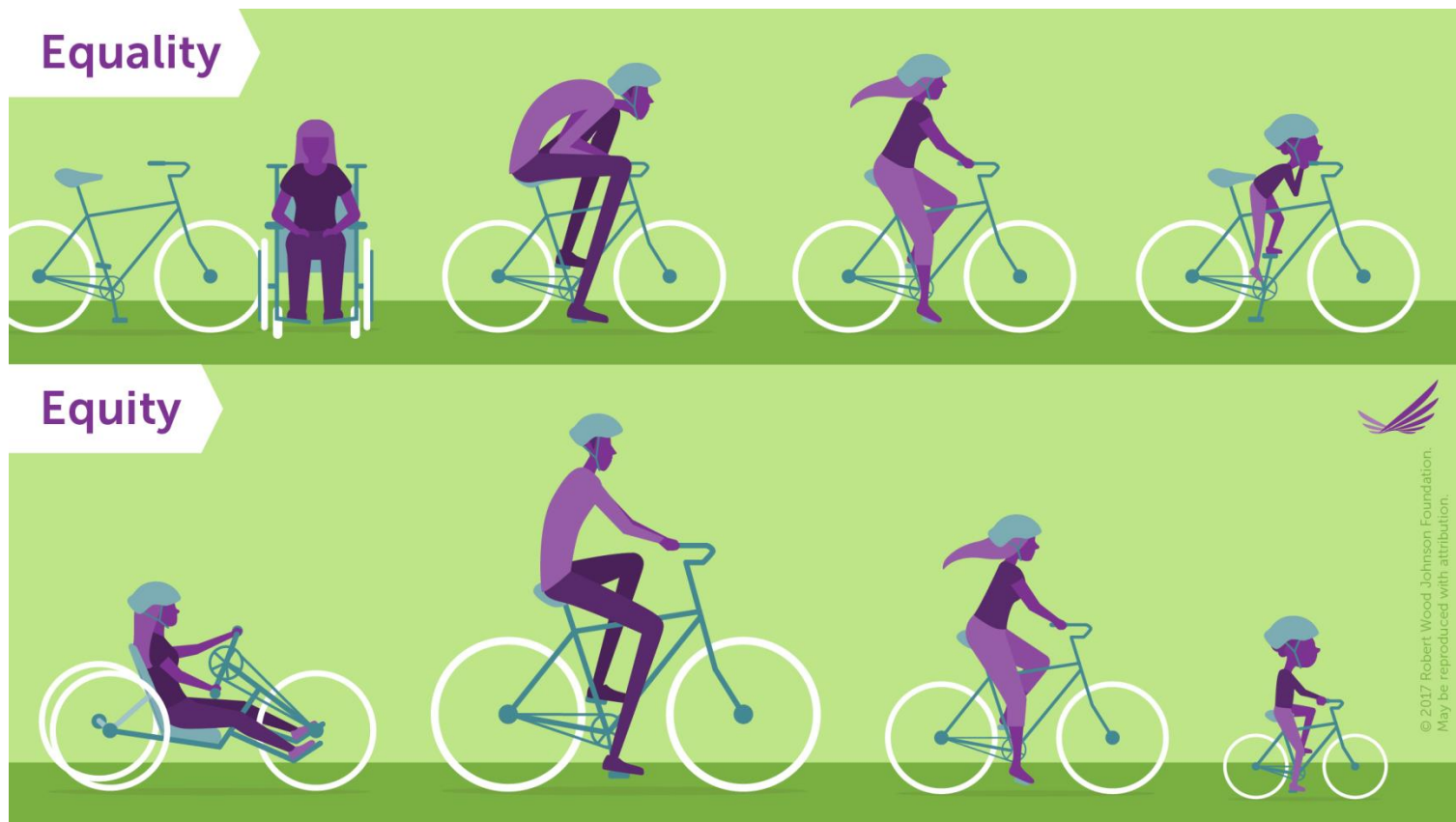


Frameworks for Understanding and Addressing Behavioral Health Equity

Health Equity

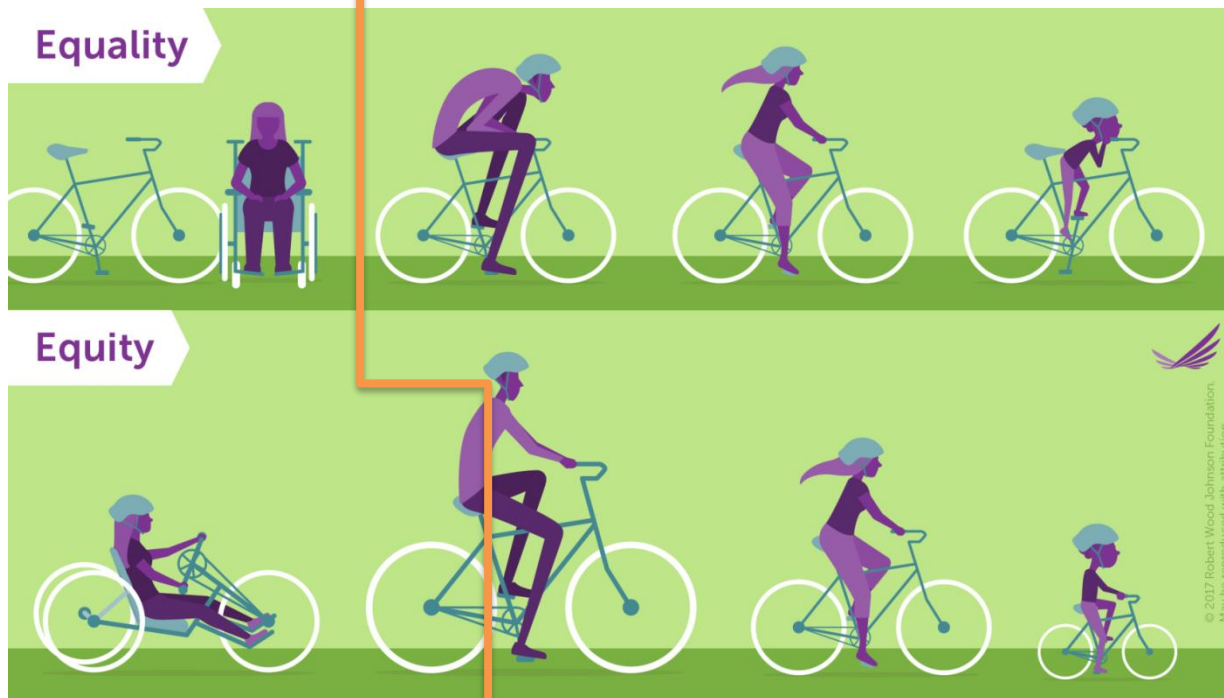
Health Equity happens when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances ([CDC](#))



[Image: RWJF](#)

Health Equity

Health Equity happens when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances ([CDC](#))



[Image: RWJF](#)

More commonly referred to as The Social Determinants of Health (SDOH)

Social Determinants of Health

The Social Determinants of Health are the aspects of the environment in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These aspects are shaped by a wider set of forces ([CDC](#)) including:

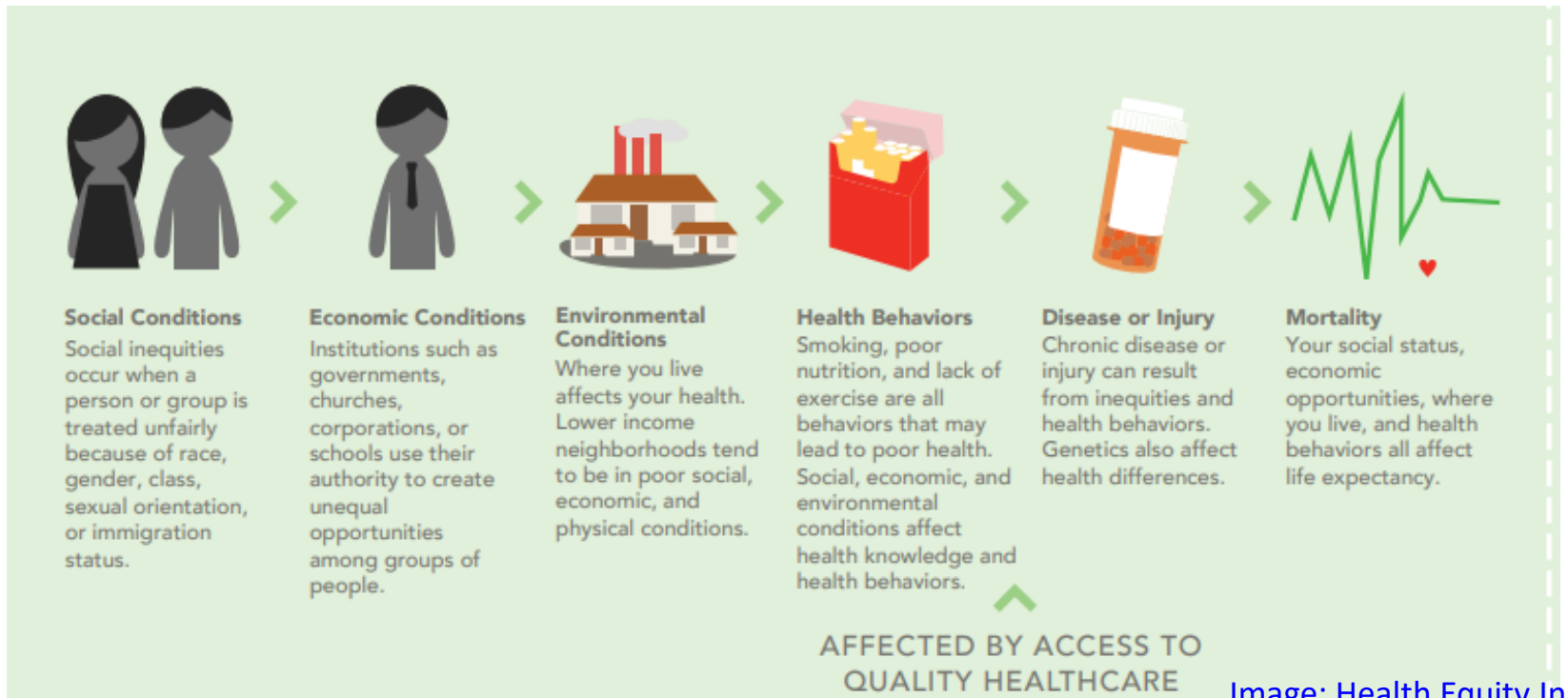
- Access to care
- Economic opportunity
- Environmental quality
- Social and cultural cohesion
- And more...



