



# **GA FLEX Health Equity Improvement Project Monthly Meeting**

Rosa Abraha, MPH

March 28, 2023

# Featured Speaker



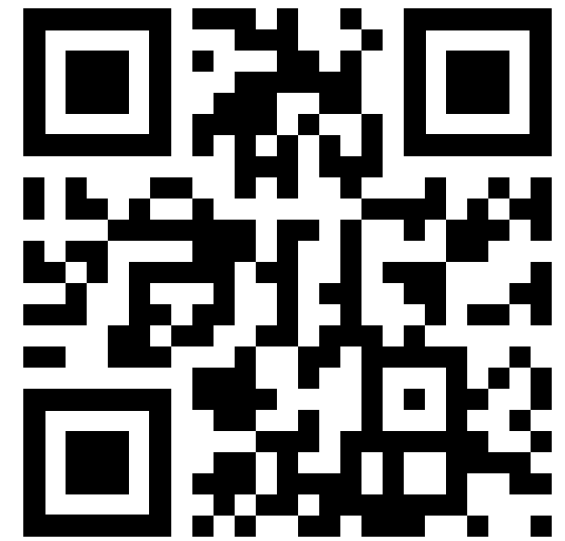
Rosa Abraha, MPH  
Health Equity Lead  
Alliant Health Solutions  
[Rosa.Abraha@allianthealth.org](mailto:Rosa.Abraha@allianthealth.org)

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.*

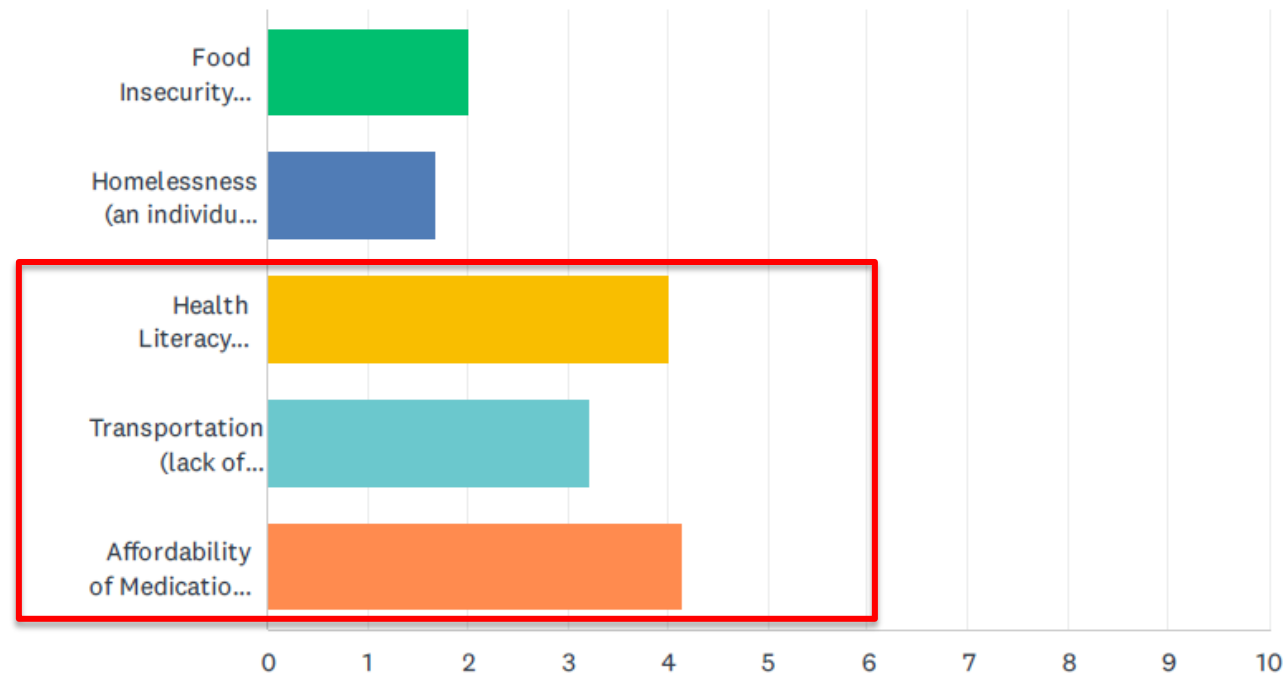
*\*The following slides represent data from 18 responses*



