Health Disparities in Prevention

Meet your Trainers...

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Introductions

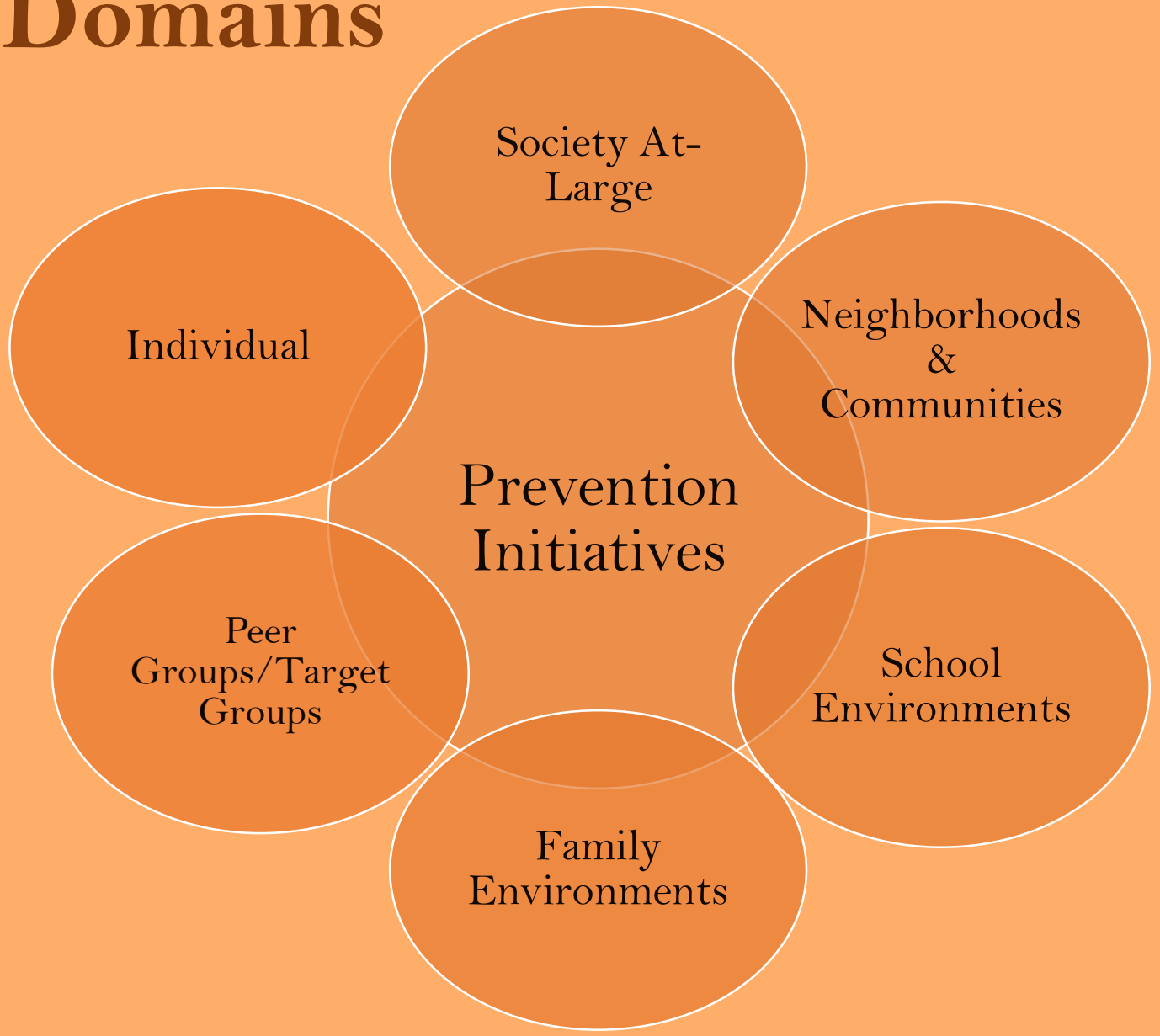
- Name, state, and your role.
- Experience with health disparities work
- What you want to know after this session?

