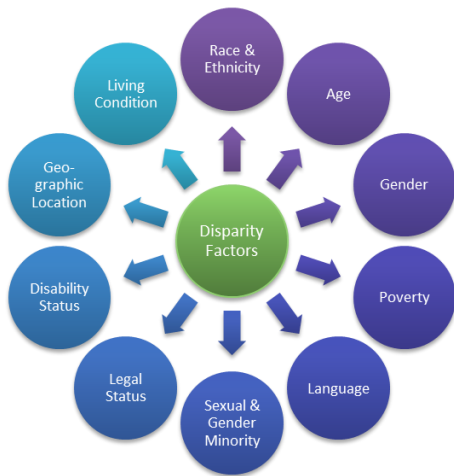


## DEFINITIONS

**Health Equity:** everyone has the opportunity to attain their highest level of health. Inequities are created when barriers prevent people from accessing adequate resources. (APHA)

**Health Disparities:** differences in health care access, quality, or outcomes among distinct segments of the population that are systematic, avoidable, and unjust.



## 2018 Health Equity Study:

**Goals:** Building upon the 2015 study, this study focused on:

1. Improving measurement methodology
2. Improving reporting of health disparities
3. Identifying Strategies to mitigate/eliminate disparity
4. Involving stakeholders in assessing strategies
5. Promoting greater collaboration and alignment across initiatives.

### Methods:

- *Literature Review:* disparity metrics, interventions that reduce disparity
- *Identify 10 proposals for Reducing Disparity:* multi-method study design including research literature, focus groups, key informant interviews
- *Stakeholder Feedback:* Consumer & Family Advisory Council Members, Non-profit Behavioral Health Leaders via The Alliance.

**Findings:** 10 strategies were drawn from a combination of the feedback from the focus groups with behavioral health service recipients, literature reviews, and key informant interviews with experts in the field. Consumers and providers agreed on 4

## 2014-2015 Health Equity Study:

In 2014, the CTBHP identified the need to better understand the status of health disparity within the Medicaid Behavioral Health (BH) Service System as a first step in developing strategies to achieve health equity. A multi-method study was conducted that documented existing disparities in access to behavioral health care, particularly by racial and ethnic minority populations.

### Findings:

Black, Asian, and Hispanic groups are *underrepresented* in BH utilization. Inversely, Black populations were *overrepresented* in using State Hospital Beds. Minorities were also underrepresented in ED, detoxification, and inpatient psychiatric services. Black and Hispanic groups were *overrepresented* among those that use the ED for medical care.

### Top Recommendations...

- *to help members:* increased representation in committees and organizations advocating for BH services; greater family member involvement in care.
- *for service providers:* implementation of Culturally & Linguistically Appropriate Services (CLAS); increased use of peers and community navigators; and more services in community settings.
- *for CTBHP:* implementation of CLAS; develop, track, and disseminate health equity metrics in membership utilization and outcomes.
- *for state agencies:* implementation of CLAS; expand data collection across agencies to include gender identity, sexual orientation, income, etc.

1. Utilizing “peers” in delivering MH or SUD services
2. Collaborating with natural community supports to do outreach/education
3. Improving translation & interpretation capacity
4. Providing community outreach
5. Providing services closer to where people live

6. “Co-locating” mental health services in doctors’ offices or medical clinics
7. Facilitating access to social services like food or housing supports as a component of clinical services
8. Using VBP or incentives to improve health equity
9. Providing MH or SUD “apps”
10. Publishing provider staff demographic and cultural profiles

## Next Steps: 2020 Health Equity Clinical Study

- Standardized demographic information across all reporting
- Transparency in how we measure health disparities and inequity
- Develop ways to measure geographic disparities on the county level
- Enhance CTBHP standards for cultural competency and diversity training
- Regular dissemination of staff survey on cultural competence and diversity
- Continued implementation of CTBHP’s CLAS Plan