# 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)

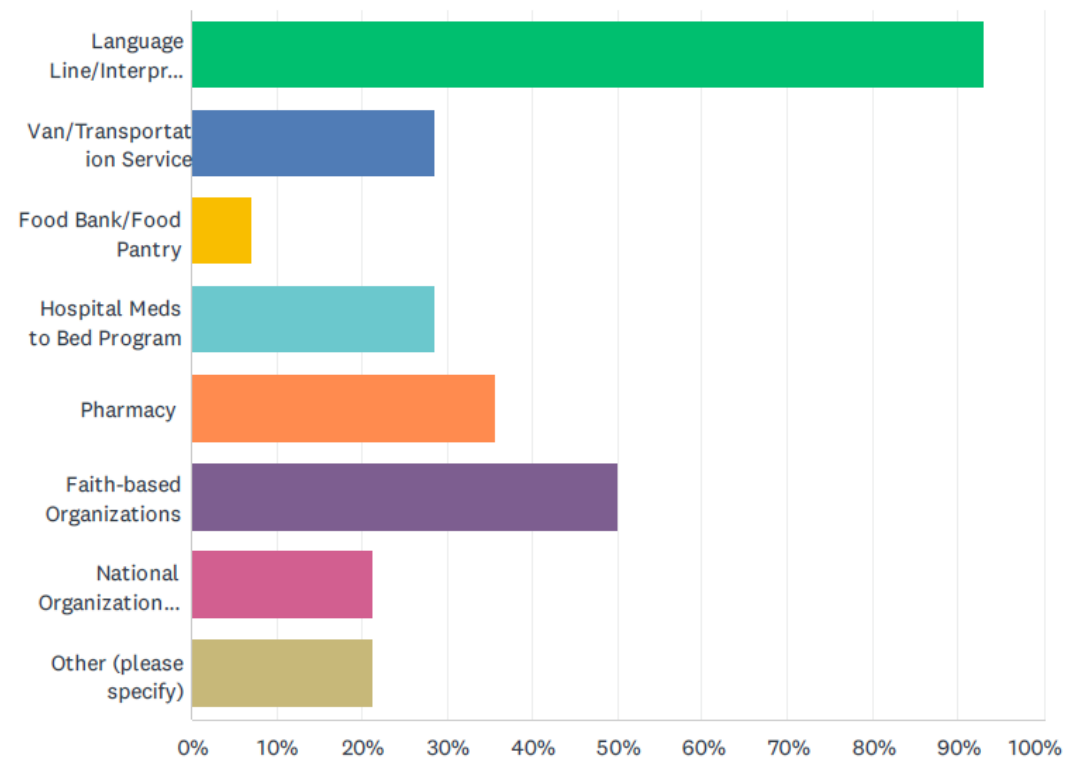
Answered: 14 Skipped: 4



# Survey Results: Top Community Partnerships

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

Answered: 14 Skipped: 4

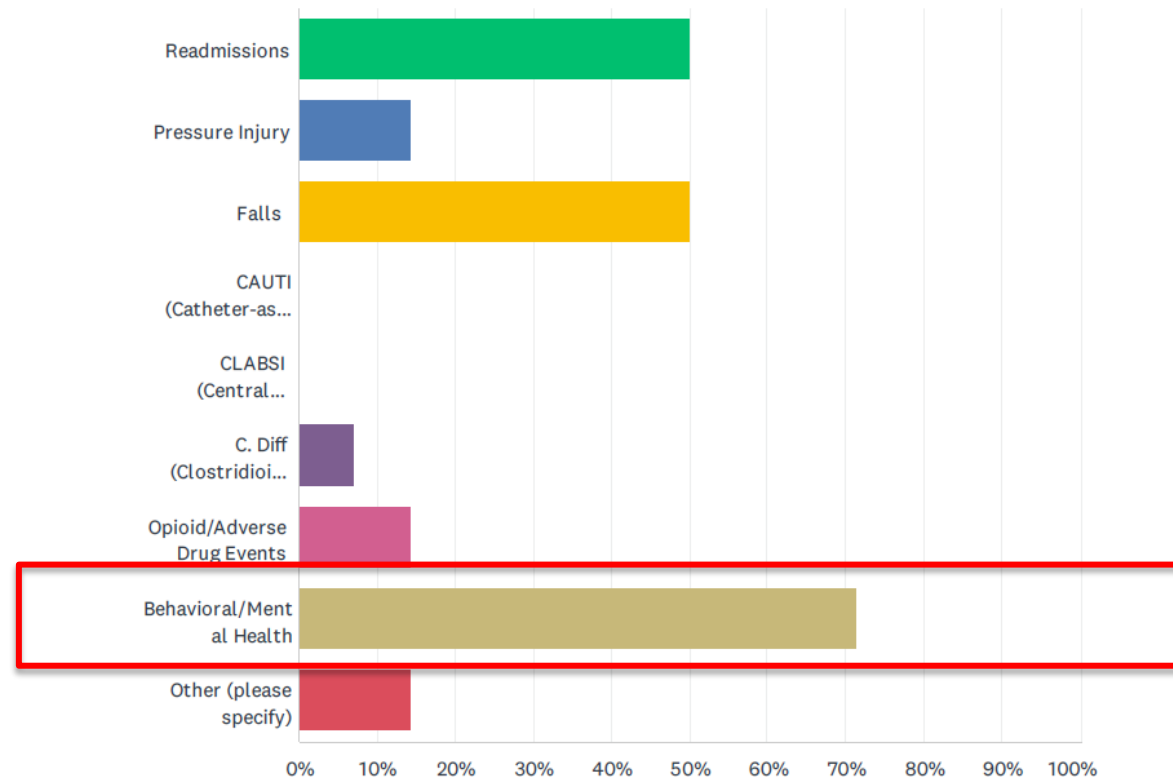




# Survey Results: Top Measures Needing Improvement

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

Answered: 14 Skipped: 4



## Featured Speaker



Linda Henderson-Smith, PhD, LPC  
Founder and Principal  
ATC Consulting, LLC  
[DrLinda@ATCConsultingLLC.com](mailto:DrLinda@ATCConsultingLLC.com)

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



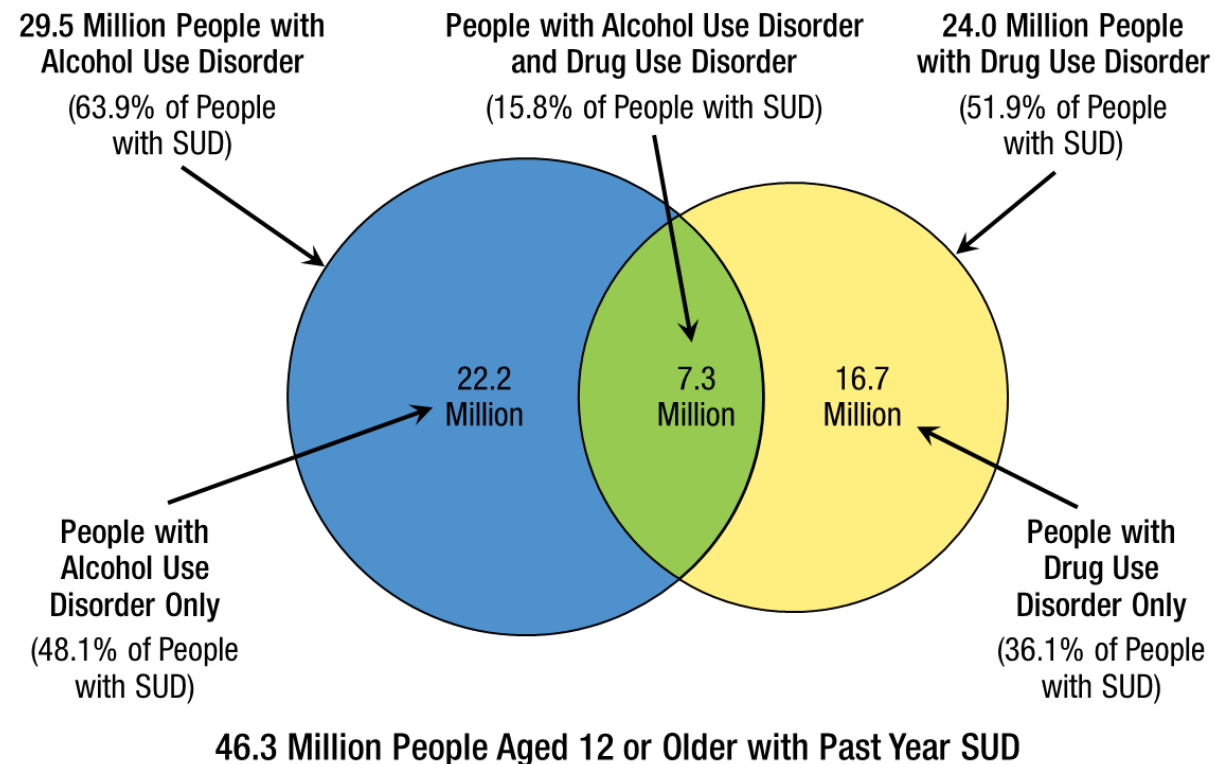
# Results from the 2021 National Survey on Drug Use and Health: Graphics from the Key Findings Report

Center for Behavioral Health Statistics and Quality  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services



