Wisconsin Partnership Program
Health Equity Conference

A Community-Based Approach to Effectively Reducing Mental Health Disparities in Underserved Communities

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Madison, WI
September 7, 2016
The Bottom Line

Enhancing the health of our communities

A critical ingredient:

Community Engagement
Why Engage Communities

- Community engagement and collaboration is a cornerstone of effective public health practice.
- Successful community engagement builds skills and capacity within the community.
- Communities are essential in proactively looking for effective, long-term, and sustainable solutions for reducing health disparities.
- Community involvement is crucial in the recruitment and retention of diverse groups’ participation in health research.
Important Goals when Working with Underserved Communities

- Address health disparities vigorously
- Include underserved communities in research
- Increase of underrepresented minority (URM) researchers
- Increase the diversity of the workforce
- Disseminate research results widely

How do you do meaningful community-engaged research or work?

Follow the Principles of Community Engagement

- Available online in English and Spanish: [http://www.atsdr.cdc.gov/communityengagement](http://www.atsdr.cdc.gov/communityengagement)
- Printed copies: [www.atsdr.cdc.gov/communityengagement/pce_printcopy.html](http://www.atsdr.cdc.gov/communityengagement/pce_printcopy.html)
Partnerships with community stakeholders can:

- identify community health needs and priorities;
- provide critical input and data on clinically relevant questions;
- develop culturally appropriate clinical research protocols;
- promote successful enrollment and retention of research participants; and
- disseminate and implement research results more effectively.

Source: IOM CTSA Program at NIH report, 2013 (pg. 10).
Levels of Community Engagement

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow

**Outreach**
- Some Community Involvement
- Communication flows from one to the other, to inform
- Provides community with information.
- Entities coexist.
- Outcomes: Optimally, establishes communication channels and channels for outreach.

**Consult**
- More Community Involvement
- Communication flows to the community and then back, answer seeking
- Gets information or feedback from the community.
- Entities share information.
- Outcomes: Develops connections.

**Involve**
- Better Community Involvement
- Communication flows both ways, participatory form of communication
- Involves more participation with community on issues.
- Entities cooperate with each other.
- Outcomes: Visibility of partnership established with increased cooperation.

**Collaborate**
- Community Involvement
- Communication flow is bidirectional
- Forms partnerships with community on each aspect of project from development to solution.
- Entities form bidirectional communication channels.
- Outcomes: Partnership building, trust building.

**Shared Leadership**
- Strong Bidirectional Relationship
- Final decision making is at community level.
- Entities have formed strong partnership structures.
- Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.

Reference: Modified by the authors from the International Association for Public Participation.

Figure 1.1. Community Engagement Continuum

Source: Principles of Community Engagement, 2010
Engaging Communities in the Full Spectrum of Translational Research

**FIGURE 1-1** Operational phases of translational research (T0–T4).
SOURCE. Adapted with permission from Macmillan Publishers Ltd.: *Nature Medicine* (Blumberg et al., 2012), copyright (2012).
Full Research Continuum & Community Engagement

Clinical & Translational Science Spectrum

<table>
<thead>
<tr>
<th>T0</th>
<th>T1</th>
<th>T2</th>
<th>T3</th>
<th>T4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic science research</td>
<td>Translation to humans</td>
<td>Translation to patients</td>
<td>Translation to practice</td>
<td>Translation to community</td>
</tr>
</tbody>
</table>

Resources and services to support appropriate forms of stakeholder-engaged teams across ALL phases of CTS

Community (Stakeholder) Engagement Continuum

Source: Ackerman, 2015
What Makes Engagement Meaningful?

- Power to make or influence decisions
- Ongoing relationships
- Building trust
- Ownership that leads to co-production, dissemination, and sustainability

Source: Chavis, 2013
Indicators of Successful Engagement

- **Ownership** - participants and their community believe that they are capable co-producers and are invested in sustainability
- Consistent with community beliefs and practices
- Easy and affordable access by participants
- **Resources and personnel needs of community are sustainable**
- **Trust** among participants, researchers, and practitioners
- Addresses structural barriers

Source: Chavis, 2013
How to Build Models of Community Engagement

- Building and Maintaining Partnerships
  - Evaluate who we are as people/institutions
  - Ask where questions/interests come from?
  - Structure community-agency participation
  - Create collaborative processes throughout
  - Evaluate/Collectively reflect on partnerships

Source: Wallerstein, 2010
Community Engagement Challenges

- **People.** How are we going to manage the simultaneous clinical, research, and educational challenges, when the academicians who do community engagement and who can bridge the cultures are few?

- **Metrics.** What outcomes should we be measuring? What are the measures that matter to individuals, to communities, to researchers, to decision-makers, to health system administrators?

- **Sustainability.** How will the efforts be sustained?
The Road(s) Ahead: Outcomes that Matter

Wrong Turn!

Who Benefits?

How do We Know When we Get There?

Who Defines the Outcomes?

Matter to Whom?

Wrong Turn!

How do We Know When we Get There?

Who Defines the Outcomes?

Matter to Whom?
Mental Health Treatment Gap

- About 20% of world pop. has mental illness each year
- > 2/3 of people with mental illness receive no treatment
- In USA 67% and in Europe 74% receive no treatment
- In low income countries < 10% are treated

## Treatment Gap: Treated Prevalence in High, Medium & Low Resource Settings

<table>
<thead>
<tr>
<th></th>
<th>High income</th>
<th>Low &amp; middle income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>94%</td>
<td>77%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>78%</td>
<td>51%</td>
</tr>
<tr>
<td>Asthma</td>
<td>65%</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Mental disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>29%</td>
<td>8%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>29%</td>
<td>13%</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>33%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Treatment Gap in the U.S.