[Image: Vitalyst Health](#)

Health Disparities & Inequities

- Living in an environment with suboptimal social determinants of health will lead to:
 - **Health Disparities:** differences in health outcomes among groups of people.
 - **Health Inequities:** differences in health that are avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions. ([Health Equity Institute](#))



Factors that may contribute to Health Disparities & Inequities

- Socioeconomic
- Racial/ethnic
- Gender
- Age
- Mental health
- Cognitive, sensory or physical disability
- Sexual orientation or gender identity
- Geographic location
- Characteristics historically linked to discrimination or exclusion

Health Inequities, Social Determinants, and **Intersectionality**



"Intersectionality health equity lenses help us understand that every person's experience is **fundamentally different than than the experience of others...** More than just a theory or framework, it is a commitment to developing a relentlessly critical and self-reflective lens that begins with the premise that race, class, gender, and other axes of social identities are intertwined and mutually constitutive, and that such lens can help advance health disparities research , practice, and leadership by making the **invisible visible.**"

A National Academy of Medicine Discussion Paper
nam.edu/Perspectives

 @theNAMedicine

[Image: National Academy Of Medicine](#)

Health Disparities & Inequities

- Socioeconomic
- Racial/ethnic
- Gender
- Age
- Mental health
- Cognitive, sensory or physical disability
- Sexual orientation or gender identity
- Geographic location
- Characteristics historically linked to discrimination or exclusion
- **Many of these factors will intersect to create a lived experience that is**

Health Inequities, Social Determinants, and **Intersectionality**



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A National Academy of Medicine Discussion Paper
nam.edu/Perspectives

 @theNAMedicine

[Image: National Academy Of Medicine](https://www.nam.edu/Perspectives)

Meet Eric

- Eric is a 19 year old African American male who lives with his mother in Richmond, Virginia.
- Let's take a look at how some of the social determinants of health effect his life.

Eric lives with his mother and 10 year old sister in a public housing community.

Profile

- Health Opportunity Index
- Community Environmental Profile
- Consumer Opportunity Profile
- Economic Opportunity Profile
- Wellness Disparity Profile

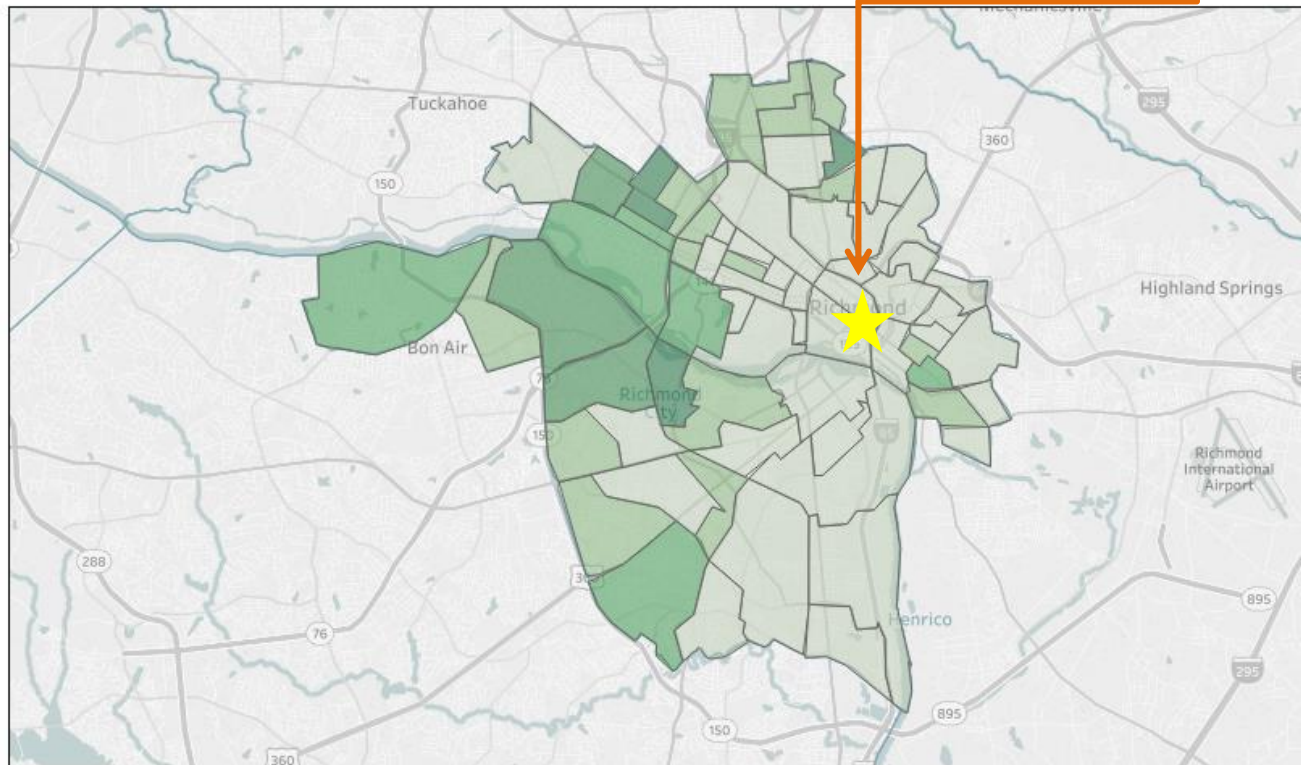
Opportunity Level

- Very Low
- Low
- Average
- High
- Very High



Local Health District

- Null
- Alexandria LHD
- Alleghany LHD
- Arlington LHD
- Central Shenandoah LHD
- Central Virginia LHD
- Chesapeake LHD
- Chesterfield LHD
- Chickominy LHD
- Crater LHD
- Cumberland Plateau LHD
- Danville LHD
- Eastern Shore LHD
- Fairfax LHD
- Hampton LHD
- Henrico LHD
- Lenowisco LHD
- Lord Fairfax LHD
- Loudoun LHD
- Mount Rogers LHD
- New River LHD
- Norfolk LHD
- Peninsula LHD
- Piedmont LHD
- Portsmouth LHD
- Prince William LHD
- Rappahannock LHD