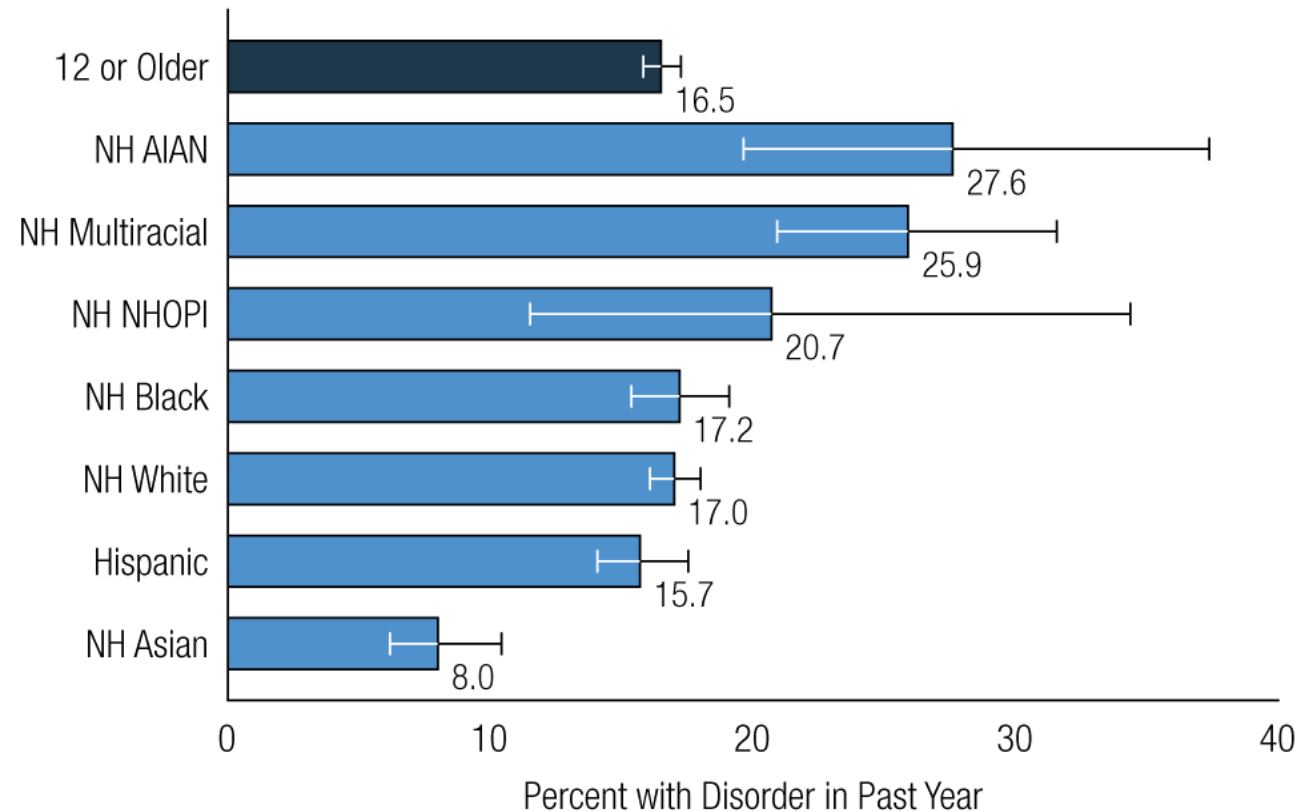
**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

## 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



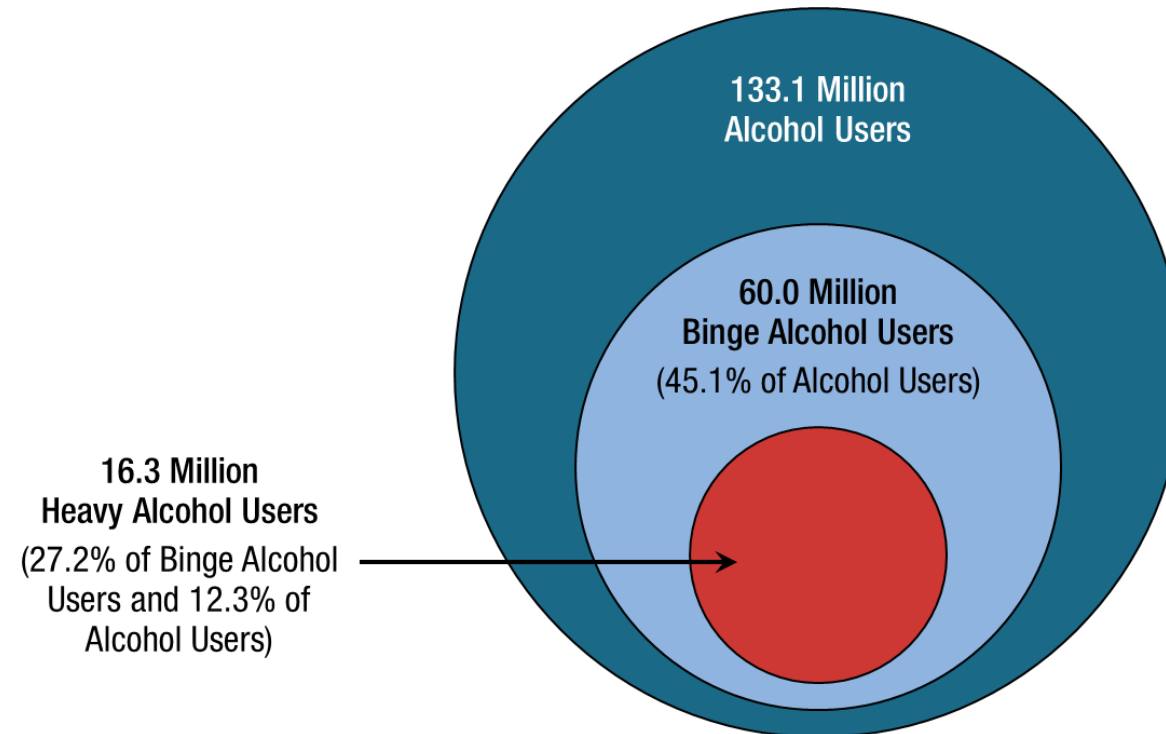
**Note:** Drug Use Disorder includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

## Past Year Substance Use Disorder: Among People Aged 12 or Older; by Race/Ethnicity, 2021



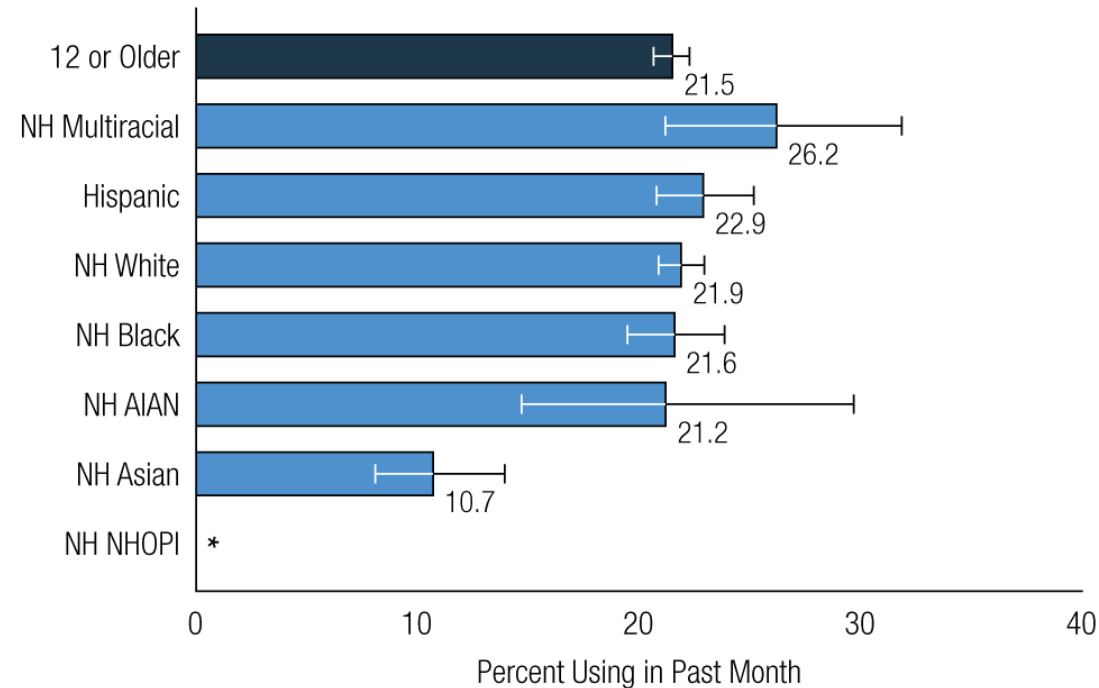
- AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NH = Not Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.
- Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. 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



