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Identifying and Addressing Health Disparities in your PBHCI Program

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What are health disparities?

“Population-specific differences in the presence of disease, health outcomes, or access to health care.”

- Health Resources and Services Administration



Health disparities
The more vulnerable groups affected by the condition

Gender
White, African American, Hispanic/Latino, American Indian/Alaska Native

Ethnicity
White, African American, Hispanic/Latino, American Indian/Alaska Native

Education
White, African American, Hispanic/Latino, American Indian/Alaska Native

Income
White, African American, Hispanic/Latino, American Indian/Alaska Native

Health disparities
The more vulnerable groups affected by the condition

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Why care about health disparities?

- Disparities negatively affect the quality of life for affected populations
- Disparities cost money
- Addressing disparities may be a requirement of your PBHCI grant agreement
 - Impact statement
 - Implementation plan (including how to review data for health outcomes)
 - Policies and procedures that comply with CLAS standards

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Behavioral Health Disparities Impact Terms and Conditions

1. Disparities Impact Statement (Access to Services; Service Use; Outcomes – changes in PBHCl outcomes (e.g., blood pressure, cholesterol, etc.) among your identified sub-population(s))
2. Implementation of policies and procedures to ensure the cultural and linguistic needs of all sub-populations identified in your proposal.
3. Use of data for outcomes regarding race, ethnicity and LGB or T status, across the following domains: Data collection activities; Program services and activities development and implementation; and Data reporting, including access, service use and outcomes measures.
4. Adherence to the National Culturally and Linguistically Appropriate Services (CLAS) Standards (diverse cultural health beliefs and practices; preferred languages, including meaningful access by limited English proficient (LEP) persons; and health literacy and other communication needs of all sub-populations within the proposed geographic region.)

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It's easy to develop a PDSA cycle for tracking health and wellness interventions

- Plan
 - Identify needs of subsets in your population
 - Identify disparities in outcomes
- Do
 - Provide culturally sensitive interventions
- Study
 - Review outcomes after implementing new interventions
- Act
 - Use new data to determine next course of action

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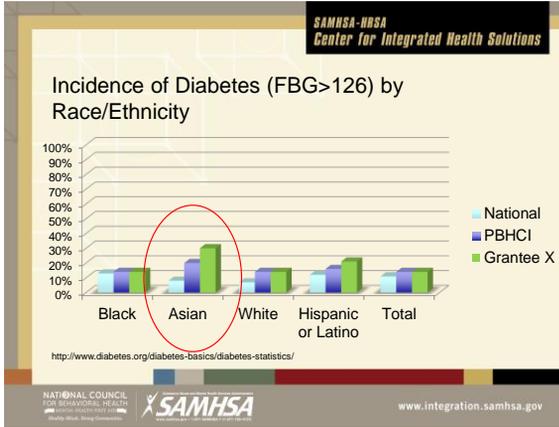
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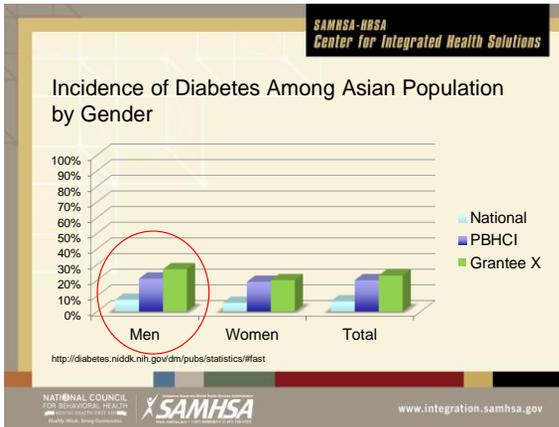


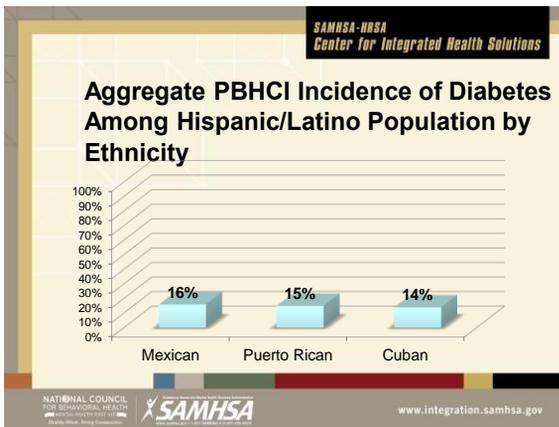
IDENTIFY NEEDS AND CURRENT OUTCOMES OF POPULATION SUBSETS

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You can obtain prevalence and outcomes data for your population from two sources:

- TRAC
- Patient Health Registry

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Select the *Services Outcome Measures (PBHCI only)* Report in TRAC

Services Outcome Measures Report (PBHCI only)	←
Services Notification Report	▶
Services Reassessment Interview Rate Report	▶
Services Number of Consumers Served by FFY Report	▶
Services Number of Consumers Served	▶

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Select all relevant demographic filters

- Gender
 - Female
 - Male
- Ethnicity
 - Hispanic/Latino
 - Not Hispanic/Latino
- Race
 - African-American
 - Asian/Pacific Islander
 - White

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Race & Ethnicity in TRAC

- Ethnicity is only entered in TRAC if an individual identifies as Hispanic/Latino. Ethnicity categories are:
 - Central American
 - Cuban
 - Dominican
 - Mexican
 - Puerto Rican
 - South American
 - Other (specify)
 - Multi-Ethnic
- Race is entered for all consumers

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Observe prevalence and improvement data

Services Outcome Measures (PBHCI only)

Section H Indicator	Number of Valid Cases	At-risk at Baseline	At-risk at Second Interview	Outcome Improved
Blood Pressure - Systolic	360	32.5 %	33.9 %	17.8 %
Blood Pressure - Diastolic	360	21.9 %	22.8 %	11.7 %
Blood Pressure - Combined	360	38.9 %	39.4 %	18.9 %
BMI	349	63.6 %	61.3 %	53.6 %
Waist Circumference	248	67.7 %	62.5 %	52.8 %
Breath CO	200	7.5 %	10.5 %	5.0 %
Plasma Glucose (fasting)	75	38.7 %	38.7 %	41.3 %

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If you have a patient registry, does it track all relevant demographic information?

- Age
- Gender
- LGBT status
- Ethnicity
- Race
- Primary Language

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Remember to engage with your evaluation team early in the process

- Create an evaluation plan (including timeline)
- Who will collect data?
- How will you define success?

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PROVIDE CULTURALLY SENSITIVE INTERVENTIONS

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Find an intervention that is appropriate for your target audience

CADA 17 SEGUNDOS alguien en los Estados Unidos es diagnosticado con diabetes.

EL ÍNDICE DE LA DIABETES EN LOS LATINOS ES MÁS ALTO QUE EL DE LOS BLANCOS NO LATINOS.

7.6%	Cubanos
13.3%	Mexicanos
13.5%	Portorriqueños

MITOS

- Los pacientes con diabetes necesitan más ayuda.
- Los pacientes con diabetes no pueden manejar diabetes.
- Querer más ayuda causa diabetes.

REALIDADES

- Los pacientes con diabetes se benefician de la misma educación que el resto para manejar su condición.
- Los pacientes con diabetes tienen derechos y las leyes estatales protegen su autonomía personal en el manejo de su diabetes.
- La diabetes tipo 2 se puede controlar.
- El control de la diabetes depende de cómo se maneja el azúcar en la sangre.

Aprenda más sobre la diabetes tipo 2 en diabetes.org/programaipo2
1-800-DIABETES (342-2383)

American Diabetes Association

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Resources

- CIHS, <http://www.integration.samhsa.gov/workforce/healthdisparities>
- HHS Office of Minority Health, <http://minorityhealth.hhs.gov/>
- CDC Office of Minority Health and Health Disparities, <http://www.cdc.gov/omhd/>
- Racial and Ethnic Approaches to Community Health, <http://www.cdc.gov/nccdp/h/dch/programs/reach/>
- National Institute on Minority Health and Health Disparities, <http://www.nimhd.nih.gov/>
- ACA Guidance on Collecting Granular Data, <http://aspe.hhs.gov/datacncl/standards/aca/4302/index.pdf>
- Web site for specific health conditions, e.g., <http://www.diabetes.org/>

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Also consider policy and system interventions

Examples:

- Healthy food options offered to clients / in vending machines
- Referral system in place to community-based resources that focus on population subset
- Staffing – staff that reflect the community, periodic training

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REVIEW OUTCOMES AFTER IMPLEMENTING NEW INTERVENTIONS

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“Hello, evaluator? Have our outcomes improved?”



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ACT

**USE NEW DATA TO
DETERMINE NEXT COURSE
OF ACTION**

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How to Act

- Meet as a team to review the data.
- If the new intervention provided improved health outcomes, you might not want to make a change
- If the new intervention did not improve health outcomes, consider new interventions

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Upcoming TA Opportunities

Health Disparities Small Working Group Calls

- Wednesday, March 26
- Wednesday, May 28
- Wednesday, July 23
- Wednesday, September 24

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