The Role of Prevention

To create communities in which people have a quality life:

- Healthy environments at work and in school
- Supportive communities and neighborhoods
- Connected to families and friends
- Free from abuse of alcohol, tobacco, and other drugs

Target Domains



SPF… the framework for prevention.

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Features of the SPF

- Data driven
- Dynamic
- Focused on population-level change
- Intended to guide prevention efforts for people of all ages
- Reliant on a team approach

Primary Prevention Strategies

1. Information Dissemination
2. Education
3. Alternatives
4. Problem ID and Referral
5. Community Based Processes
6. Environmental

Why are these the same, given the focus on disparities?

Overview of Frameworks Crosswalk

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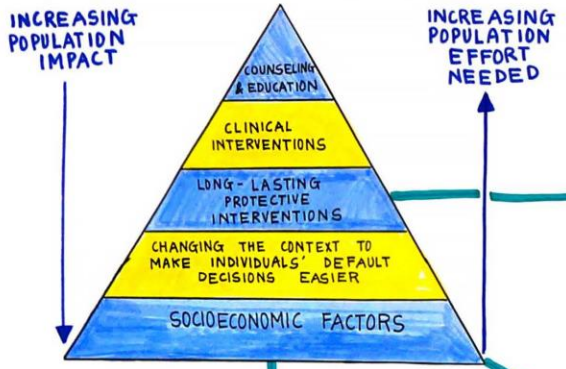
HEALTH IMPACT PYRAMID (HIP)



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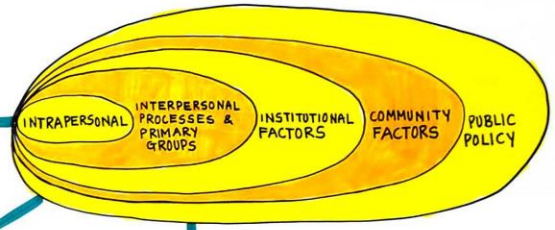
SOCIO-ECOLOGICAL MODEL (SEM)



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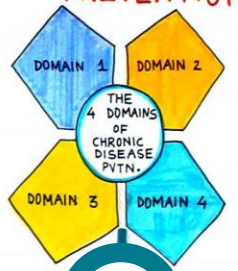
CDC's THE 4 DOMAINS OF CHRONIC DISEASE PREVENTION (FDCDP)



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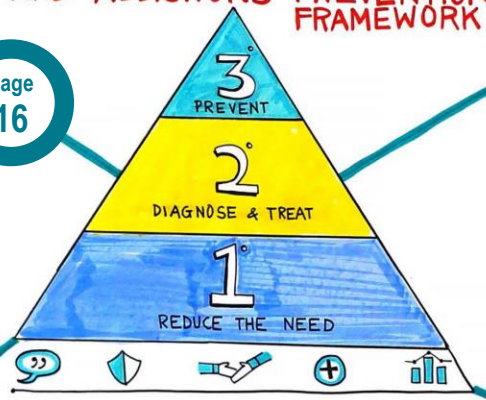
ASTHO SUBSTANCE MISUSE AND ADDICTIONS PREVENTION FRAMEWORK



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STRATEGIC PREVENTION FRAMEWORK

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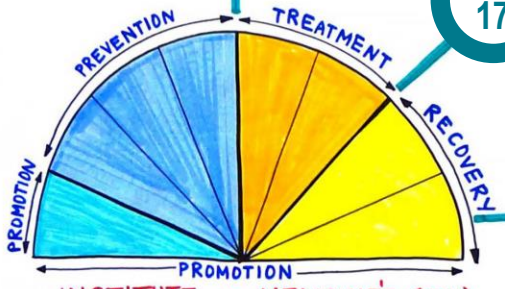

INSTITUTE OF MEDICINE'S (IOM) CONTINUUM OF CARE MODEL

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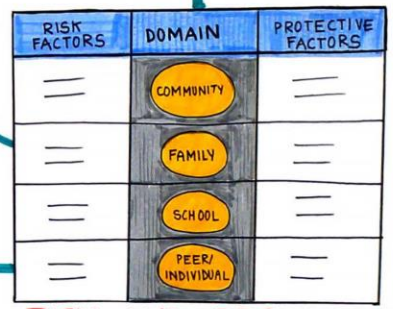

RISK AND PROTECTIVE FACTORS (RPF)

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What is Behavioral Health Equity?