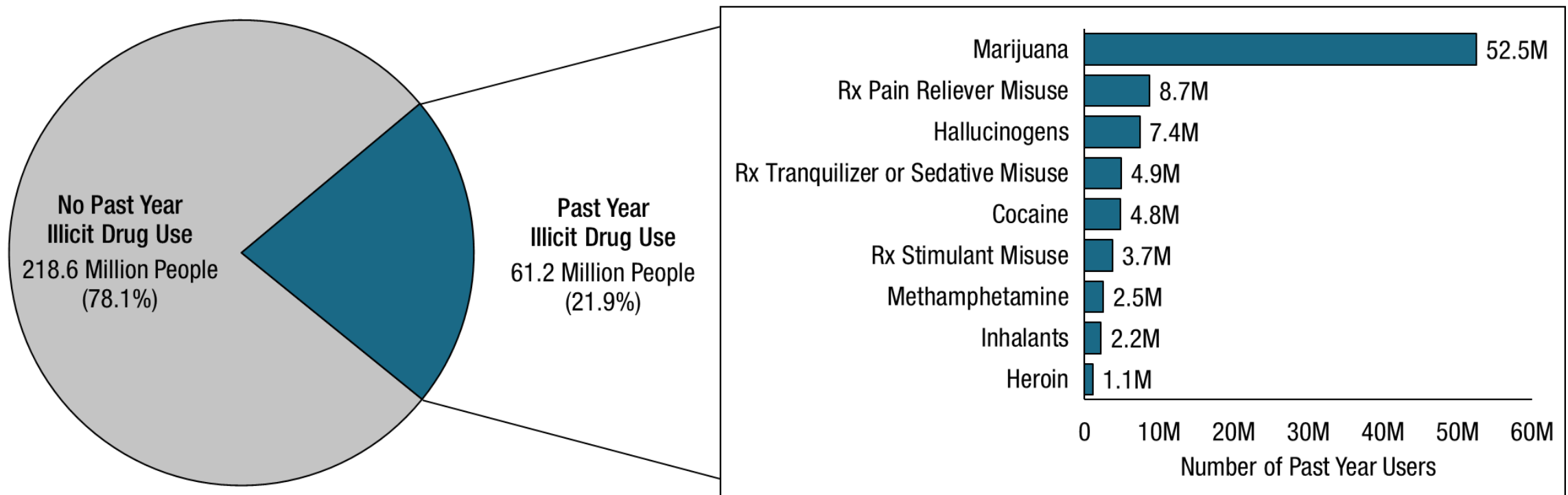
**Note:** Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol 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.
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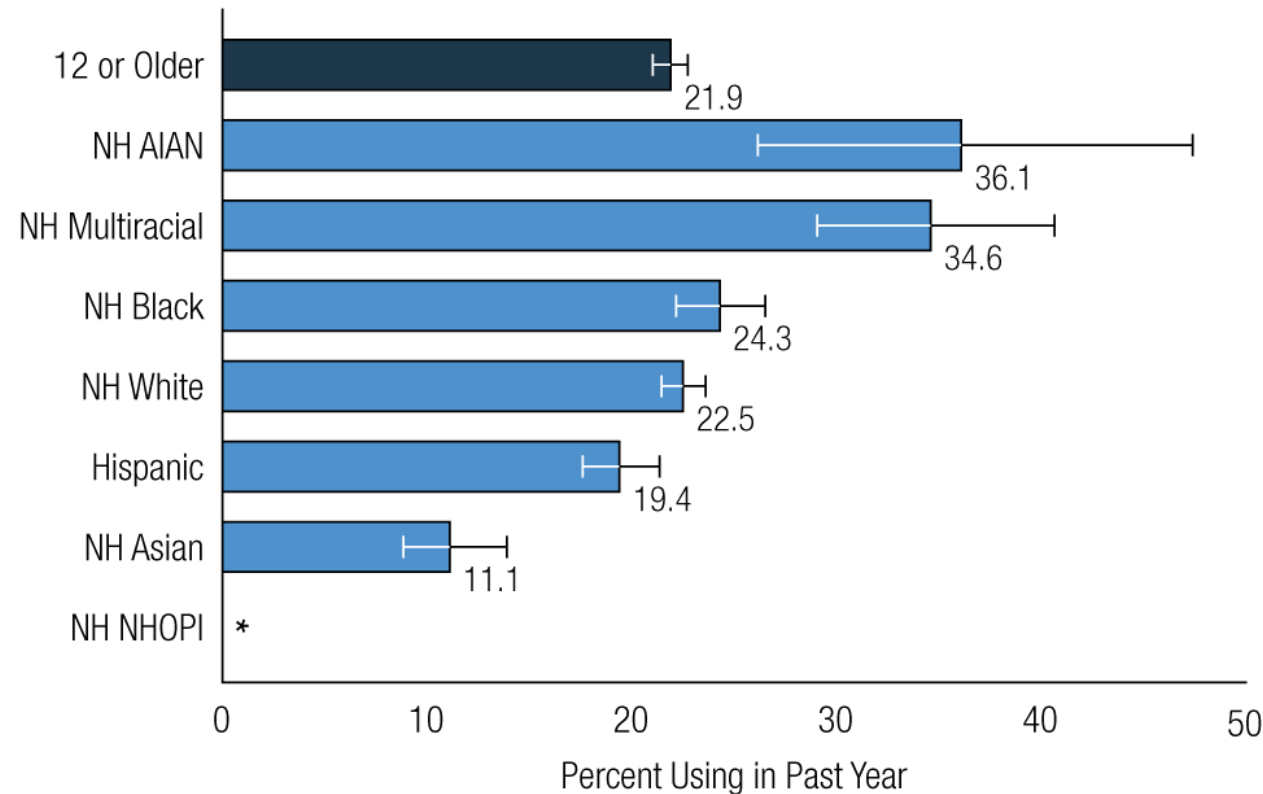
## Past Year Illicit Drug Use: Among People Aged 12 or Older; 2021



- 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.