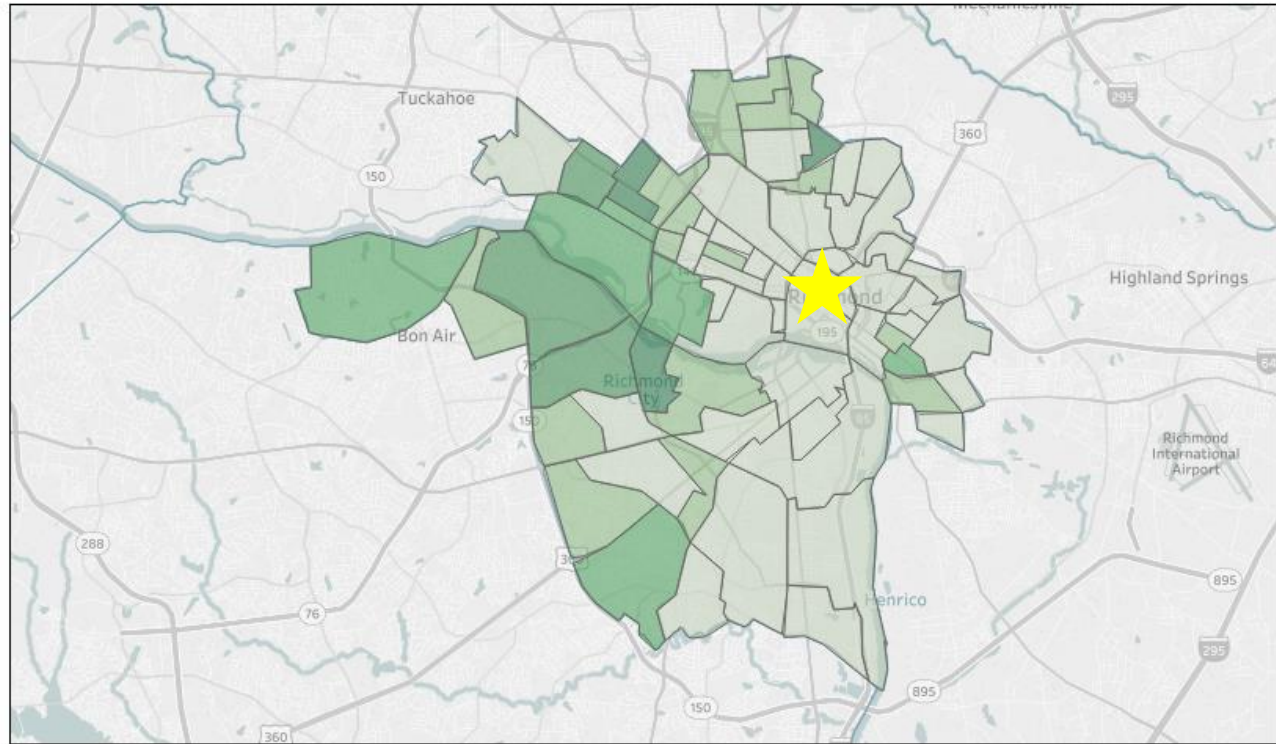
The Virginia Department of Health's (VDH), Health Opportunity Index, which measures the social determinants of health, labels Eric's community with a "very low" opportunity for health.

- Profile**
- Health Opportunity Index
 - Community Environmental Profile
 - Consumer Opportunity Profile
 - Economic Opportunity Profile
 - Wellness Disparity Profile

- Opportunity Level**
- Very Low
 - Low
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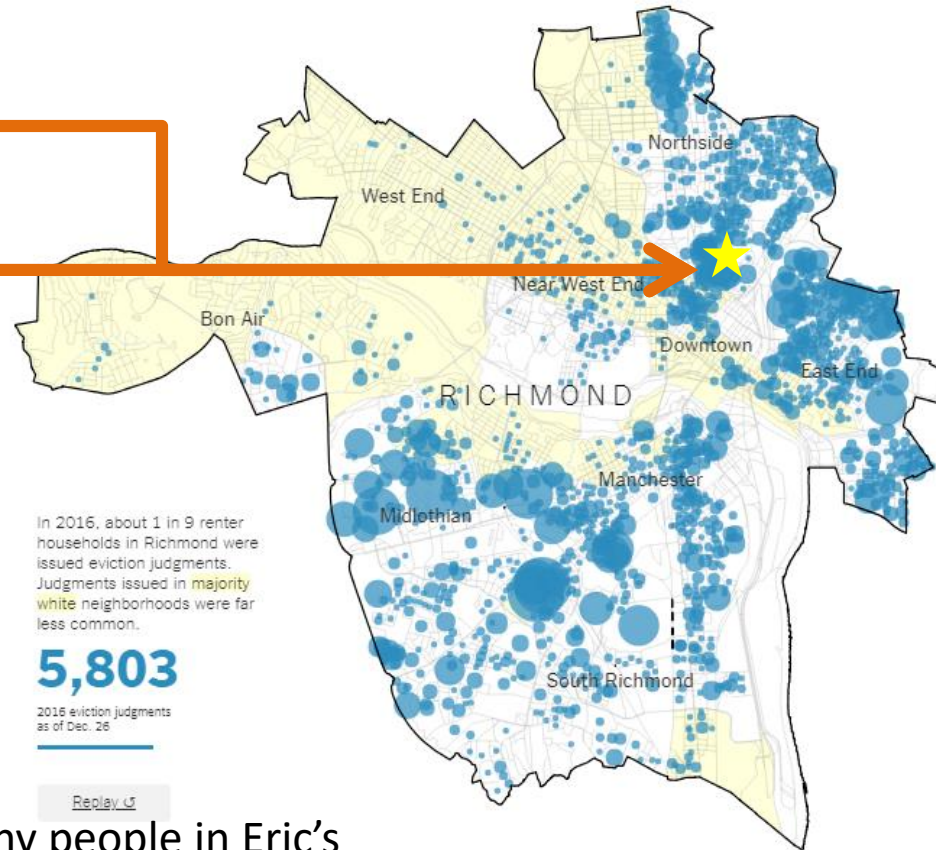
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The average life expectancy in Eric's community is 63 years. Just 5 miles away from Eric's home, the average life expectancy is 83 years. That is a 20 year difference in life expectancy



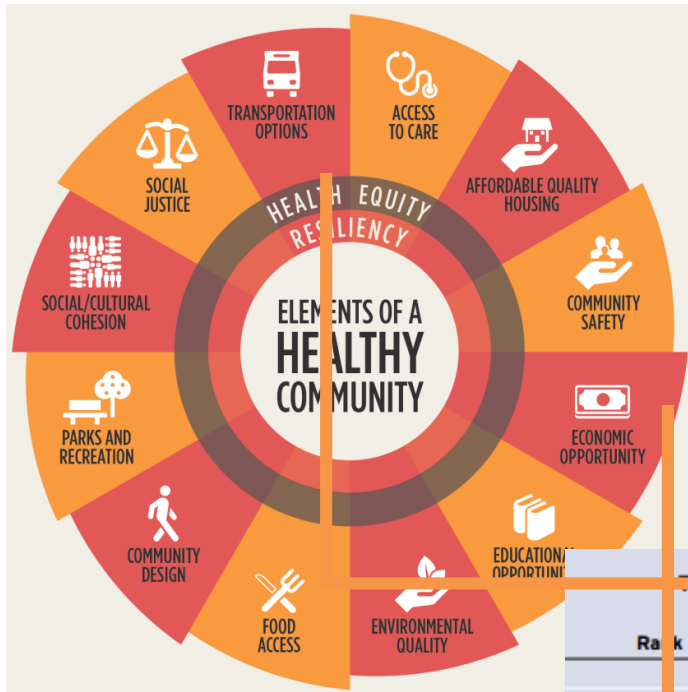
Affordable Quality Housing



Despite being receiving housing subsidies, many people in Eric's community are evicted or are under the threat of eviction. A New York Times investigation found in Richmond, 1 in 9 households were evicted, with the majority of evictions in low-income. minority communities.

[The New York Times](#)

Transportation & Economic Opportunity



Both Eric and his mother work part time, however they still have a hard time making rent. Eric’s mother takes the city bus for over an hour to work in a packaging facility and Eric walks 30 minutes to his job, because there is no convenient bus route.

Table 4. Top and Bottom Metropolitan Areas for Combined Ranking of Access to Transit and Employment

Rank	Metropolitan Area	Coverage (%)	Job Access (%)
	Honolulu, HI	97.0	59.8
	San Jose-Sunnyvale-Santa Clara, CA	95.6	58.4
3	Salt Lake City, UT	89.0	58.9
4	Tucson, AZ	73.1	57.2
5	Fresno, CA	71.5	57.0
6	Denver-Aurora, CO	83.7	47.5
7	Albuquerque, NM	73.1	52.9
8	Las Vegas-Paradise, NV	85.5	44.0
9	Provo-Orem, UT	73.1	48.3
10	Modesto, CA	90.4	38.4
91	Atlanta-Sandy Springs-Marietta, GA	37.8	21.7
92	Richmond, VA	30.8	26.5

Environmental Quality

Another challenge with Eric's living situation is the mold in the bathroom and the mice living in his kitchen. Eric has asthma and both the mold and rodents can trigger an asthma attack. Since he was diagnosed, Eric has been to the ER 4 times because of an asthma attack. It causes him a lot of stress.



