How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)
Define and illustrate the social determinants of health
Describe how social and economic inequities impact health status
Identify how health disparities are manifested in racial, ethnic, and culturally diverse populations
Create a shared definition and language for addressing health disparities systemically
Define and illustrate the social determinants of health

Gardener’s Tale
Gardener’s Tale

Who is the gardener?

- Power to decide
- Power to act
- Control of resources

- Dangerous when
  - Allied with one group
  - Not concerned with equity

Levels of Racism

- Institutional
- Personally-mediated
- Internalized
Social Determinants of Health

- Economic Stability
- Education
- Social and Community Context
- Neighborhood and Built Environment
- Health and Health Care

www.healthypeople.gov
Economic Stability
Neighborhood and Built Environment
Health and Health Care
Social and Community Context
Education
Quality of Life
Healthy Development
Healthy Behaviors

Quality Schools
Recreational Facilities
Adequate Income
Clean Environment
Quality Housing
Access to Quality Healthcare
Healthy Foods
Transportation Resources
Adequate Health Insurance Jobs

Sense of Community, Social Networks, Social Support, Participation, Leadership, Political Influence, Organizational Networks


Five Goals
1. Transform health care
2. Strengthen the nation’s health and human services infrastructure and workforce
3. Advance the health, safety and well-being of the American people
4. Advance scientific knowledge and innovation
5. Increase the efficiency, transparency and accountability of HHS programs
Behavioral Health Disparities Impact Statement

Poll Question:
How much information were you able to provide on social determinants of health in your BHDIS?

- Not sure
- None
- A little bit
- Some
- A lot
Describe how social and economic inequities impact health status

- Health behaviors
- Clinical care
- Social & economic factors
- Physical environment
Health behaviors
Clinical care
Social & economic factors
Physical environment

Now

Health behaviors ?? %
Clinical care ?? %
Social & economic factors ?? %
Physical environment ?? %
Identify how health disparities are manifested in racial, ethnic, and culturally diverse populations
# 2013 National Healthcare Disparities Report

Key findings are summarized below:

<table>
<thead>
<tr>
<th>Quality</th>
<th>Change over time</th>
<th>Areas improving</th>
<th>Areas lagging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair</td>
<td>Getting better</td>
<td>Improving more quickly: Hospital care, CMS publicly reported measures, Adolescent vaccines, Performing well New England and West North Central States</td>
<td>Improving more slowly: Ambulatory care, Diabetes care, Maternal and child health, Performing more poorly West South Central and East South Central States</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access</th>
<th>Getting worse*</th>
<th>Improving: Availability of providers by telephone</th>
<th>Not improving: Private health insurance coverage*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Disparities   | Disparities getting smaller: HIV disease, Patient perceptions of care, Few gaps in disparities data on Native Hawaiians and Other Pacific Islanders | Disparities getting bigger: Cancer screening, Maternal and child health, Many gaps in disparities data on Native Hawaiians and Other Pacific Islanders |

* Findings reflect access prior to implementation of most of the health insurance expansions included in the Affordable Care Act. After a decade of deterioration, access was better in 2011 than in 2010 (see Figure 1a). Key: CMS = Centers for Medicare & Medicaid Services.

**Note:** For the vast majority of measures in the report, trend data are available from 2000-2002 to 2010-2011.

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## Behavioral Health Barometer

### United States, 2015

**Past Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the United States, by Health Insurance Status (2014)**

<table>
<thead>
<tr>
<th>Health Insurance Status</th>
<th>Did Not Receive Treatment</th>
<th>Did Not Receive Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured (12.3 Million)</td>
<td>27.2%</td>
<td>52.7%</td>
</tr>
<tr>
<td>Not Insured (1.6 Million)</td>
<td>77.5%</td>
<td>47.2%</td>
</tr>
</tbody>
</table>

*In 2014, among adults aged 18 or older in the United States with SMI, those without health insurance were less likely to have received mental health treatment/counseling.*

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.

**Past Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Serious Mental Illness (SMI) in the United States (2014)**

- 21.6% received mental health treatment/counseling
- 6.8 million adults with SMI

*In 2014, 21.6% of adults aged 18 or older in the United States with SMI (or approximately 6.8 million adults) received mental health treatment/counseling in the year prior to being surveyed. The percentage is higher than the percentage in 2012 (20.9%) but not significantly different from any other year from 2010 to 2012.*

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014.
Poll Question:
Is your data able to identify disparities in your community on the basis of access?

- Yes
- No
- Not sure

Poll Question:
Is your data able to identify disparities in your community on the basis of treatment?

- Yes
- No
- Not sure
Poll Question:
Is your data able to identify disparities in your community on the basis of outcomes?

- Yes
- No
- Not sure

Create a shared definition and language for addressing health disparities systemically
What’s in a Name?

“Differences” or “variations”
What’s in a Name?

“Differences” or “variations”

conveys neither a positive or negative connotation

“Disparities” and “inequalities”
What’s in a Name?

“Differences” or “variations”
- conveys neither a positive or negative connotation

“Disparities” and “inequalities”
- hold negative connotations, that one group is losing or being harmed

What’s in a Name?

“Differences” or “variations”
- conveys neither a positive or negative connotation

“Disparities” and “inequalities”
- hold negative connotations, that one group is losing or being harmed

Health “inequity”
- ethical or moral judgement, civil rights issue


Defining Disparities

“racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”
- Institute of Medicine
Defining Disparities

“racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”

Institute of Medicine

“... differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.”

Health People 2020

Defining Inequities

“Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups.”

World Health Organization
Defining Inequities

“Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups.”

World Health Organization

“Disparities in health [or health care] that are systemic and avoidable and, therefore, considered unfair or unjust.”

Virginia Dept. of Health

My Terms: In my own words

<table>
<thead>
<tr>
<th>Term/Concept</th>
<th>In my own words...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Health disparities</td>
<td></td>
</tr>
<tr>
<td>Health Inequities</td>
<td></td>
</tr>
</tbody>
</table>
Health Disparities Series

Webinar #2: CLC Applied: Successful ingredients for successful implementation

Friday, April 8, 2016 3-4pm ET

Presenter Contact Information

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integration@thenationalcouncil.org