Featured Speaker

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Rosa joined Alliant in December 2021 to lead the company’s first health equity strategic portfolio and embed health equity in the core of Alliant’s work. Rosa has 10 years experience in public health advisory for premier agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and the Food and Drug Administration (FDA). She holds a master of public health in health policy and management from Emory University.
18 total responses for the Needs Assessment survey so far.

If you haven’t filled out the survey yet, please complete! All data is helpful as we plan activities.

*The following slides represent data from 18 responses
Survey Results: Top Three Social Needs Issues

Q7 Rank the below social needs issues that your patients face. (1 is the most common and 5 is the least common)

Answered: 14  Skipped: 4
Survey Results: Top Community Partnerships

Q11 Does your hospital have any of the following community partnerships? (select all that apply)

Answered: 14  Skipped: 4

- Language Line/Interpreter
- Van/Transportation Service
- Food Bank/Food Pantry
- Hospital Meds to Bed Program
- Pharmacy
- Faith-based Organizations
- National Organization...
- Other (please specify)
Survey Results: Top Measures Needing Improvement

Q13 Which of the below quality measures does your hospital need the most improvement with? (select all that apply)

- Readmissions
- Pressure Injury
- Falls
- CAUTI (Catheter-associated Urinary Tract Infection)
- CLABSI (Central Line-associated Bloodstream Infection)
- C. Diff (Clostridium difficile)
- Opioid/Adverse Drug Events
- Behavioral/Mental Health
- Other (please specify)

Answered: 14  Skipped: 4
As a licensed professional counselor and educational psychologist with over 20 years of clinical and administrative experience in community-based mental health, Linda is the founder and principal of ATC Consulting, LLC.

She is certified as a Professional Counselor Supervisor, Change Management Practitioner, and Six Sigma Black Belt.
Why Address Behavioral Health

• As many as 40 percent of all patients seen in primary care settings have a mental illness
• 27 percent of Americans will suffer from a substance use disorder during their lifetime
• 80 percent of patients with behavioral health concerns present in emergency room departments or primary care clinics
• Approximately 67 percent of patients with behavioral health disorders do not receive the care they need
• 68 percent of adults with mental disorders have comorbid chronic health disorders and 29 percent of adults with chronic health disorders have mental health disorders
Alcohol Use Disorder and Drug Use Disorder in the Past Year:
Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2021

Note: Drug Use Disorder includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).
Past Year Substance Use Disorder:
Among People Aged 12 or Older; by Race/Ethnicity, 2021

- AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.
- Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.
Past Month Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use:
Among People Aged 12 or Older; 2021

Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.
Past Month Binge Alcohol Use:
Among People Aged 12 or Older; by Race/Ethnicity, 2021

- Low precision; no estimate reported.
- AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.
- Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.
- Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days.
Past Year Illicit Drug Use: Among People Aged 12 or Older; 2021

- Rx = prescription.
- Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.
Past Year Illicit Drug Use:
Among People Aged 12 or Older; by Race/Ethnicity, 2021

- Low precision; no estimate reported.
- AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.
- Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.
Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year: Among Youths Aged 12 to 17; 2021

- 21.0 Million Youths with No MDE (79.9% of All Youths)
- 5.0 Million Youths with an MDE (with or without Severe Impairment) (20.1% of All Youths)
- 3.7 Million Youths with an MDE with Severe Impairment (14.7% of All Youths and 74.2% of Youths with an MDE)

26.0 Million Youths Aged 12 to 17

Note: Youth respondents with unknown MDE data were excluded.
Any Mental Illness and Serious Mental Illness:
Among Adults Aged 18 or Older; 2021

Percent with Any Mental Illness or Serious Mental Illness in Past Year

- Any Mental Illness (with or without Serious Mental Illness)
  - 22.8
  - 33.7
  - 28.1
  - 15.0

- Serious Mental Illness
  - 5.5
  - 11.4
  - 7.1
  - 2.5

Age Category:  
- 18 or Older
- 18 to 25
- 26 to 49
- 50 or Older
Any Mental Illness (AMI):
Among Adults Aged 18 or Older; by Race/Ethnicity, 2021

- **AIAN** = American Indian or Alaska Native; **Black** = Black or African American; **Hispanic** = Hispanic or Latino; **NH** = Not Hispanic or Latino; **NHOPI** = Native Hawaiian or Other Pacific Islander.
- **Note:** Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.
Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE): Among Youths Aged 12 to 17; 2021