- Health equity means that ***everyone has a fair and just opportunity to be as healthy as possible***. This requires ***removing obstacles to health*** such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, ***health equity means reducing and ultimately eliminating disparities in health and its determinants*** that adversely affect excluded or marginalized groups.
- Behavioral health equity builds on this definition and directs specific attention to mental health and substance use conditions and disorders.

"The opportunity to be healthy is not equally available everywhere or for everyone in the community."

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Activity:
Barriers to Collaboration & Opportunities for Action to Increase Health Equity

What creates Health Inequities?

- **Not just a result of lack of access to services or poor choices.**
- **Result of policy decisions that systematically disadvantage some populations over others.**
  - **Especially populations of color, American Indians, LGBTQI, and low SES.**
- **Not just lack of identifying the populations!**

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Expand the understanding about what creates health

Worldview – shaped by individual, cultural, and community values, beliefs, and assumptions

Public Narratives

Frames

Messages

David Mann

ABCs of Health Equity work within Prevention

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Check your own Assumptions and Others

Are there cultural and linguistic barriers? And how is that addressed?

What values underlie the decision making process?

What is assumed to be true about the world and the agency's role?

Are the financial incentives to limit services?

How does fragmentation of services look and how is it addressed?

What standards of success are being used at different decision points and by whom?

