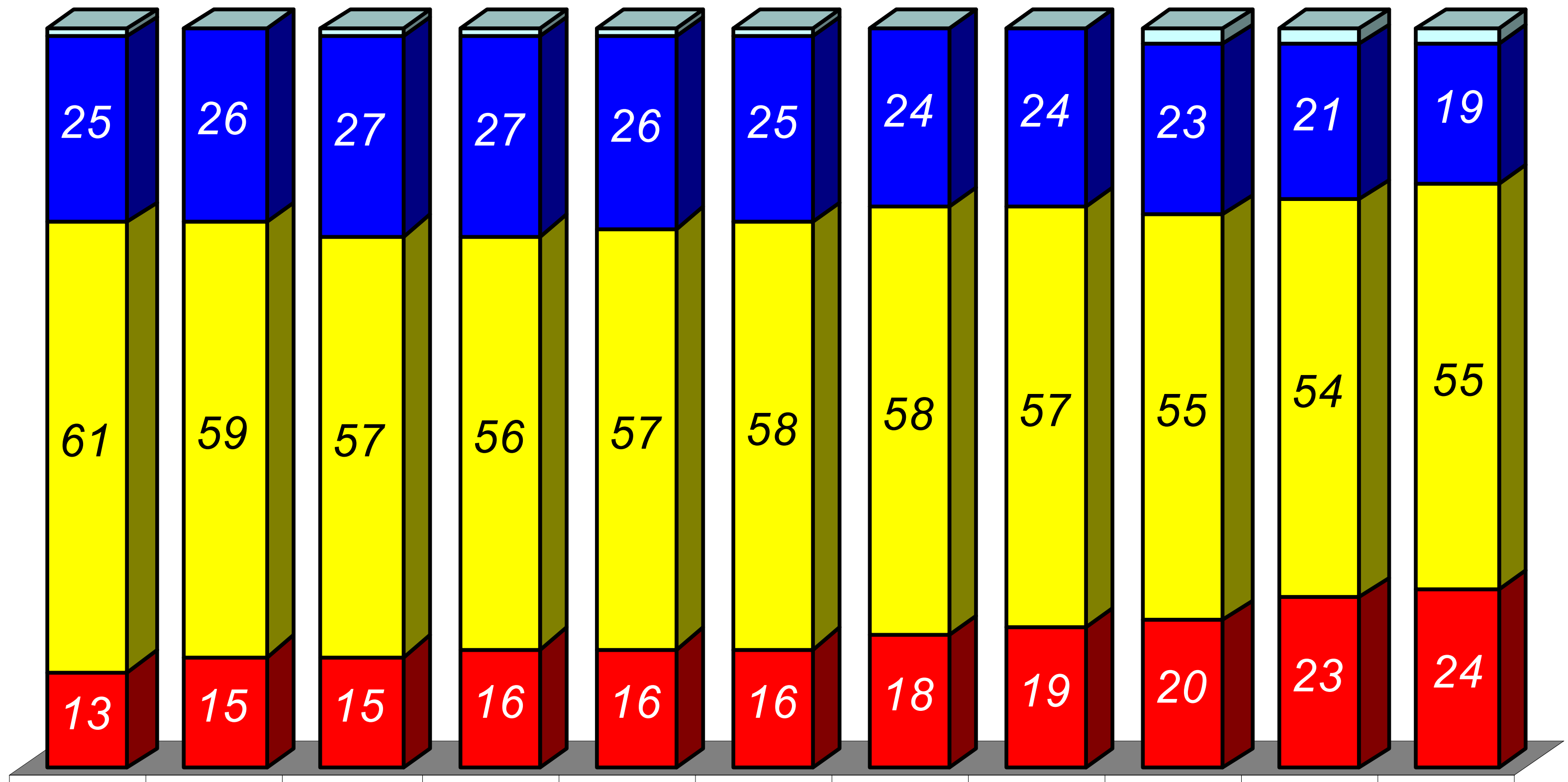
Impact of Latino Outreach Initiative

Latino Heroin User Admissions

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total	
FY 97	1754	1599	1612	1739	6704	Baseline
FY 98	1953	1901	2244	2225	8323	24%
FY 99	2396	2216	2223	2359	9194	37% Change

Access to Substance Abuse Treatment

Increased Treatment Admissions Among Latinos



Health Disparities: Access

- **Use of Emergency Rooms**
- **Criminal Justice Involvement**
- **Geographical Access**
- **Psychological Access**
- **Insurance Coverage**
- **Help Seeking Patterns**
- **Entering Treatment Later and Sicker**
- **Availability and Capacity of Treatment**
- **Program Receptiveness (User Friendliness)**

Health Disparities:
Client Engagement & Retention

- *Treatment Completion (Drop Out Rate)*
- *Continuity of Care*
- *Length of Stay in Treatment*
- *Program Participation*
- *Client Satisfaction*
- *Mistrust of Programs*

Health Disparities: Effective Treatment

- **Mis-diagnosis**
- **Differential Treatment Outcomes**
- **Over and Under Medication**
- **Use of New Generation Medications**
- **Lack of Adaptation of Evidence-Based Practices**
- **Poor Adherence to Minimum Treatment Standards**
- **Quality of Treatment**

Health Disparities: Support Resources in the Community

- *Availability of Post Treatment Support in the Community*
- *Availability of Support and other Self-Help Groups*
- *Treatment Rates (Program availability) in the Community*
- *Availability of Alternatives to Formal Treatment*
- *Stigma of Mental Illness*

What we should measure and why?