The Top 100 Most Challenging Places to Live With Asthma

NATIONAL RANKINGS

(Factors are not weighted equally)

■ Worse Than Average

▲ Average

● Better Than Average

2018 National Rankings (*Tie)	Overall	Metropolitan Area	Total Score (Avg. 61.84)	Subtotal: Estimated Asthma Prevalence	Subtotal: Crude Death Rate for Asthma	Subtotal: ER Visits for Asthma
1	■	Springfield, MA	100.00	■	▲	■
2	■	Richmond, VA	81.22	▲	■	■
3	■	Dayton, OH	77.31	▲	▲	■

Educational Opportunity

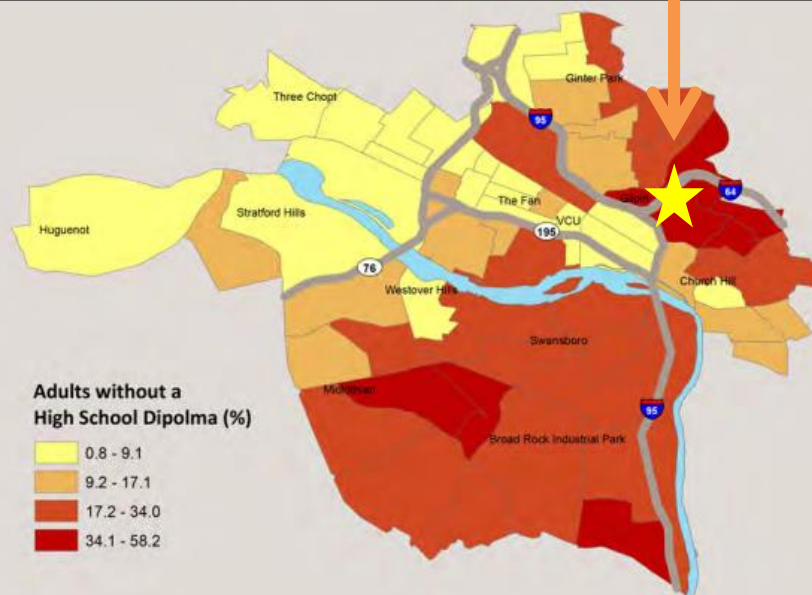


Eric was a B/C student. His grades worsened, as he had trouble concentrating. Late in his senior year, Eric was suspended due to a series of incidents:

- A physical fight with a classmate
- Skipping too many classes, complaining of headaches
- When he did attend classes, he would often interrupt or play jokes on the teachers.
- Drinking in the bleachers at a school football game.

After Eric was suspended, he never returned to school. Lots of people in his community never graduated high school and he didn't think it would help his future. No one followed up.

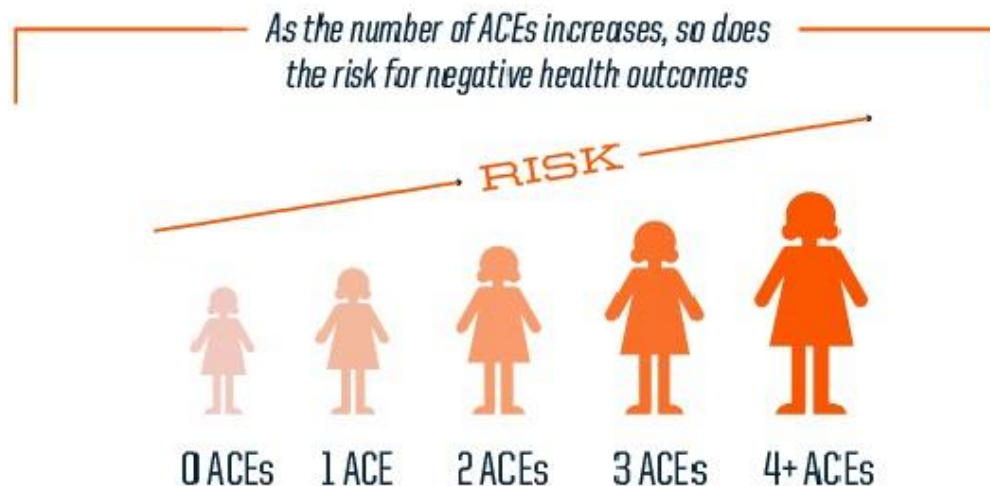
Map 4. Adults without a High School Diploma, Richmond City, 2008 – 2012



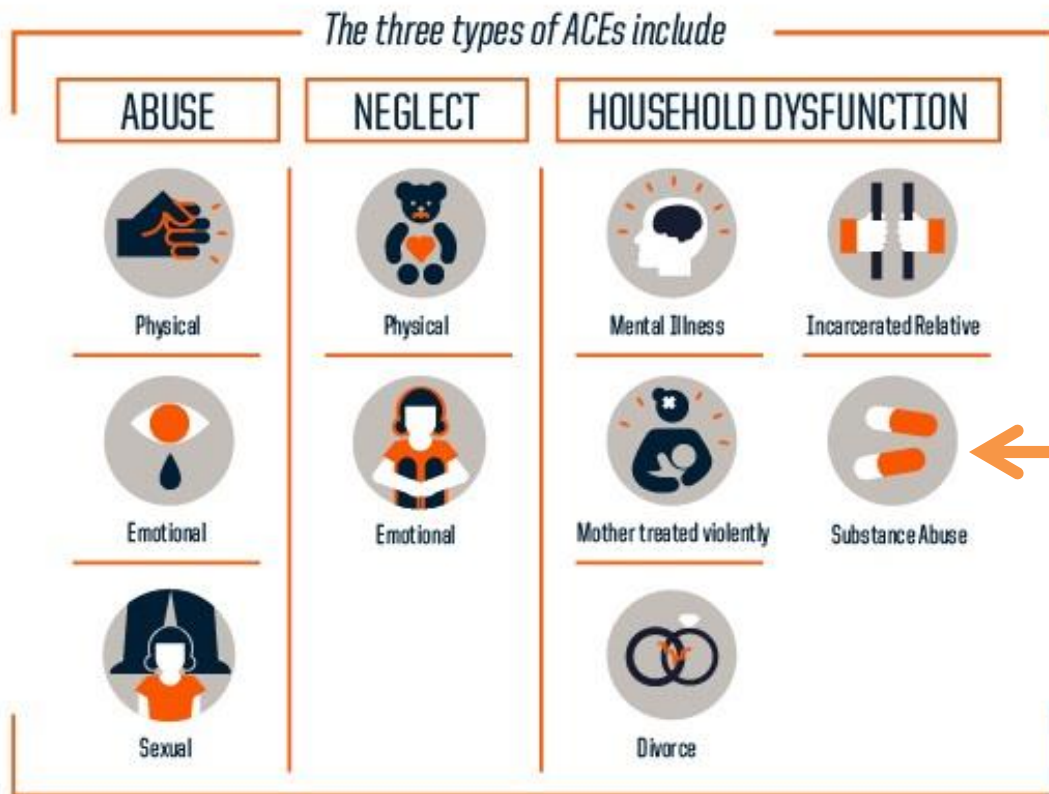
Adverse Childhood Experiences (ACEs)

If Eric had a mental health evaluation, a health care provider might have given Eric an ACEs (Adverse Childhood Experiences) screening.

- **ACEs** are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan ([SAMSHA](#)).
- ACE's has a standardized screening. Eric's score is **7** (out of 10).



Adverse Childhood Experiences (ACEs)

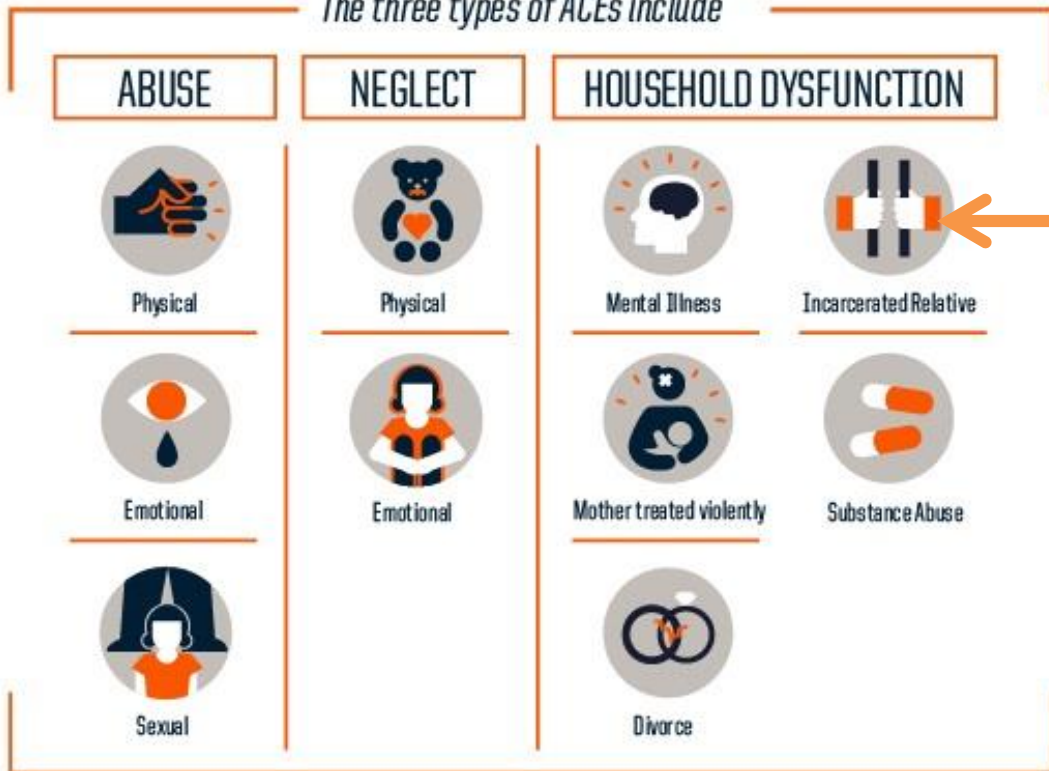


Both Eric's mother and father have substance use disorder.