Build Health Disparities work into EVERY thing

Assessment

Capacity

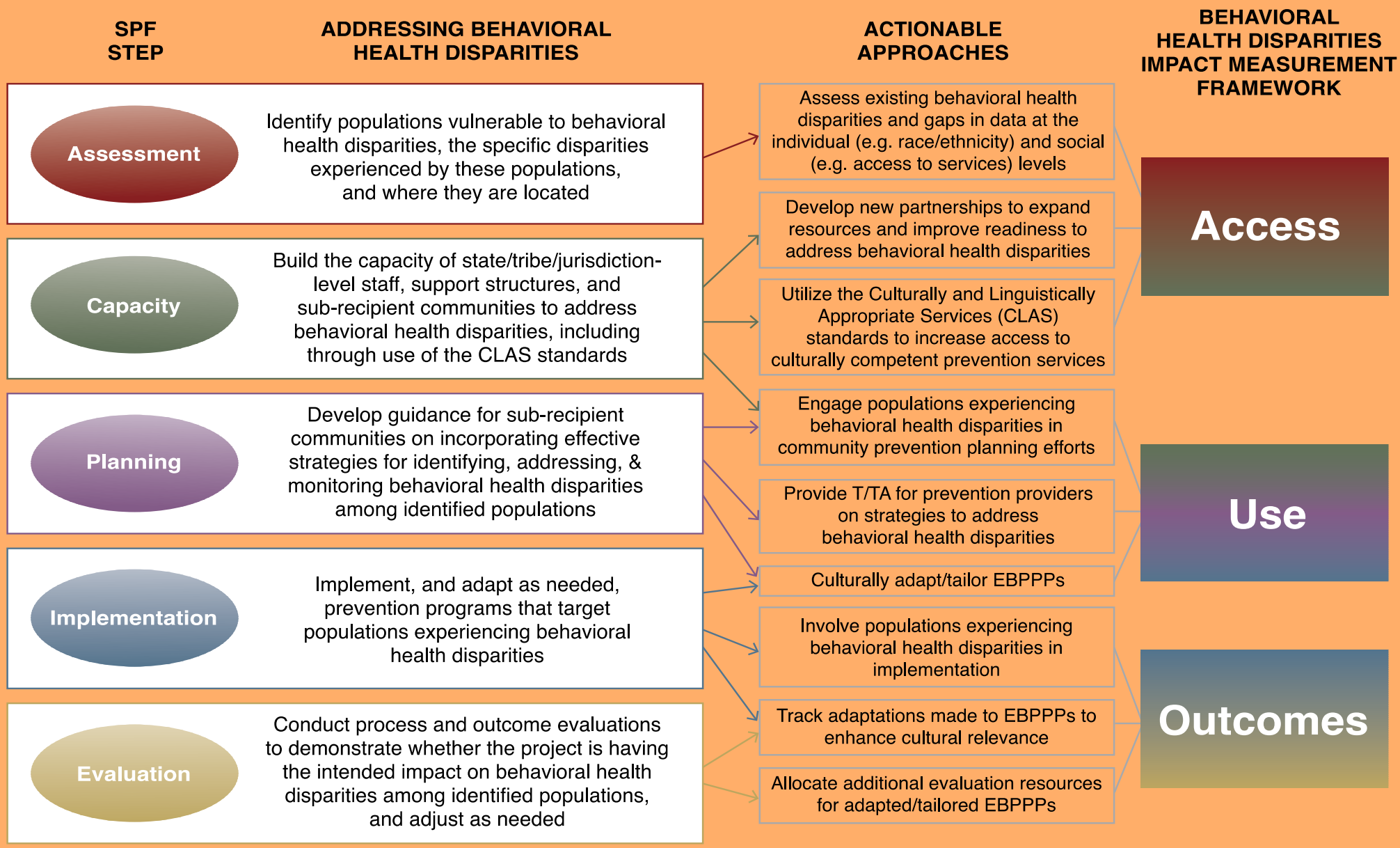
Planning

Implementation

Evaluation

Sustainability

Applying the Strategic Prevention Framework and HHS Disparity Impact Measurement Framework to Address Behavioral Health Disparities



Health Disparities and Primary Care Integration

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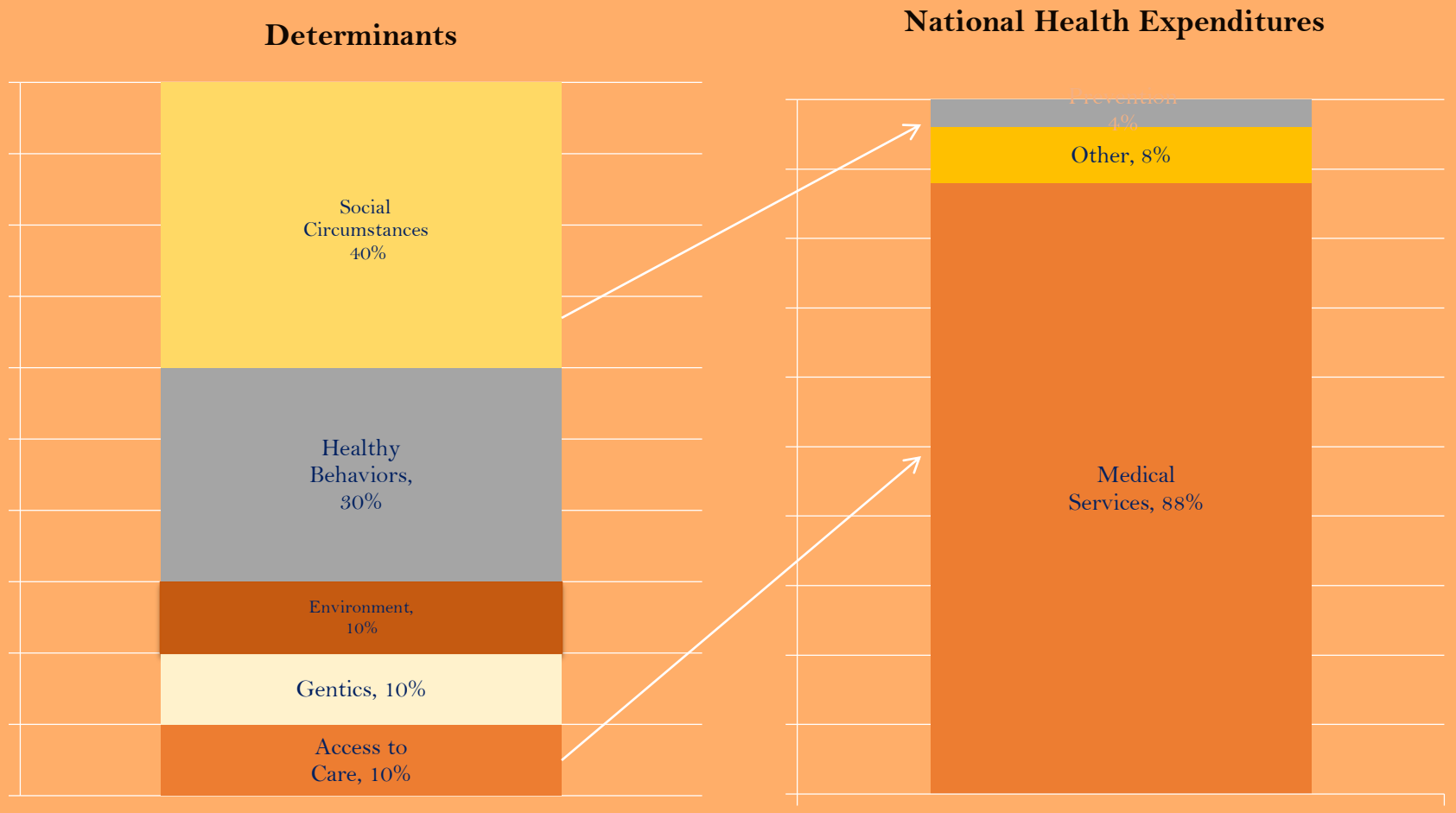
Spending Mismatch: Health Care and Other Key Determinants of Health



