Addressing Behavioral Health Disparities

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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
Office of Behavioral Health Equity

• Created by the Affordable Care Act

• 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 supports that enable these individuals and families to thrive, participate in and contribute to healthy communities.” (draft)
Key Federal Policy Drivers

- Federal Survey Data
- HHS Secretary’s Health Disparities Strategic Action Plan
- 2011 National Stakeholder Strategy for Achieving Health Equity
- AHRQ National Health Disparities Report
- HP 2020 Disparity Goals
- Secretary’s Strategic Initiatives
- SAMHSA’s 8 Strategic Initiatives
- White House Executive Orders
Trends in Disparities

Quality of Care

Access to Care
Disparities in 2009
(AHRQ, Natl Health Disparities Report, 2009)

Quality of Care

Access to Care
# American Indian/Alaska Native Mortality Rate Disparities

2004-2006 (rates per 100,000 population, IHS)

<table>
<thead>
<tr>
<th>Category</th>
<th>AI/AN Rate 2004-2006</th>
<th>US All Races Rate 2005</th>
<th>Ratio: AI/AN to US All Races</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Causes</strong></td>
<td>980.0</td>
<td>798.8</td>
<td>1.2</td>
</tr>
<tr>
<td><em>Alcohol Induced</em></td>
<td>43.0</td>
<td>7.0</td>
<td>6.1</td>
</tr>
<tr>
<td><em>Diabetes</em></td>
<td>68.1</td>
<td>24.6</td>
<td>2.8</td>
</tr>
<tr>
<td><em>Injuries</em></td>
<td>93.8</td>
<td>39.1</td>
<td>2.4</td>
</tr>
<tr>
<td><em>Homicide</em></td>
<td>11.7</td>
<td>6.1</td>
<td>1.9</td>
</tr>
<tr>
<td><em>Suicide</em></td>
<td>19.8</td>
<td>10.9</td>
<td>1.8</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>27.1</td>
<td>20.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Infant Deaths</td>
<td>8.0</td>
<td>6.9</td>
<td>1.2</td>
</tr>
</tbody>
</table>

*Per 100,000 population*
Latina/o Adolescent Suicide

Percentage of Students by Race/Ethnicity and Sex

HHS Secretary’s Strategic Action Plan to Reduce Racial and Ethnic Health Disparities
(Release Date: April 8)

• 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: 8 STRATEGIC INITIATIVES

- Prevention
- Trauma and Justice
- Military Families
- Recovery Support
- Health Reform
- Health Information Technology
- Data, Outcomes, & Quality
- Public Awareness & Support
OBHE Functions

1. **Leadership**
   - Provide and Develop Leadership

2. **Disparities Policy and Practice**
   - Action steps in Secretary’s Plan
     - Disparities impact statement in grant programs
     - OBHE review of SAMHSA Grant RFAs
   - Action steps in SAMHSA Strategic Initiatives
     - #1 Prevention: suicide prevention Latina youth and Tribal population
     - #2 Trauma & Justice: address how BH issues add to disproportionate minority contact with justice system
     - #5 Health Reform: 50% uninsured are people of color; strategy for outreach and enrollment; of 18-21yr olds of color: 55% Latino; 32% Black; 25% white uninsured
OBHE Functions

3. **Data Strategy (with Center for BH Statistics and Quality)**
   - Standardizing collection of race/ethnicity/sexual minority status (IOM Report Guidelines)
   - SAMHSA surveys and reports (NSDUH, TEDS, DAWN, etc.) disaggregating by race/ethnicity to inform programming and policy
   - Grants Data
   - Geomapping highest needs and SAMHSA investments
Age of Illicit Substance Use Initiation by Race/Ethnicity (2009)

Source: SAMHSA NSDUH 2009 Data
N~ 26,000
Age of Illicit Substance Use Initiation by Race/Ethnicity (2009)

Source: NSDUH 2009 Data
N ~ 26,000

Non-Hispanic White
- Age < 15: 22.2%
- Age 15-17: 35.3%
- Age 18-25: 33.4%
- Age 26-39: 5.6%
- Age 40+: 2.8%

Non-Hispanic Black
- Age < 15: 21.6%
- Age 15-17: 32.5%
- Age 18-25: 7%
- Age 26-39: 1%
- Age 40+: 1%

Non-Hispanic 2 or more races
- Age < 15: 25.3%
- Age 15-17: 24.2%
- Age 18-25: 8.1%
- Age 26-39: 2.9%
- Age 40+: 6.3%

Hispanic
- Age < 15: 28.1%
- Age 15-17: 29.2%
- Age 18-25: 6.3%
- Age 26-39: 1.4%
- Age 40+: 2.8%
### Percentage of Past Month Illicit Drug Use among Persons Aged 12 or Older, by Race/Ethnicity:
#### 2004 and 2005