Image: [RWJF](#)

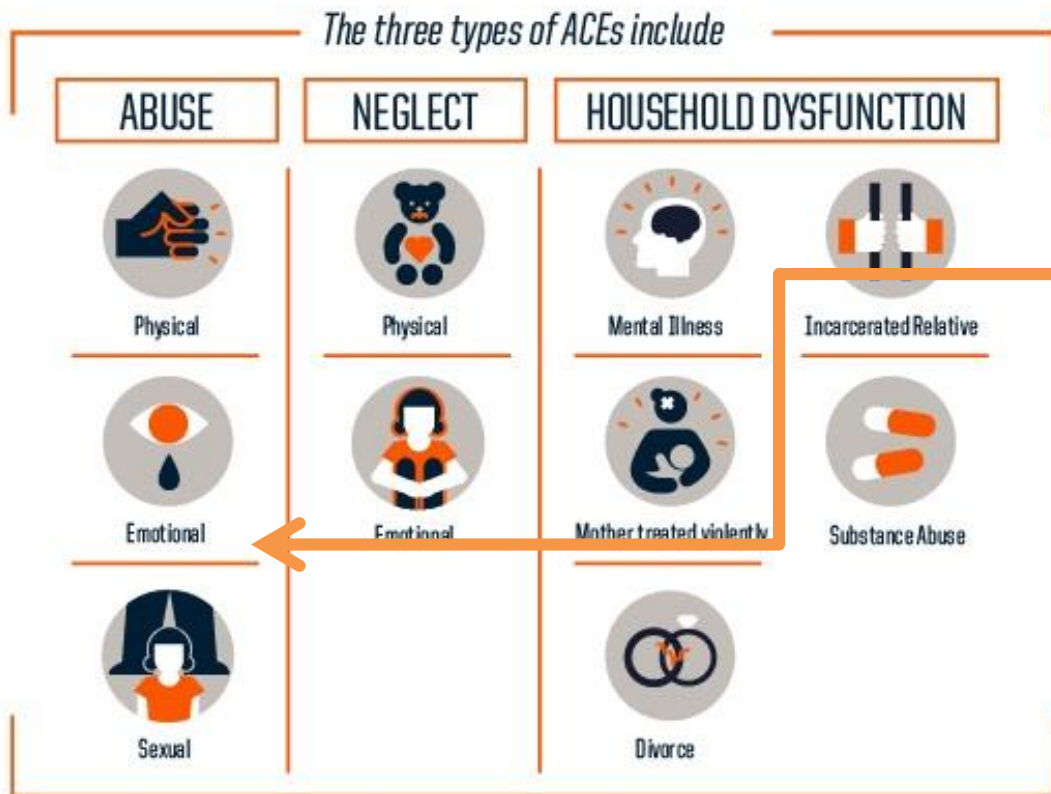
Adverse Childhood Experiences (ACEs)

The three types of ACEs include



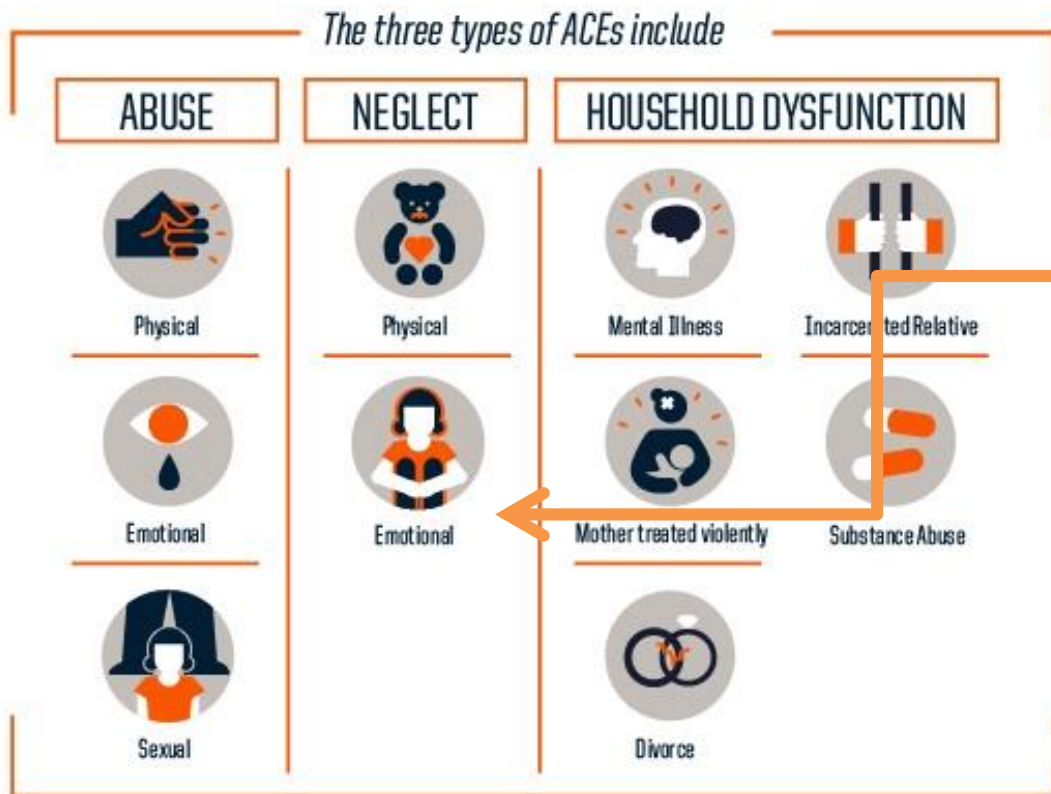
Eric's father is incarcerated for possessing and distributing drugs.

Adverse Childhood Experiences (ACEs)



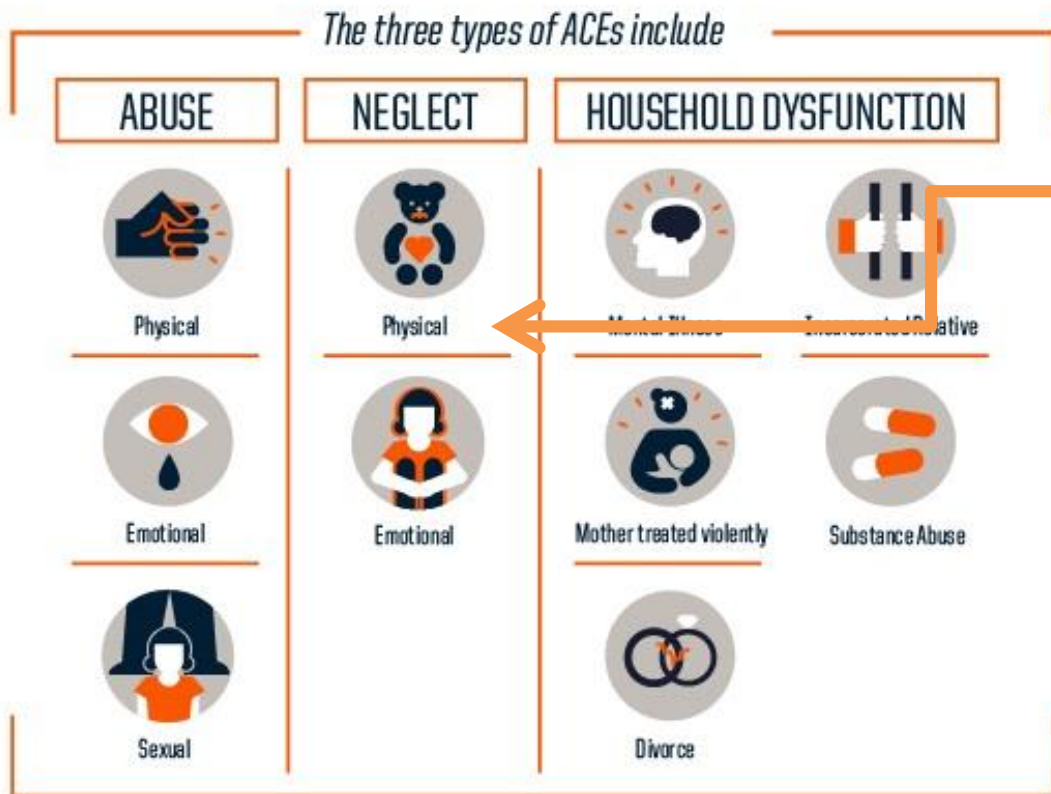
When Eric's parents are high they may yell or threaten him, which scares him.