Source: NEHI, 2012

New Community Index Will Mine Social Determinants of Health Data

Boston University and Sharecare will build a community index to mine social determinants of health data and improve health nationwide.

Source: Thinkstock

By Jessica Kent

July 16, 2019 - The Boston University School of Public Health (SPH) has announced a **five-year partnership** with Sharecare, an Atlanta-based digital health company, to mine social determinants of health data and enhance patient outcomes across the country.

The organizations will build a Community Well-Being (CWI) Index using health data from Sharecare and social determinants data from SPH. The SPH Biostatistics and Epidemiology Data Analytics Center (BEDAC), a data management resource, will mine the information and help researchers generate actionable conclusions.

Check Assumptions AGAIN!

Are there cultural and linguistic barriers? And how is that addressed?

What values underlie the decision making process?

What is assumed to be true about the world and the agency's role?

Are the financial incentives to limit services?

How does fragmentation of services look and how is it addressed?

What standards of success are being used at different decision points and by whom?

Ask the Right Questions!

- Who is benefitting? Who is left out?
- Who are the decision makers?
- Who has the power in decision making and policy?
- Who is being held accountable and to whom?

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Implications for Prevention

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There are multiple levels of health equity work, health secto4s working on integration which connects through social determinants of health, theoretical frameworks to follow, and options for placement.

- Changing practice habits in primary care to include behavioral health doesn't come quickly or easily.
- Neither do advances in primary prevention. Connect with your fellow travelers.
- Prevention can not afford to get stuck in planning.
- Disconnect between broader community program supports and health systems/payers.
- Requires a team/coalition approach to implement equitably and successfully.
- Coordination of care continues to be a challenge!
- Benefits realized over time, so we have to build this into our process, reporting requirements, and partnership agreements.

- Preventing diseases and promoting wellness is a major theme in primary care and insurers have incentives to do so.- THIS is also true with marginalized populations or disparate groups.
- Prevention has deep knowledge of building collaborative partnerships to improve community health.
- Community coalitions are well positioned to assess and work on social determinants of health.
- Build partnerships between behavioral health providers and medical providers. Know where priority on health disparities and social determinants are happening in your service area.
- Use community data to help shape health priorities and help document impact of health ɜquity work.
- Targeted prevention activities funded through commercial insurance, Medicare, and Medicaid.
- Community Prevention activities funded through a variety of grants.

Closing thoughts

- When we invest in prevention- healthy community environments for all- the benefits are broadly shared (individual to community; home to work; workforce to economy)
- Most of our nation's pressing health problems can be prevented
- Many of the strongest predictors of health and well-being fall outside of the health care setting

Thank You!

Questions & Discussion

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