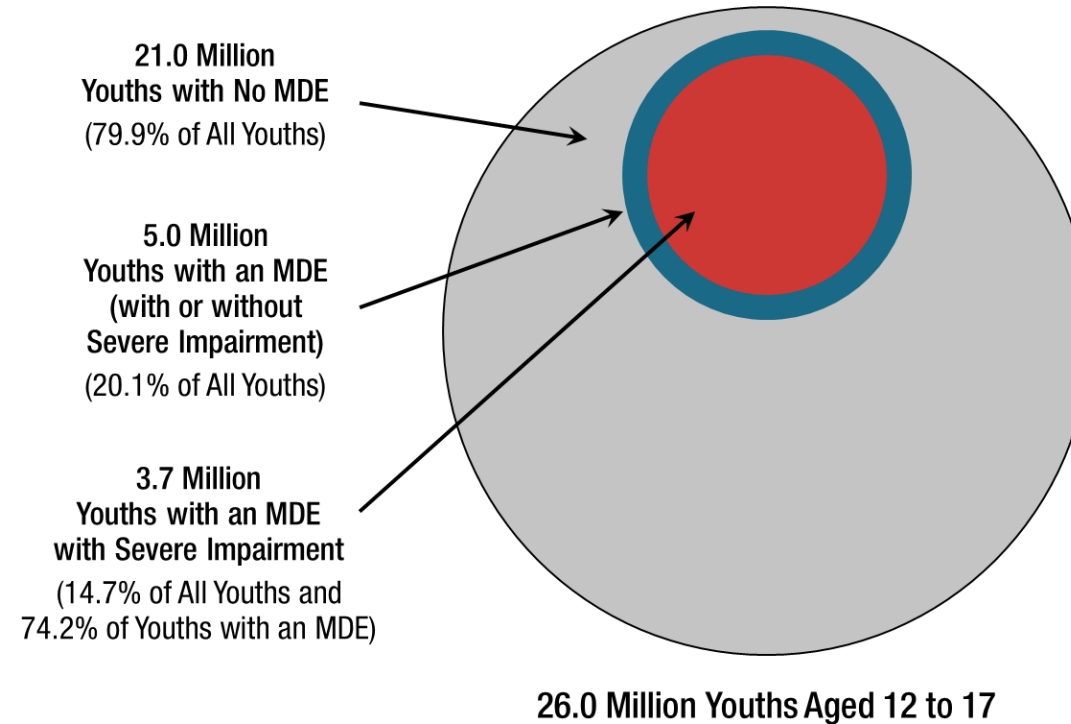


## Past Year Illicit Drug Use: Among People Aged 12 or Older; by Race/Ethnicity, 2021



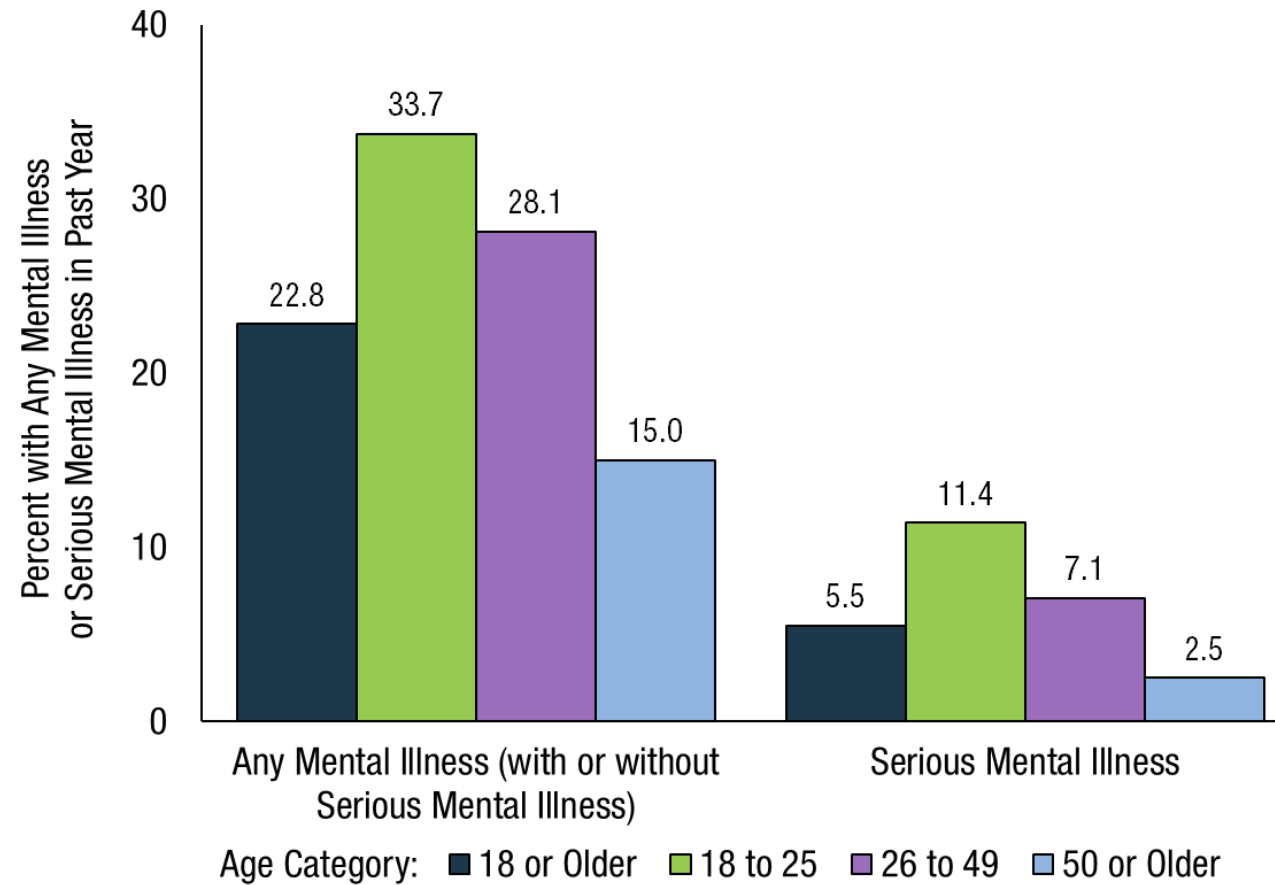
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## Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year: Among Youths Aged 12 to 17; 2021

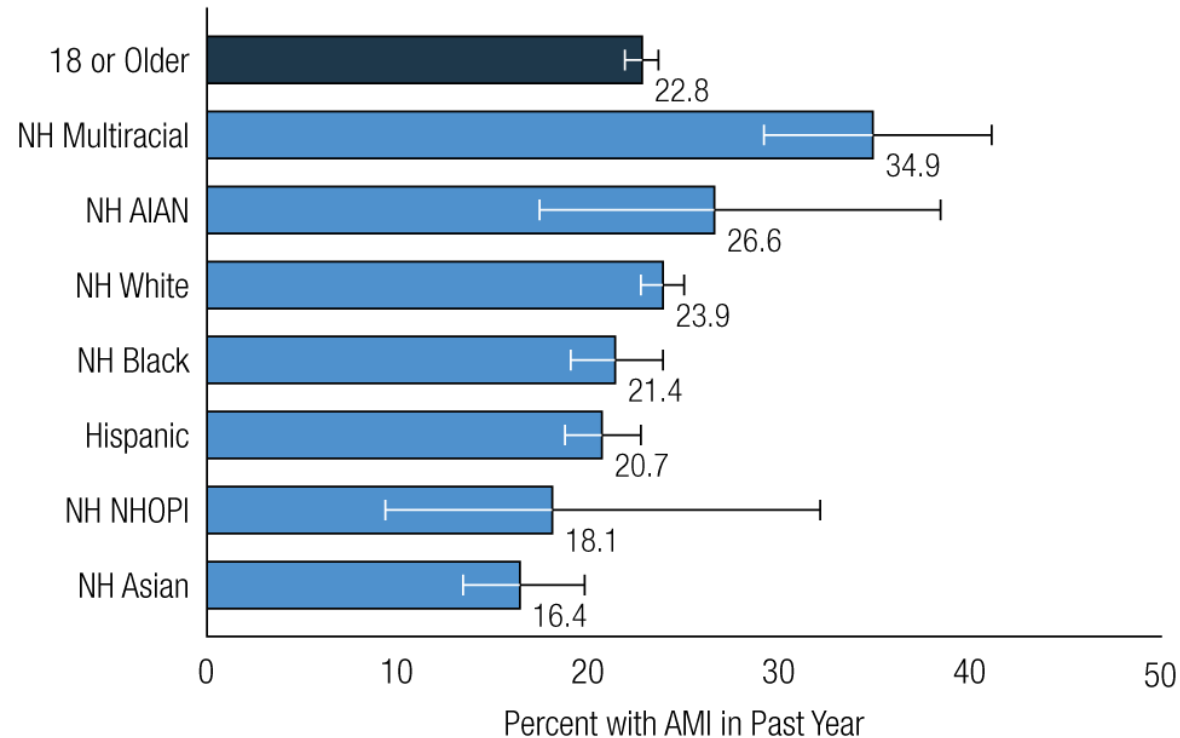


- Note: Youth respondents with unknown MDE data were excluded.