1. **Mine data** *to identify the Health Disparity* **Issues** *in each of the four Domains:*

   - ***A**ccess to Care*
   - ***C**lient Engagement and Retention*
   - ***E**ffectiveness of Treatment*
   - ***S**upports in the Community*

2. *Implement culturally competent* **Interventions** *to eliminate those disparities*

3. *Design and monitor* **Indicators** *to measure progress toward reducing disparities and improving outcomes, and adjust interventions accordingly*

The ACES Model

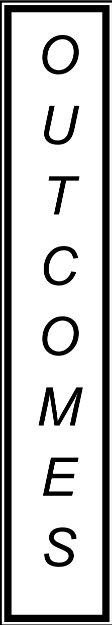
Issues:

Geographical Access
Psychological Access
Physical Access
Insurance Coverage

Treatment Participation
Admission Process
Establishment of Trust
Therapeutic Relationship

Therapeutic Relationship
Quality Treatment
Languages spoken

Indigenous Healers
Ecological Perspective of Clients
Community relationship



Interventions:

Addressing Payer Issues
Geographical Access
Culturally Specific Programs
Staff Selection

Culturally Specific Programs
Inviting Environment

Motivational Enhancement Therapy (MET)
Transcultural Approaches
Hire bilingual therapists

Faith Community connections
Self-Help Groups

Indicators:

Penetration Rates
Geo Mapping
Proportion in LOC

Length of Stay
Frequency of Visits

Clinical Outcomes
Treatment Completion
Quality of Life Measure

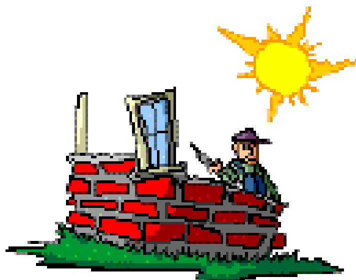
Relapse/Recidivism Rates

Multi-Level, Multi-Dimensional Approach

Eliminating Health Disparities means building Culturally Competent systems that are effective at all **levels** *(i.e., practitioner, provider and systems), and focusing on* **dimensions** *beyond treatment characteristics that provide leverage to* **system administrators***.*

Levels

- *Clinical (Practitioner)*
- *Program (Provider)*
- *System (Policy)*



Dimensions

- *Training*
- *Standard Setting*
- *Contracting*
- *Data systems/MIS*
- *Quality Management*
- *Clinical/Systems Policy*
- *Consumer Advocacy/ Input/Satisfaction*
- *Evaluating care*

Use an Inclusive Definition of Evidence:

Levels/Types of Evidence

Evidence-Suggested

- *Consensus driven, or based on agreement among experts.*
- *Based on values or a philosophical framework derived from experience, but may not yet have a strong basis of support in research meeting standards for scientific rigor.*
- *Provides a context for understanding the process by which outcomes occur.*
- *Based on qualitative data.*

Evidence-Informed

- **Evidence of the effectiveness of an intervention is inferred based on limited supporting data.**
- **Or, based on data derived from the replication of an EBP that has been modified or adapted to meet the needs of a specific population.**
- **Data is fed back into the system. New interventions are developed, traditional interventions are modified, and ineffective interventions are eliminated.**
- **Provides a template/framework for other systems to modify their programs and interventions.**

Evidence-Supported

- *Interventions that have demonstrated effectiveness through quasi-experimental studies (e.g., "Time Series" studies, or detailed program evaluations that include data on the impact of the programs or interventions).*
- *Data from administrative databases or quality improvement programs that shed light on the impact of the program or intervention.*

Evidence-Based

- *Interventions based on several randomized controlled studies and where at least one meta-analysis shows strong support for the practice.*
- *Results have a high level of confidence, due to randomized control factor.*

Recommendations for Policy Framework

- *Develop Cross System policy framework for Reducing Disparities*
- *Ensure that the Broad Range of Services necessary to meet the Needs of Diverse Populations, especially Community-Based Services*
- *Ensure that Resource Distribution matches identified needs in the system*
- *Bring together policy, community, provider and academic resources to plan, implement and evaluate health disparity strategies*

Recommendations for Policy Framework cont'

- *Ensure that racial/ethnic data is routinely collected, analyzed and used in all quality improvement efforts*
- *Systematically disseminate lessons learned and preferred culturally competent practices*
- *Implement workforce development strategy to ensure that there is racial/ethnic diversity at all levels within the service system*

Take Home Messages

- *Health disparities in behavioral health:*
  - *are important*
  - *can be eliminated*
- *We need to:*
  - *make an explicit link between Cultural Competency and Health Disparities*
  - *use a model to identify Issues, Indicators and Interventions*