Adverse Childhood Experiences (ACEs)



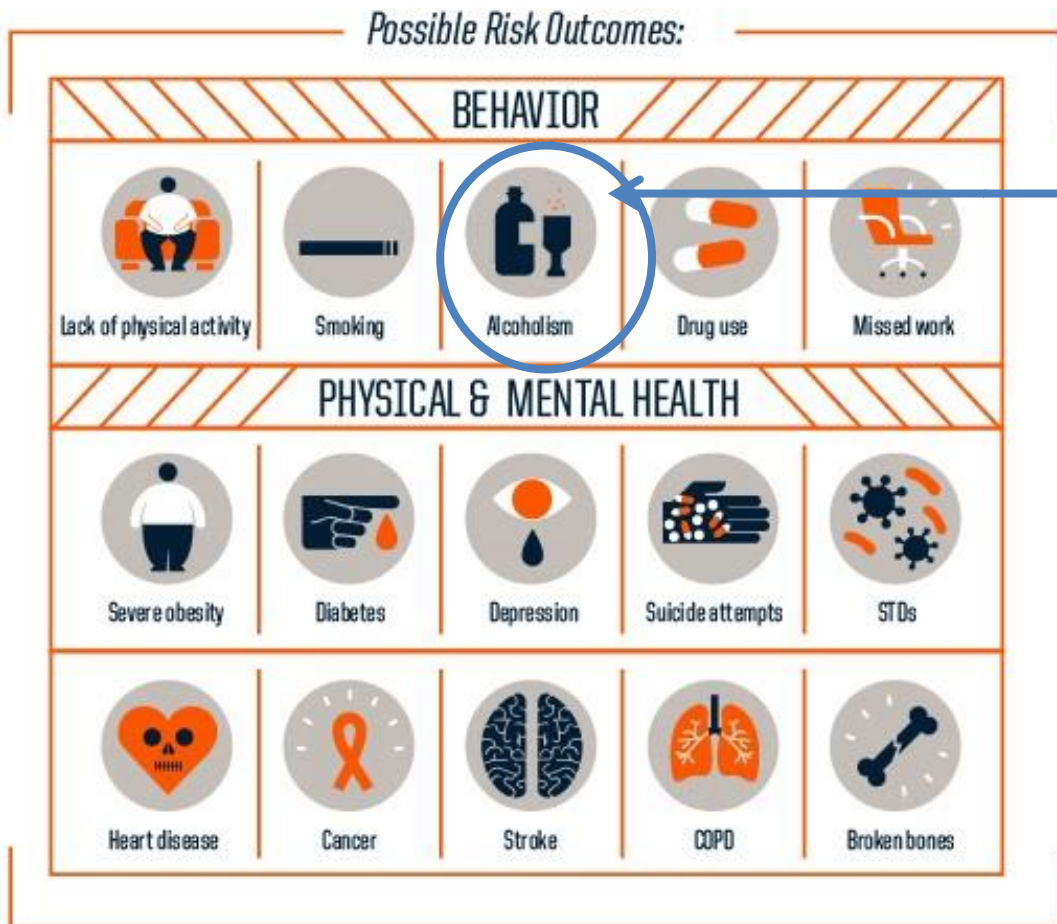
Or, they ignore him all together when seeking attention or affection.

Adverse Childhood Experiences (ACEs)



Especially when the high, Eric's parents have struggled to feed and care for him, even when he's had trouble breathing due to his asthma.

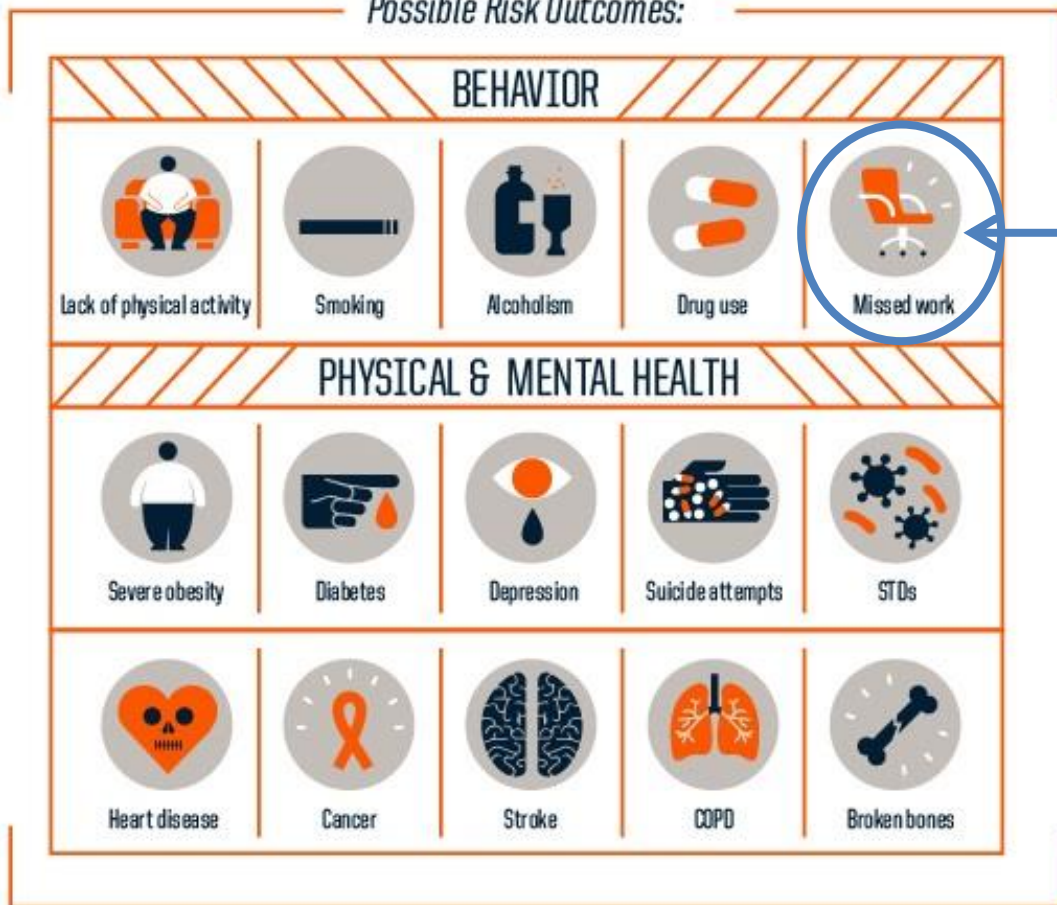
Adverse Childhood Experiences (ACEs)



Eric has only been caught drinking once, but he often drinks to excess when he is with his friends. Sometimes on his way home from work he stops to buy alcohol at the corner store and drinks alone in his room.

Adverse Childhood Experiences (ACEs)

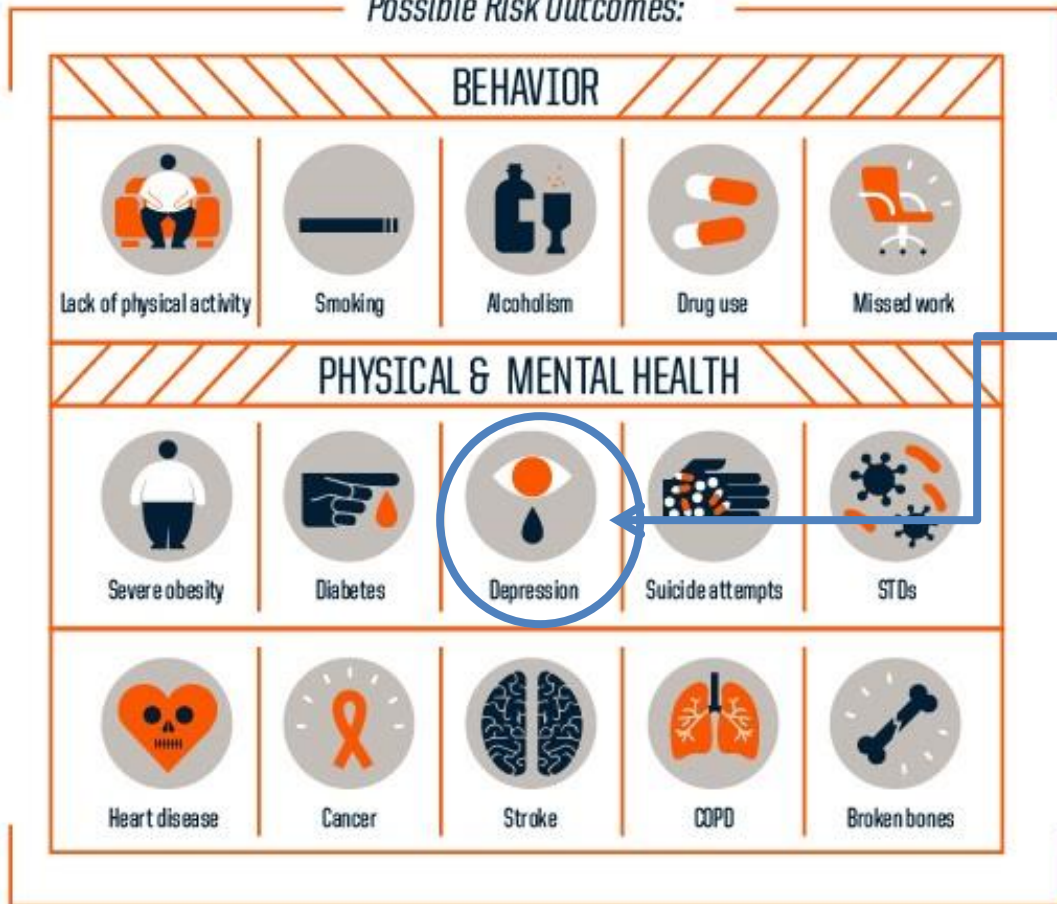
Possible Risk Outcomes:



Eric started missing school, one of the reasons he was suspended. He also misses work sometimes because he is too tired, hungover or unmotivated to go in.