## Any Mental Illness and Serious Mental Illness: Among Adults Aged 18 or Older; 2021

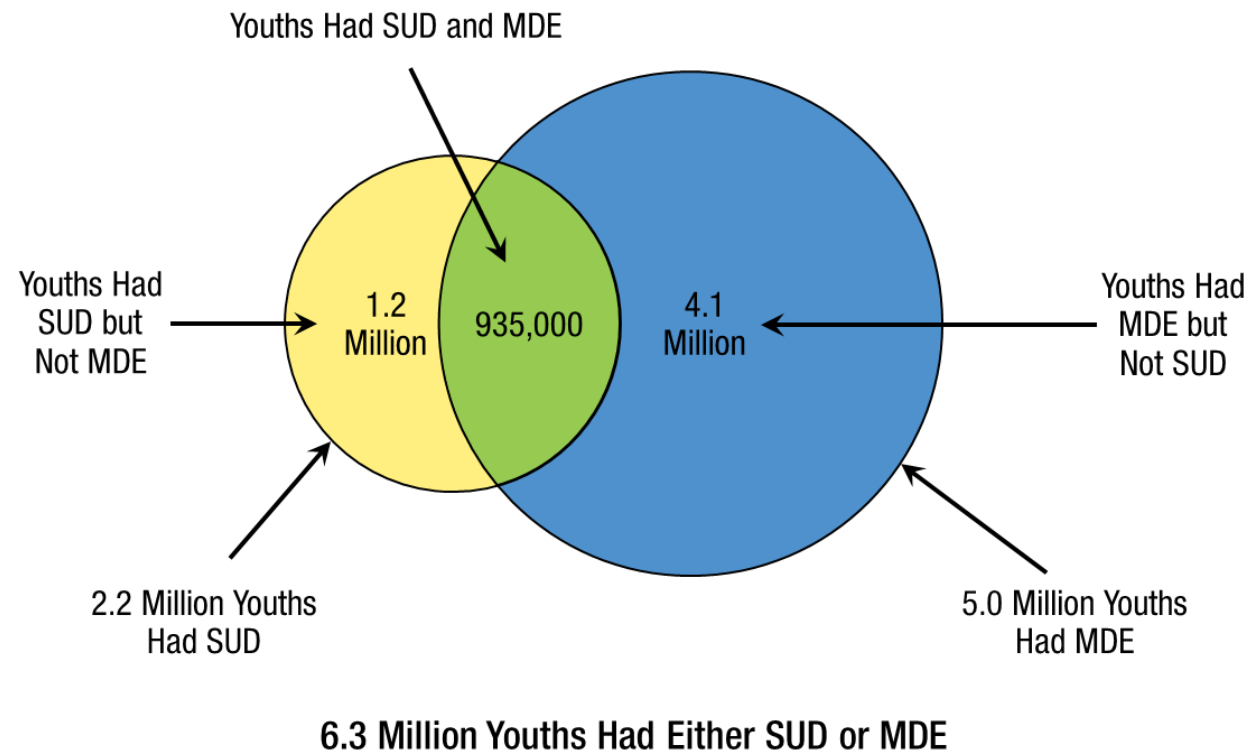


## Any Mental Illness (AMI): Among Adults Aged 18 or Older; by Race/Ethnicity, 2021



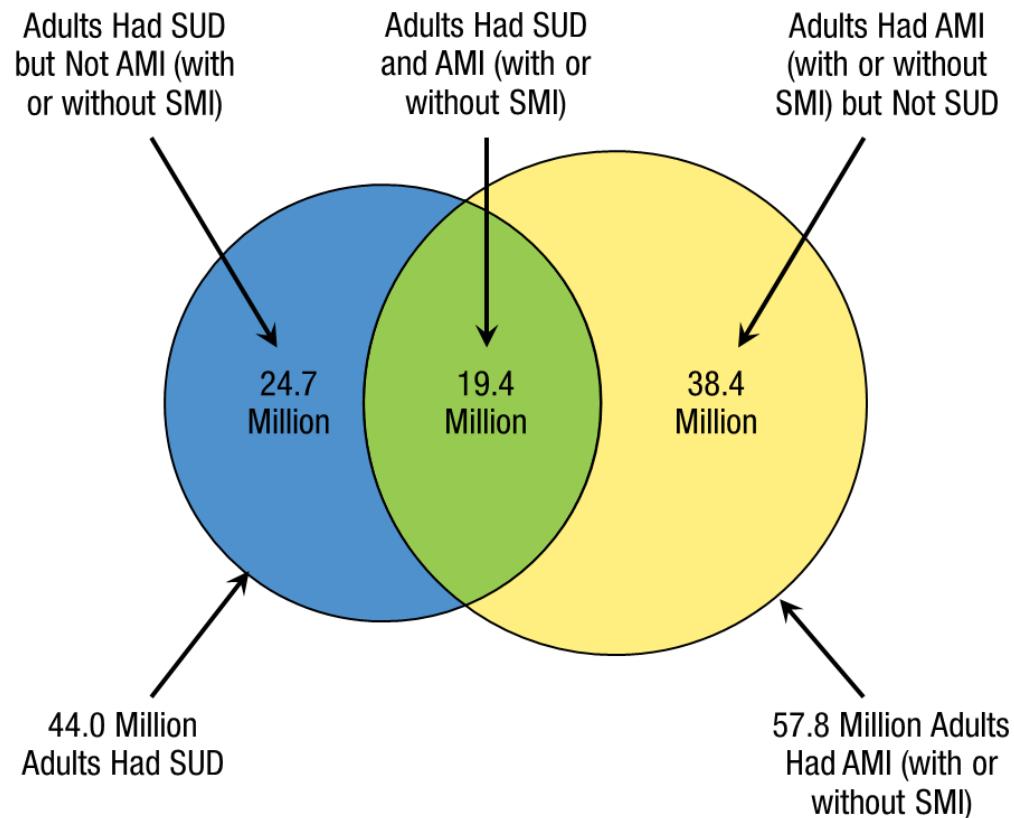
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- Note: Error bars were calculated as 99 percent confidence intervals. Wider error bars indicate less precise estimates. Large apparent differences between groups may not be statistically significant.

## Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE): Among Youths Aged 12 to 17; 2021

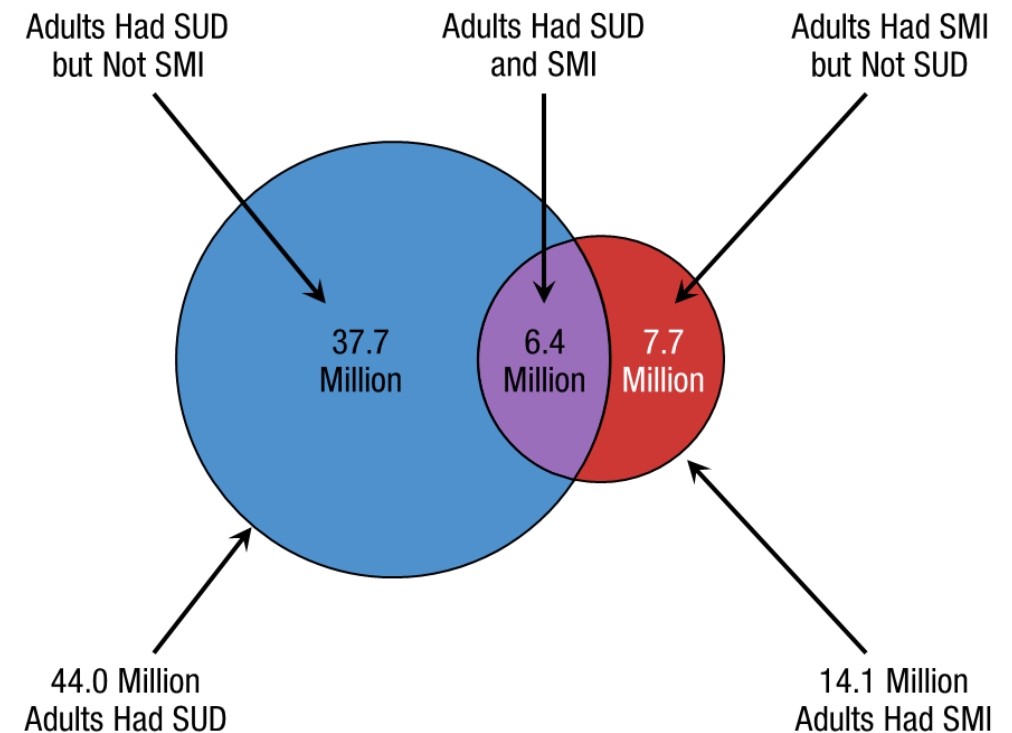


- Note: Youth respondents with unknown MDE data were excluded.