- Levels of **unmet need** (not receiving specialist or generalist care in past 12 months, with identified diagnosis in the same period)
  - Hispanics – 70%
  - African Americans – 72%
  - Asian Americans – 78%
  - Non-Hispanic Whites – 61%

Source: Alegria et al., 2006
Mexican American Prevalence and Service Survey (MAPSS)

Who utilized services in the last 12-months of those suffering from mental disorders?

- 38% of U.S. born received care
- 15% of immigrants received care
- 9% of migrant agricultural workers received care

Source: Aguilar-Gaxiola, Vega, et al., 2000
Latinos’ Lack of Engagement in Behavioral Healthcare

- Latinos are more likely than non-Hispanic Whites to terminate treatment prematurely, with as many as 60-75% dropping out after just one session (McCabe, 2002)

- Mode number of visits is 1 and median is 3 to both psychiatrists and psychologists (Alegria, 2007)

- Action Needed: Meaningful Patient Engagement
Untreated Mental Illness

- Intensify over time…can reduce life expectancy
- Causes intense and prolonged suffering to individuals and their families
- Limits individuals’ ability to reach social and educational normative goals
- Leads to significant costs to individuals, families, and communities
Conclusions

- Only a minority of people with even severe mental disorders received treatment
- Unmet need for mental health treatment is pervasive
- Alleviating these unmet needs will require expansion and optimal allocation of treatment resources
- Mental health treatment is effective (e.g., 80% of major depression)
Solano County Mental Health Interdisciplinary Collaboration and Cultural Transformation Model

First county to design a multi-phase Innovation training and transformation project that combines CLAS with community engagement
Project Goals

- **Improve access to and utilization of mental health services** for Latino, Filipino American, and LGBTQ communities
- **Enhance collaborative partnerships** between County, Community, and CBOs
- **Increase workforce diversity**
- **Develop organizational policies, programs, and support systems** to ensure and sustain cultural and linguistic competency in service delivery
Transforming Solano County through the MHSA Innovations Program

1. Develop collaborative network and train community, county, and CBO leaders on CLAS

1. Design and implement policies and systems to promote CLAS

1. To address the mental health needs of Solano County’s two most underserved communities
Discovering the Stories, Strengths, and Histories
Phase I: Organization Cultural Assessment
A Shared Culture of CLAS
Phase II: CLAS Transformational Curriculum Training
Coordinated QI Programs

- Culturally Competent Care
- Language Supports
- Diverse Workforce and Leadership Development
- CLAS Policies and Procedures
- Community Engagement
A Curriculum for Developing Culturally and Linguistically Appropriate Services

Department of Health Care Services

Center for Reducing Health Disparities

DHHS Office of Minority Health

Department of Public Health
Culturally and Linguistically Appropriate Services (CLAS)

The enhanced CLAS standards:

- Promote health equity as integral to the operational environment and strategic planning process of health care organizations

Outcomes

- **Short-term** (i.e., increased bidirectional trust, communication, and collaboration). Use metrics re: what matters to communities, county, CBOs, and researchers and reach a balance.

- **Intermediate-term** (i.e., increased community capacity to engage in joint decisions re: service delivery AND county and CBOs capacity to engage with communities): Enhance the experience of care, improve health outcomes, and lower the costs (Triple Aim).

- **Long-term outcomes**: Achieve health equity in access and utilization of mental health services by Filipinos, Latinos, and LGBTQ communities.
"Quadruple Aim" Outcomes

- Per capita costs
- Hospitalization rates
- Emergency room use
- Psychometric ratings (i.e., BDI, PHQ, Hopkins)

Provider Experience
- Provider Satisfaction/Burnout* Indicators
- Social Network Inventories

Consumer Experience
- Consumer Satisfaction Surveys
- Focus Groups
- Utilization Rates

Health Outcomes
- Hospitalization rates
- Emergency room use
- Psychometric ratings (i.e., BDI, PHQ, Hopkins)

Cost Effectiveness
- Per capita costs

*loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment.

Source: Bodenheimer & Sinsky, From Triple to Quadruple Aim, 2014
Summary (Cultural Transformation Model)

- An innovative, community-initiated project
  - First to combine CLAS and community engagement
  - First to train together stakeholders from various sectors

- Outcome-driven
  - Outcomes that matter to the communities themselves, CBOs, county, and researchers

- Intersectoral (e.g., social services, education, churches, probation, etc.) inclusion

- An emphasis on sustainability
Is it possible to improve community health by focusing primarily in access to care?
More Than Access to Care

Health is driven by multiple factors that are intricately linked – of which medical care is one component.

Drivers of Health

- Personal Behaviors: 40%
- Family History and Genetics: 30%
- Environmental and Social Factors: 20%
- Medical Care: 10%

Source: Miller, 2014

Determinants of Health and Their Contribution to Premature Death. Adapted from McGinnis et al. Copyright 2007
Equity vs. Equality vs. Reality

Equity = Fairness

Equality = Sameness

Reality = Unacceptable
“Go in search of people. Begin with what they know. **Build on what they have**”

Chinese proverb