Adverse Childhood Experiences (ACEs)

Possible Risk Outcomes:



Eric is depressed. He feels like he has no future, he can't quite get his asthma under control, he has a strained relationship with his parents, he hates his job and feel useless.

Eric's Symptoms

- trouble concentrating in school
- impulsive & aggressive behavior
- frequent headaches
- hopelessness about the future
- alcohol abuse
- Eric's symptoms are consistent with **PTSD**, which is likely a result of his Adverse Childhood Experiences (ACEs).

SDOH Impact on a Community

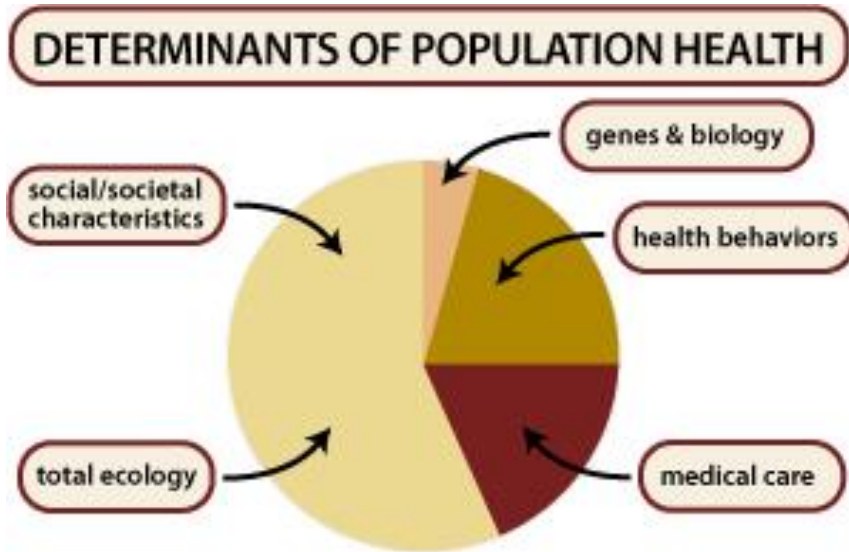


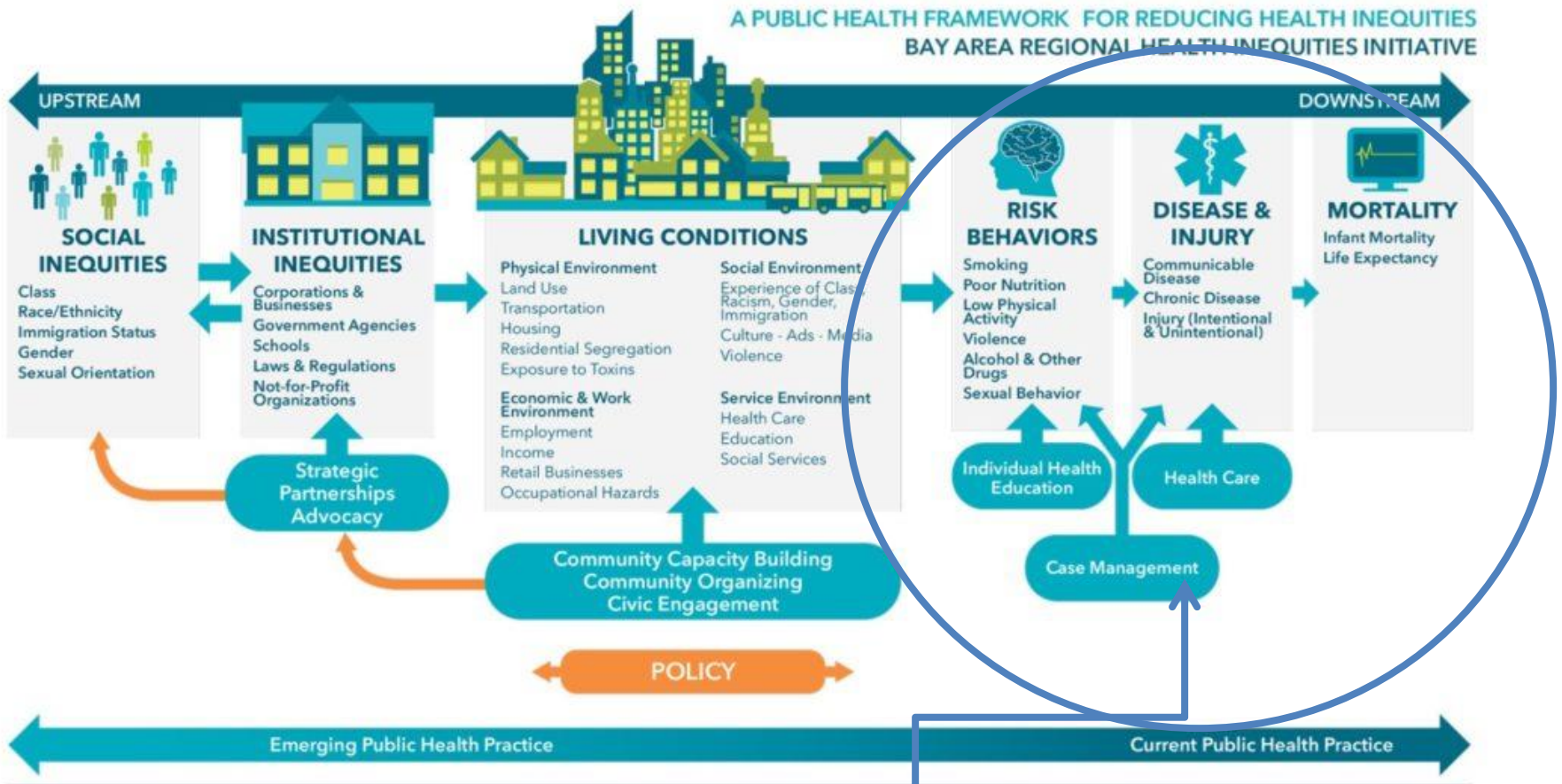
Image: [CDC](#)

Much of our health is determined by our communities. There is a common refrain that our zip code is a better predictor of our health than our genetic code.

- Societal Characteristics: 55%
- Medical Care: 20%
- Health Behaviors: 20%
- Genes/Biology: 5%