## 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)

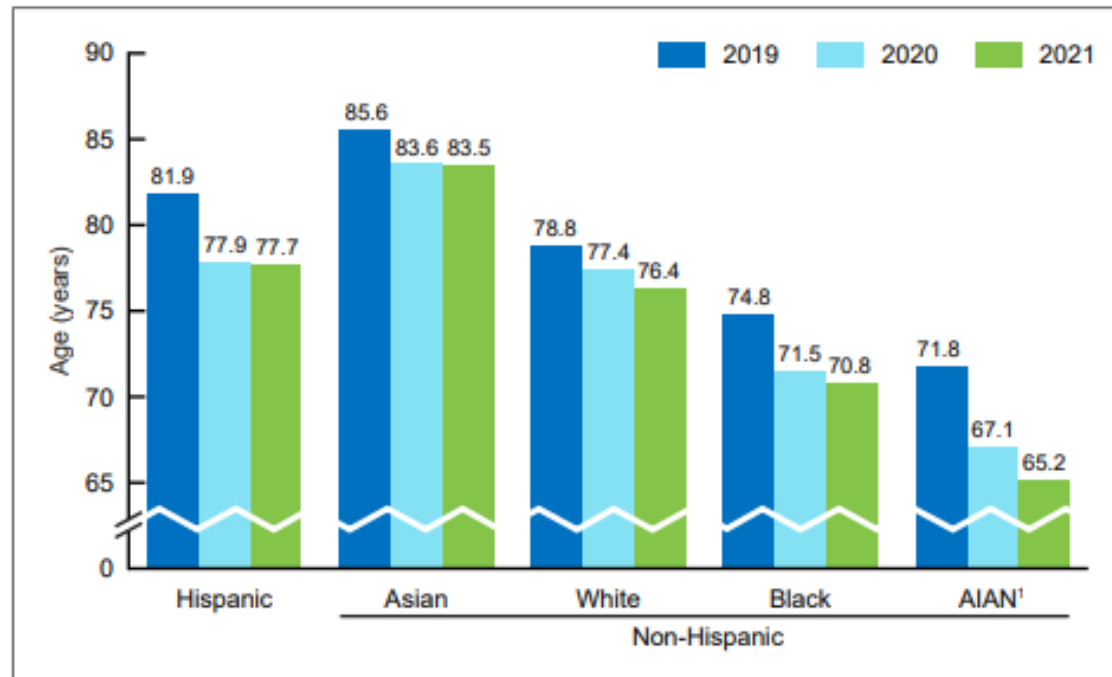


51.7 Million Adults Had Either SUD or SMI



# Life Expectancy

Figure 2. Life expectancy at birth, by Hispanic origin and race: United States, 2019–2021



<sup>1</sup>American Indian or Alaska Native.

NOTES: Estimates are based on provisional data for 2021. Provisional data are subject to change as additional data are received. Estimates for 2019 and 2020 are based on final data. Life tables by race and Hispanic origin are based on death rates that have been adjusted for race and Hispanic-origin misclassification on death certificates; see Technical Notes in this report.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

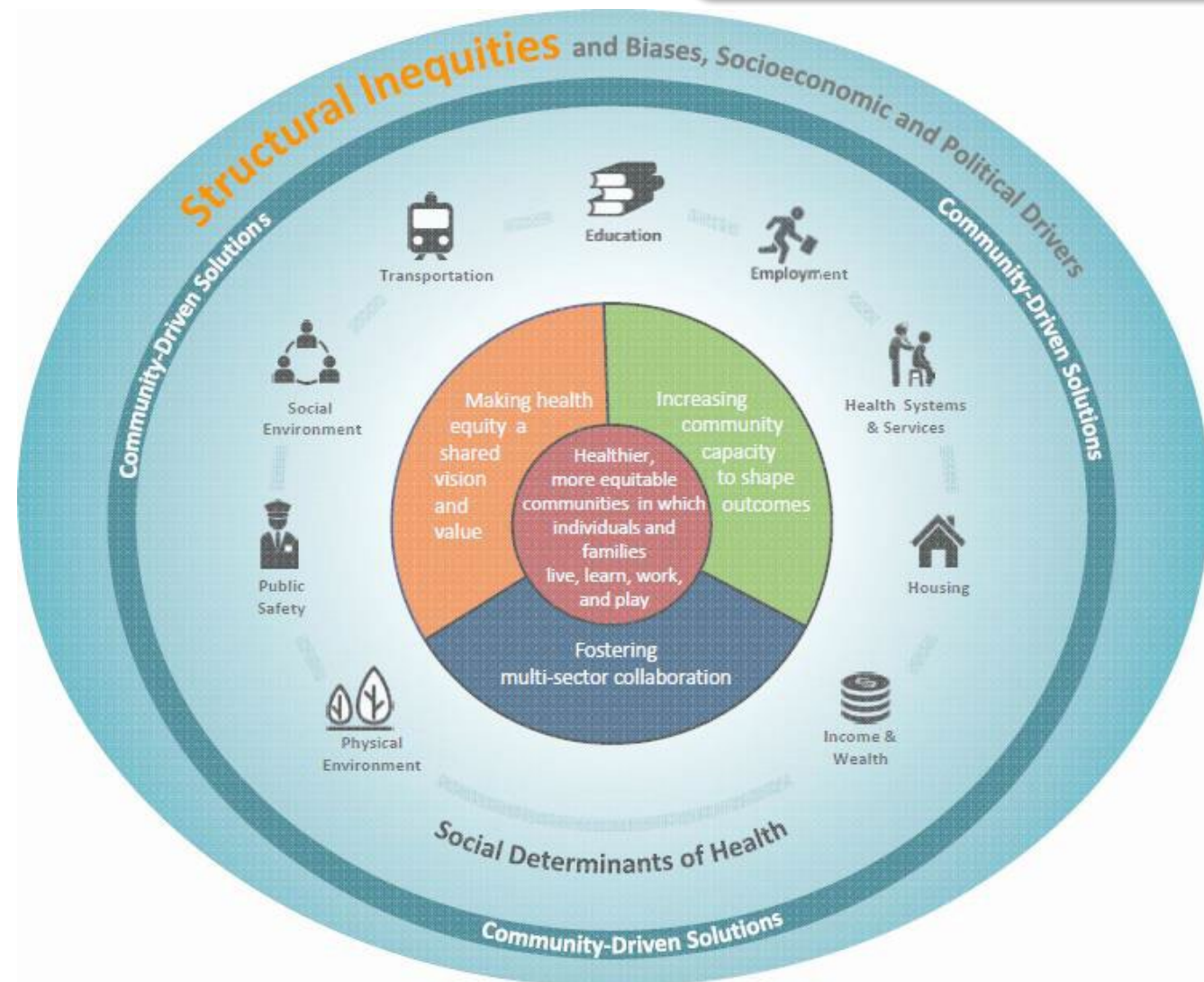
- In 2021, life expectancy at birth was 76.1 years, declining by 0.9 year from 77.0 in 2020.
- Life expectancy at birth for males in 2021 was 73.2 years, representing a decline of 1.0 year from 74.2 years in 2020.
- For females, life expectancy declined to 79.1 years, decreasing 0.8 year from 79.9 years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