- 2.2 Million Youths Had SUD
- 1.2 Million Youths Had SUD but Not MDE
- 4.1 Million Youths Had MDE but Not SUD
- 5.0 Million Youths Had MDE
- 935,000 Youths Had SUD and MDE
- 6.3 Million Youths Had Either SUD or MDE

Note: Youth respondents with unknown MDE data were excluded.
Past Year Substance Use Disorder (SUD), Any Mental Illness (AMI), and Serious Mental Illness (SMI): Among Adults Aged 18 or Older; 2021

82.5 Million Adults Had Either SUD or AMI (with or without SMI)

51.7 Million Adults Had Either SUD or SMI
Life Expectancy

- In 2021, life expectancy at birth was 76.1 years, declining by 0.9 year from 77.0 in 2020.
- Life expectancy at birth for males in 2021 was 73.2 years, representing a decline of 1.0 year from 74.2 years in 2020.
- For females, life expectancy declined to 79.1 years, decreasing 0.8 year from 79.9 years in 2020.

https://www.cdc.gov/nchs/data/vsrr/vsrr023.pdf
Behavioral Health Disparities for BIPOC Populations

• According to the Agency for Healthcare Research and Quality (AHRQ) racial and ethnic minority groups in the U.S. are
  – Less likely to have access to mental health services
  – Less likely to use community mental health services
  – More likely to use emergency departments
  – More likely to receive lower quality care
• African American consumers are diagnosed with psychotic disorders at a rate of 3 - 4 times higher than White consumers
• Latino American/Hispanic consumers are diagnosed with psychotic disorders on average approximately 3 times higher than White consumers
Health Inequities

Health inequities arise when certain populations are made vulnerable to illness or disease, often through the inequitable distribution of health protections and supports.

Jones, CP 2002
National Academies of Sciences, Engineering, and Medicine. 2017
Inequities in Addiction Treatment

Black patients were half as likely to obtain treatment following overdose compared with non-Hispanic white patients even when privately insured.

Minority Follow-Up Treatment Lags After Overdose

A study of privately insured people who suffered an overdose and were treated at an emergency room found that referral rates were low. In particular, researchers found minorities were less likely to receive follow-up care after their overdose, such as being referred to an inpatient treatment program, or started on medication-assisted treatment.

Note: Excludes patients who had opioid treatment in the 90 days before overdose; data show probability of obtaining follow-up treatment
Social Determinants of Mental Health

https://focus.psychiatryonline.org/doi/10.1176/appi.focus.20150017#F1
What can we do?....Integrated Care

**Goals of Integrated Care**

- **Efficient, effective and high quality**
- **Treating the whole person, focus on prevention and wellness**
- **HIT, data collection – population health management**
- **Team-based care/ enhanced collaboration**

**What can we do?**

- Screening for behavioral disorders and SDOH using validated screening tools
- Team-based care with non-physician staff to support PCPs and co-manage treatment
- Shared information systems that facilitate coordination and communication cross providers
- Standardized use of evidence-based guidelines
- Systematic review and measurement of patient outcomes using registries and patient tracking tools
- Engagement with broader community services
- Individualized, person-centered care that incorporates family members and caregivers into the treatment plan
Behavioral Health Screening Tools

**PHQ-9**
- Screening tool to assess depression
- [https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf](https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf)

**GAD-7**
- Screening tool to assess anxiety
- [https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf](https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf)

**C-SSRS**
- Screening tool to assess risk of suicide
SDOH Screening Tools: Adults

PRAPARE
- Screening tool to identify, understand and respond to adult patients' needs
- Developed by National Association of Community Health Centers (NACHC)
- https://prapare.org/the-prapare-screening-tool/

Roots to Health Survey
- Screening tool to assess unmet basic adult needs
- Developed by The Civic Engine

Health Leads Screening Toolkit
- Screening tool to assess social needs that can affect a patient's health
- Developed by HealthLeads
- https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/
Resources

• The Opioid Use Disorder crisis among African-Americans: An urgent issue

• The Opioid Use Disorder crisis and the Hispanic/Latino population: An urgent issue

• Racial Equity Tools

• Access for Everyone: A Toolkit for Addressing Health Equity & Racial Justice within Integrated Care Settings

• Social Determinants of Health
Questions?