SDOH Impact on a Community

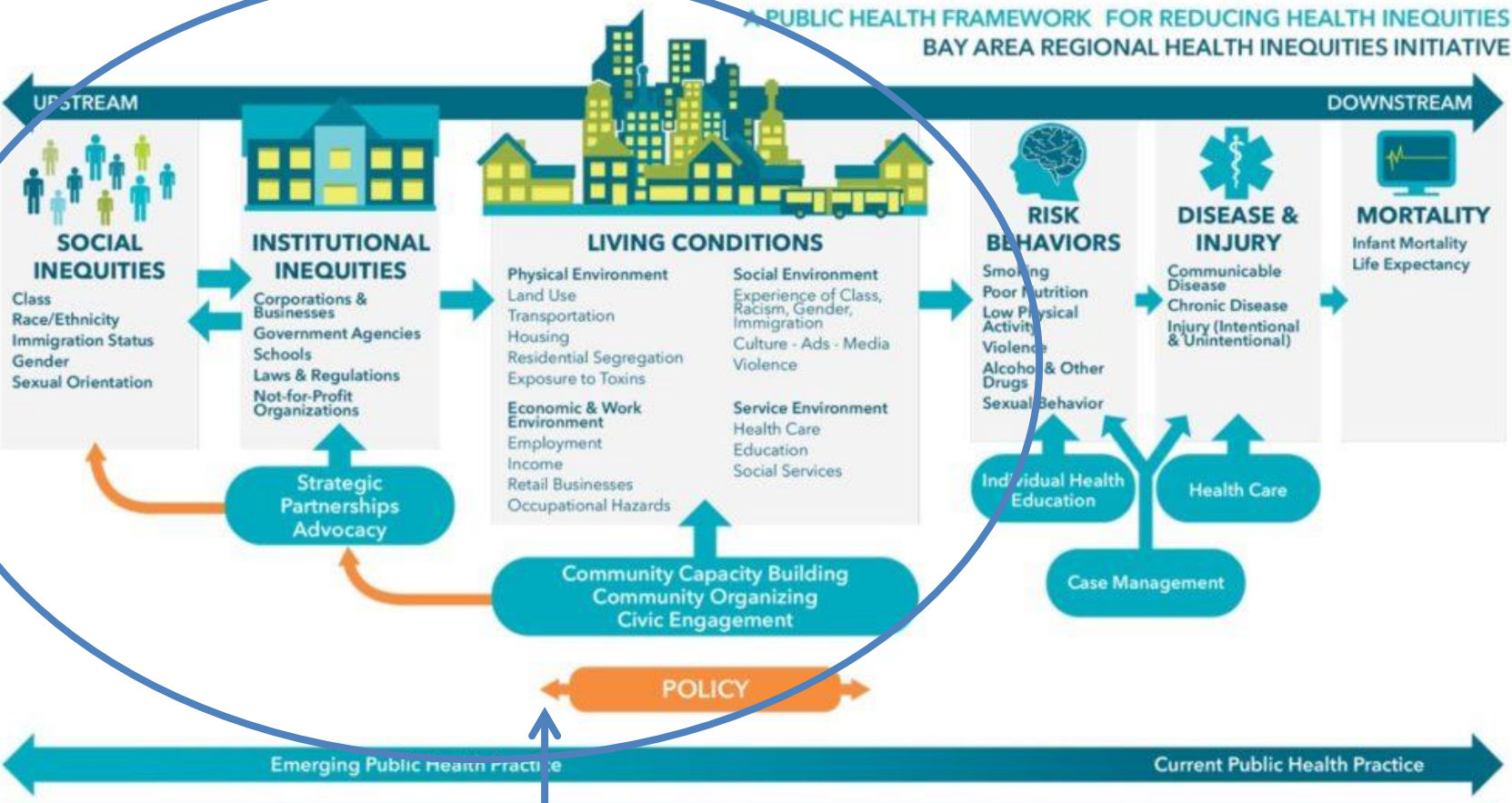
- Many of the health challenges Eric faces are structural & upstream, which will require policy, systems and environmental change.



[BARHII](#)

Even though case workers intervene here

SDOH Impact on a Community

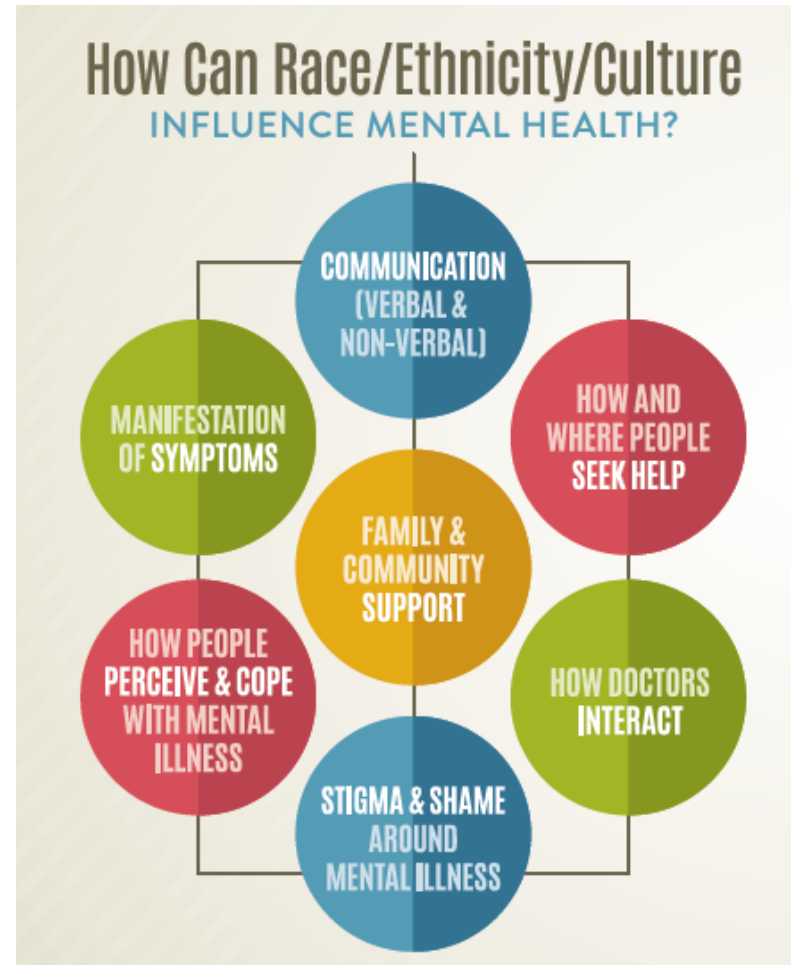


[BARHII](#)

It is critical they understand the context in which their clients come from when they treat and develop interventions for individuals and communities

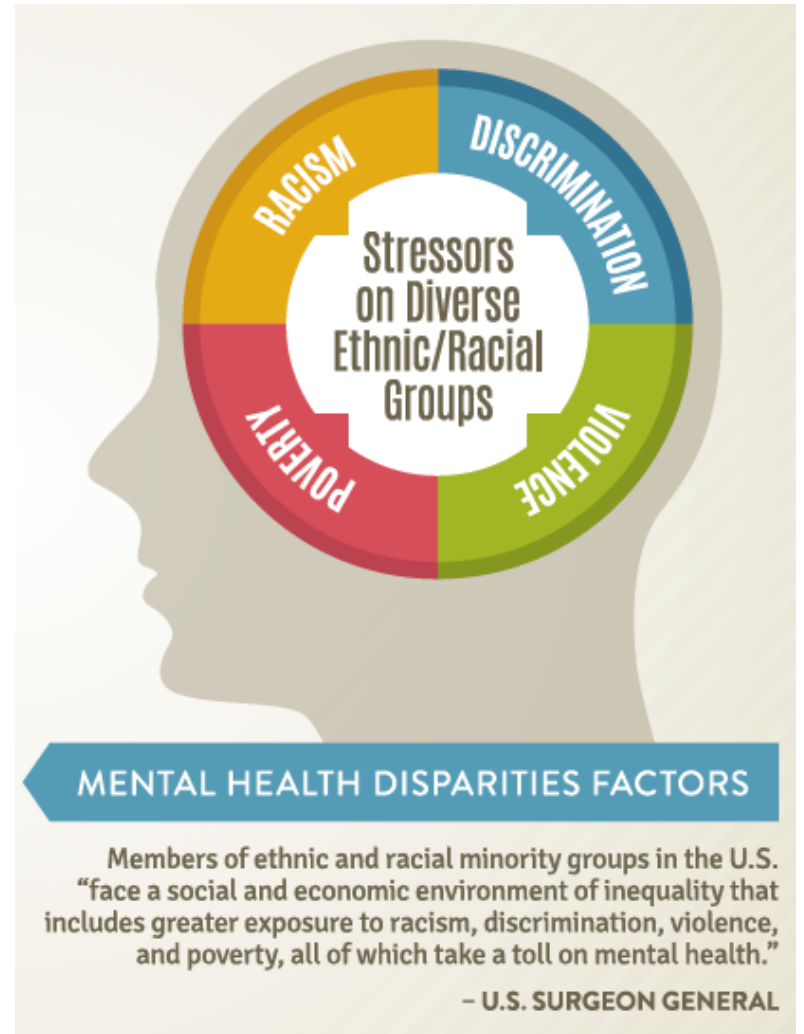
Culturally and Linguistically Appropriate Services (CLAS) Standards

- Individuals should be treated in the context of their community and culture. The [CLAS Standards](#) are nationally recognized guidelines that healthcare organizations should strive to implement.



CLAS Standards

- The principal standard reads: “Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.” The rest of the standards cover:
 - Governance, leadership and workforce
 - Communication and language access
 - Engagement, continuous improvement and accountability
- [Please review the CLAS Standards](#)



The LARGEST Health Disparity

- Is behavioral health. Larger than race, ethnicity, geography or socioeconomic status
- Americans with serious mental illnesses **die 15 to 30 years younger** than those without mental illness
- Most die of natural causes
 - Heart disease
 - Cancer
 - Respiratory
 - Lung diseases.

MENTAL HEALTH AND SUBSTANCE USE CONDITIONS ARE COMMON



[The Largest Health Disparity We Don't Talk About](#)

[MHIA](#)

Biopsychosocial: Individuals in Context

Patients with mental illness:

- Higher rates of obesity, physical inactivity and tobacco use
- Less likely to get standard diabetes care
- Less likely to be screened and treated for cancer

[Prev Chronic Dis.](#)

Why:

- More likely to engage in risky health behaviors
- High rates of comorbidity
- Less likely to receive primary care
- Stigma
- Therapeutic pessimism
- Diagnostic overshadowing

