

## MHSOAC CLCC Reducing Disparities Workgroup

### **Purpose**

Across California, government and local agencies have created programs to better serve the diverse communities in California that have traditionally been unserved, inappropriately served, and underserved. While these entities often have different approaches, their common goal is to reduce the disparities experienced in the mental health system. Through looking at the many efforts across the state, the CLCC Disparities Workgroup hopes to identify workable directions and guidelines for the MHSOAC to consider in implementing MHSA program funds.

The CLCC Disparities Workgroup will take a snapshot of the current programs being administered by local and government entities and will create a matrix of these programs. The workgroup feels it is important to consolidate these efforts and look for ways to leverage resources while not duplicating efforts. Through the creation of a single document that captures the efforts across the state, the workgroup will present a comprehensive look at these services, identify gaps in services, as well as areas for collaboration.

Additionally, the workgroup will examine the current methodology (e.g., penetration rate, utilization rate) in collecting disparities data and provide analysis of these approaches. We will then provide recommendations on the short and long-term approaches and strategies the OAC can adopt to ensure fewer disparities for California's diverse communities.

### **Background**

When MHSA was established in 2004, one of the initial efforts was outreach and engagement throughout California to identify the needs of the mental health community. The overall findings suggested that many racial, ethnic, and cultural minority groups were grossly unserved, underserved or inappropriately served.

California has traditionally used specific strategies for collecting disparities data within diverse communities. Over time, it has become evident that the information attained through these methodologies may not reflect the true picture of the current and historical disparities. Further, information generated via these approaches may be misleading, and impact policies and program design that perpetuate current disparities within the mental health system.

In an effort to better understand the unique needs of our diverse state, the California Reducing Disparities Project was initiated and funded by the Mental Health Services Act's Prevention and Early Intervention dollars to focus on reducing disparities in five groups – African American, Asian/Pacific Islander, Latino, Lesbian Gay Bisexual Transgender Questioning and Native Americans.

Additionally, UC Davis completed a two year study to determine the plight of those needing services and the quality of care of those receiving services. UC Davis also was charged with determining what could be done to improve access and quality of care to all in need.

## **Reducing Health Disparities**

*“The future health of the nation will be determined to a large extent by how effectively we work with communities to reduce and eliminate health disparities between non-minority and minority populations experiencing disproportionate burdens of disease, disability and premature death.” - Guiding Principle for Improving Minority Health*

### **Definition:**

The National Institutes of Health defines health disparities as "the difference in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exists among specific population groups in the United States."

The Office of Minority Health and Health Disparities working definition of health disparities as "significant difference or inequalities in health that exist between whites and racial/ethnic minorities."

### **Healthy People 2010 Overarching Goals**

1. Increase quality and years of healthy life
2. Eliminate Health Disparities

### **Health Disparities**

According to the U. S. Department of Health and Human Services, health disparities are the persistent gap between the health status of minorities and non-minorities. Despite continued advances in health care and technology, racial and ethnic groups continue to have more disease, disability and premature death than non-minorities.

Health Disparities include differences that occur by gender, age, race or ethnicity, education or income, disability, geographic location, or sexual orientation. The Institute of Medicine in their report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, cited that racial and ethnic minorities tend to receive lower quality health care than the majority population, even when insurance status, income, age, and severity of conditions are comparable.

### **Causes of Health Disparities**

The causes of health disparities are complex. However, it is generally accepted that disparities can result from the following main areas:

1. Inadequate Access to Care – Barriers to care can result from economic, geographic, linguistic, cultural, and health care financing issues.

2. Substandard Quality of Care – Lower quality care has many causes, including patient-provider miscommunication, provider discrimination, stereotyping, or prejudice. Quality of care is usually rated on four measures: effectiveness, patient safety, timeliness, and patient centeredness.

### **Why is it important to address Health Disparities?**

- Demographic changes are anticipated over the next decade - Groups currently experiencing poorer health status are expected to grow as a proportion of the total U. S. population; therefore, the future health of America as a whole will be influenced substantially by our success in improving the health of these groups.
- A national focus on disparities in health status is particularly important as major changes unfold in the way in which health care is delivered and financed.

### **Eliminating Health Disparities**

- Will require new knowledge about the determinants of disease, causes of health disparities, and effective interventions for prevention and treatment.
- Searching for the root causes of illness and disease must include a frank discussion about the social determinants of health that impacts our health status and their role (influence they play on individual and community health).
- It's not only the choices people make, but it's also the choices people have.
- Educating and informing community members about health disparities from a holistic perspective, and working with local, state and national health care justice advocates to create dynamic partnerships to strategically address these differences.

### **References**

Healthy People 2010. <http://www.health.gov/healthypeople>

National Partnership for Action, Office of Minority Health, DHHS.  
<http://www.omhrc.gov/npa>

Unnatural Causes...is inequality making us sick? <http://www.unnaturalcauses.org>