# 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.

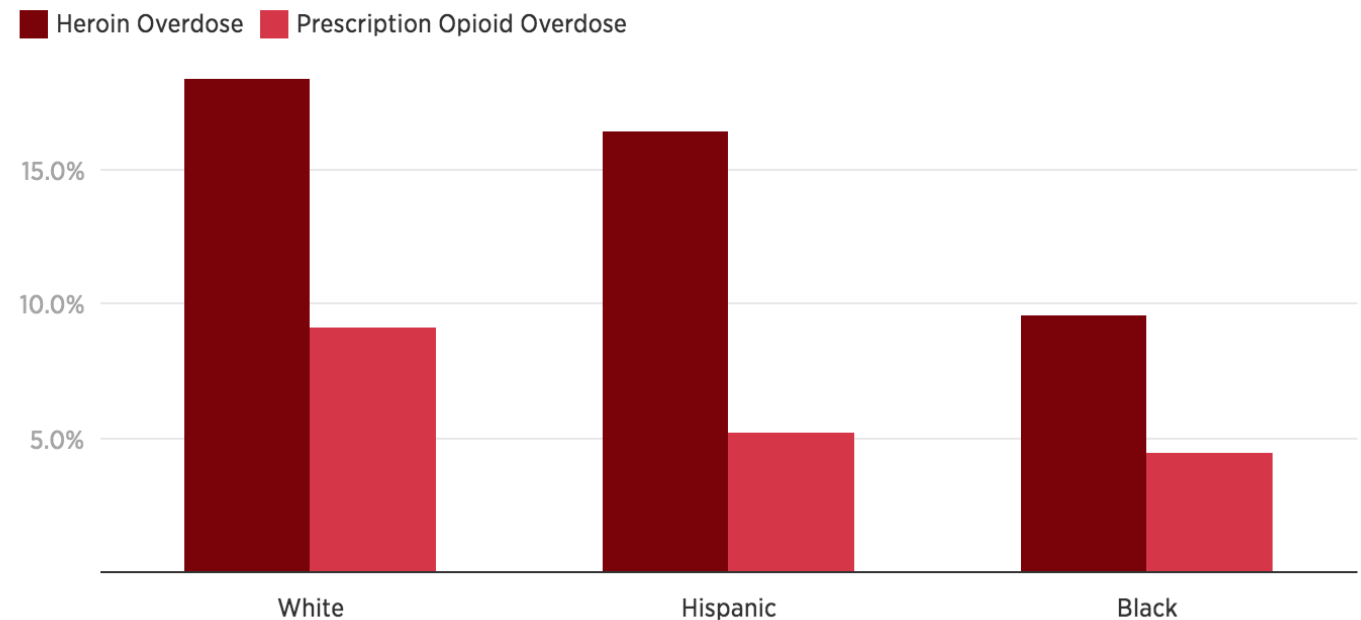


# Inequities in Addiction Treatment

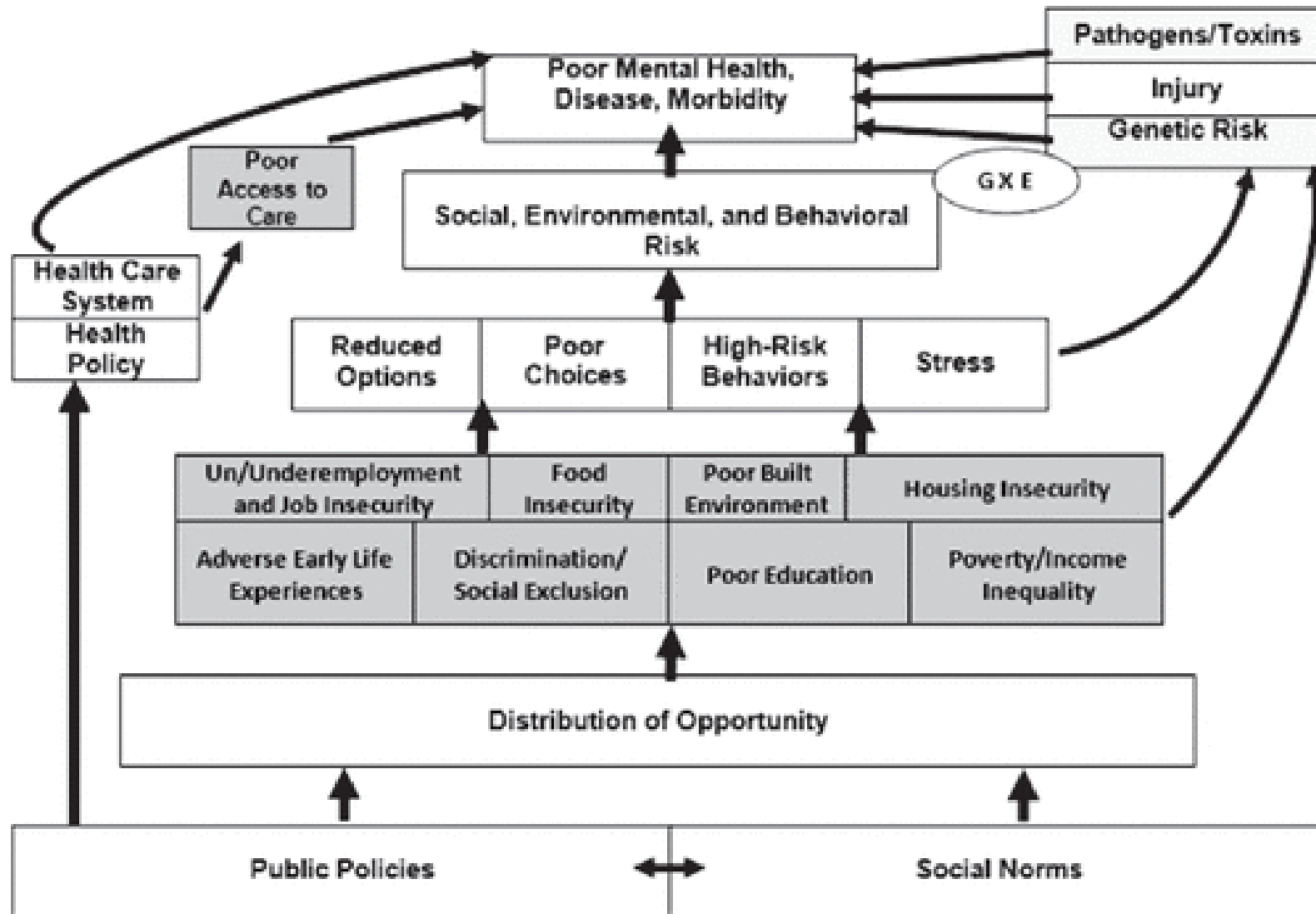
Black patients were half as likely to obtain treatment following overdose compared with non-Hispanic white patients even when privately insured.

## 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

# What can we do?...Integrated Care



- 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>

## 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

[https://cssrs.columbia.edu/wp-content/uploads/Columbia\\_Protocol.pdf](https://cssrs.columbia.edu/wp-content/uploads/Columbia_Protocol.pdf)

# 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

<http://www.surveygizmo.com/s3/2096658/Health-Roots-v0-2>

## 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?

 **ALLIANT**  
HEALTH SOLUTIONS

 **SORH**  
*State Office of Rural Health*  
A Division of the Georgia Department of Community Health