<table>
<thead>
<tr>
<th>Category</th>
<th>Native Hawaiian/Other Pacific Islander</th>
<th>American Indian/Alaska Native</th>
<th>White</th>
<th>Native White</th>
<th>Two or More Races</th>
<th>Hispanic</th>
<th>Asian</th>
<th>Black or African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any I illicit Drug Use</td>
<td>8.1</td>
<td>9.2</td>
<td>7.4</td>
<td>12.7</td>
<td>12.6</td>
<td>12.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>5</td>
<td>10.1</td>
<td>9.5</td>
<td>9.5</td>
<td>10.1</td>
<td>10.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonmedical Use of Prescription-Type Drugs**</td>
<td>7.3</td>
<td>7.3</td>
<td>7.3</td>
<td>7.3</td>
<td>7.3</td>
<td>7.3</td>
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</tr>
</tbody>
</table>

Major Depressive Episode (MDE) in Adults (18-70) Lifetime, Past Year, and Treatment Rates (2009)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime MDE Youth</td>
<td>13</td>
</tr>
<tr>
<td>Lifetime MDE Adult</td>
<td>14.8</td>
</tr>
<tr>
<td>Past Year MDE Youth</td>
<td>9.3</td>
</tr>
<tr>
<td>Past Year MDE Adult</td>
<td>8.2</td>
</tr>
<tr>
<td>Past Year MDE Adult</td>
<td>7.3</td>
</tr>
<tr>
<td>Past Year MDE Adult</td>
<td>7.2</td>
</tr>
<tr>
<td>Past Year MDE Adult</td>
<td>5.6</td>
</tr>
<tr>
<td>*Received Treatment Past Year Youth</td>
<td>32.7</td>
</tr>
<tr>
<td>*Received Treatment Past Year Adult</td>
<td>52.6</td>
</tr>
</tbody>
</table>

*Received treatment, counseling, or prescription medication in the past year

Source: NSDUH 2009 Data
N~ 38,000
Mental Health Service use Rates for Adults (2007)

Source: NSDUH 2007 Data
N ~ 38,000
Illicit Drugs Use among Adults during Past Year (2007)

Percentage (%)

Source: NSDUH 2007 Data
N~ 38,000
OBHE Functions

• **4. Communications Strategy (with Office of Communications)**
  – Public awareness campaigns (multicultural)
  – Webpage [http://redesign.samhsa.gov/about/obhe.aspx](http://redesign.samhsa.gov/about/obhe.aspx)
  – Blog, social networking strategies etc.
  – Internal SAMHSA, External groups, federal work groups
OBHE Functions

5. Support and Resources for “Customers” internal and external to SAMHSA

“Must Reads” on webpage
- IOM Report on Unequal Treatment (2002);
- IOM Report on Standardizing Race, Ethnicity Data (2010)
- IOM Report on LGBT Health (2011);
- Joint Center on Political and Economic Studies: Advancing Health Equity for R/E Diverse Populations; (2010)
- CDC Report on Health Disparities (2011)

Training and Technical Assistance Opportunities
OBHE Functions

6. Quality Practice and Workforce Development

– National Network to Eliminate Disparities in Behavioral Health (www.nned.net) over 700 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.

CDC Releases First Ever Disparities Report (posted 1/14)

The CDC recently released their first ever report analyzing health disparities on a broad array of health issues.

FULL STORY

RECENT NEWS

- Inaugural Issue of the LGBTQI2-S National Workgroup’s Newsletter (posted 1/18)
- Houston Chronicle Reports on Asian American Mental Illness (posted 1/17)
- New IOM Report Calls for National Strategy to Measure the Public’s Health (posted 1/17)
- Suicide Prevention Targets At-Risk Groups (posted 1/13)
- New SAMHSA Publications Focus On Substance Abuse and Child Welfare (posted 1/3)
- For LGBT Teens, Acceptance is Critical (posted 12/21)
- Wisconsin Native Americans Have High Suicide Rate (posted 12/21)
- Minority Teens Using Drugs at Higher Rates (posted 12/14)
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.

Web Address: www.nned.net
NNED Desired Outcomes

• **LINK** community providers, organizations, research/training centers and networks in diverse communities
• **IDENTIFY and LINK** effective innovation
• **DEVELOP** an infrastructure for collecting, analyzing and disseminating information, data, best practices, research, and policy
• **BUILD WORKFORCE CAPACITY** through learning collaboratives and communities of practice
• **ENSURE ACCESS TO/AVAILABILITY** of culturally appropriate, high quality, results-producing care
National Network to Eliminate Disparities (NNED) 2008-2011

2009 – 39 Affiliates
2010 – 355 Affiliates
2011 – 402 Affiliates
OBHE Functions

7. Special Projects with Centers:
   – HBCU Policy Academy
   – Disparities Policy Summit
   – Minority AIDS Initiative
   – Faith based Initiative

8. Building capacity of SAMHSA staff
   Training and In-Services

9. Developing OBHE Strategic Plan with Benchmarks/Tracking Mechanism

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