Health Disparities
Road Map

- Requirements for reporting
- Defining “health disparities”
  - Resources for data
- Health disparities and substance use
  - Resources for data
    - Challenges
    - Building data sources
    - Environmental scan
- Providing access to services for populations experiencing health disparities
  - Appropriate strategies
  - CLAS Standards
  - SPF & Cultural Competence
- Q & A
- Examples in your community
A HEALTH DISPARITY IS:

“...particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”
Facing Health Disparities

“...of all the forms of injustice, inequality in healthcare is the most shocking and inhumane.”

-- Dr. Martin Luther King Jr.

“Minorities and low income Americans are more likely to be sick and less likely to get the care they need.”

-- former U.S. Secretary of Health and Human Services, Kathleen Sebelius
Definition

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their:

- racial or ethnic group;
- religion;
- socioeconomic status;
- gender;
- age;
- mental health;
- cognitive, sensory, or physical disability;
- sexual orientation or gender identity;
- geographic location;
- or other characteristics historically linked to discrimination or exclusion.

-Healthy People 2020
Examples of Racial and Ethnic Health Disparities

• Members of racial/ethnic minorities, even among insured populations, are less likely to receive preventive health services than are members of the majority population.

• Low-income individuals have higher mortality rates than high-income individuals, even when health insurance is universally available.

• Pain of all types, and in all settings, is generally mismanaged among racial and ethnic minorities.

• African-American women are more likely to die from breast cancer than white women, in part because the former have lower screening rates and are diagnosed at later stages of the disease.

• American Indians and Alaska Natives die at higher rates than other Americans from tuberculosis (750% higher), alcoholism (550% higher), diabetes (190% higher), unintentional injuries (150% higher), homicide (100% higher) and suicide (70% higher).

• Infant mortality rates among African Americans are twice as high as those among whites. African-American infants are almost four times as likely to die from complications related to low birth weight as white infants.

• The rate of treatment for depression is significantly lower for blacks and Hispanics than for whites.

• Hispanics are less likely to receive or use medications for asthma, cardiovascular disease, HIV/AIDS, mental illness or pain, as well as prescription medications in general.

Examples from the Center for Prevention and Health Services Issue Brief Posted on May 1, 2010 by Health Justice CT
Meeting the Requirements

There are specific activities related to health disparities that are a part of requirements for monthly and quarterly reporting:

- Advocate for the inclusion of health disparities questions on INYS and College Survey.
- Membership in coalition includes individuals from sub-populations that have been identified as experiencing health disparities.
- Define specific sub-population(s) with health disparities in your community.
- Identify the specific substance abuse related health disparities experienced by sub-population(s).
Health Disparities Data Resources

- PREV-STAT
  - Located on Indiana Prevention Resource Center (IPRC) website
  - County Profiles Data
    - Basic Demographics
    - Community Risk Factors: Extreme Social and Economic Deprivation by County
Example
Basic Demographics by County

5.2 Race/Ethnicity: Lake, IN

The following table shows the county's racial/ethnic make-up in percentages compared to the rest of the state and nation.

<table>
<thead>
<tr>
<th></th>
<th>Lake</th>
<th>Indiana</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (%)</td>
<td>64.7</td>
<td>63.3</td>
<td>71.3</td>
</tr>
<tr>
<td>Rank (% White)</td>
<td>0.1</td>
<td>16 of 51</td>
<td></td>
</tr>
<tr>
<td>Back (%)</td>
<td>24.6</td>
<td>3.3</td>
<td>12.7</td>
</tr>
<tr>
<td>Rank (% Back)</td>
<td>2</td>
<td>24 of 51</td>
<td></td>
</tr>
<tr>
<td>Native American (%)</td>
<td>0.3</td>
<td>0.3</td>
<td>1</td>
</tr>
<tr>
<td>Asian (%)</td>
<td>1.4</td>
<td>1.8</td>
<td>5</td>
</tr>
<tr>
<td>Hawaiian/Pac Island (%)</td>
<td>0</td>
<td>0</td>
<td>0.3</td>
</tr>
<tr>
<td>Two or more races (%)</td>
<td>2.6</td>
<td>2.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Hispanic/Latino (%)</td>
<td>17.9</td>
<td>6.8</td>
<td>17.6</td>
</tr>
<tr>
<td>Rank (% Hispanic/Latino)</td>
<td>31</td>
<td>31 of 51</td>
<td></td>
</tr>
</tbody>
</table>

Year of Data: 2014
Primary Source: Nielsen, 2014 Pop Facts, est., 2014
Basic Demographics by County

5.5 Industry: Barolomew, IN

Table 5.5 shows percentages of population ages 16+ working in each job category, with comparisons to the state and nation.

<table>
<thead>
<tr>
<th>Table 5.5a Labor Force, Age 16+</th>
<th>Barolomew</th>
<th>Indiana</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Estimated Population Age 16 and Over by Employment</td>
<td>63,447</td>
<td>516,499</td>
<td>251,786,431</td>
</tr>
<tr>
<td>In Armed Forces %</td>
<td>0.6</td>
<td>0.1</td>
<td>0.4</td>
</tr>
<tr>
<td>Civilian - Employed %</td>
<td>60.3</td>
<td>57.6</td>
<td>57.3</td>
</tr>
<tr>
<td>Civilian - Unemployed %</td>
<td>4.8</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Not in Labor Force %</td>
<td>34.3</td>
<td>35.7</td>
<td>35.7</td>
</tr>
</tbody>
</table>

Year of Data: 2014
Primary Source: Nielsen, 2014 Pop Facts, est., 2014
Example
**Community Risk Factors: Extreme Social and Economic Deprivation by County**

**6.17 Free/Reduced Lunch: Starke, IN**

The following table shows the percent of students in grades K-12 who received free lunch and textbooks, according to the Department of Education, and also the change over the past 2 years, for this county and for the state.

For further information on this topic and related topics, we recommend you explore the Indiana Youth Institute website. In the Kids Count Data Center, select "Economic Well-Being," and then "Public Assistance," which includes public school students receiving free or reduced price lunches.

<table>
<thead>
<tr>
<th>Year</th>
<th>Starke</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>57.6%</td>
<td>49.10%</td>
</tr>
<tr>
<td>2015</td>
<td>56.4%</td>
<td>49.10%</td>
</tr>
<tr>
<td>Change, 2014-2015</td>
<td>-1.2%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Rank for % receiving Free/Reduced Lunch: 13

Year of Data: 2014, 2015
Primary Source: IDE, 2015
### 6.25 Families with Children in Poverty: Wayne, IN

The following table with figures from the Nielsen report shows the percent of all families at or above poverty and the percent of all families below poverty, and also the percent of all families with children that are at or above poverty and the percent of families with children under 18 that are below poverty. It is notable that a much higher percent of families with children are below poverty and is true for all families or for families without children.

#### TABLE 6.25 FAMILIES WITH CHILDREN IN POVERTY

<table>
<thead>
<tr>
<th></th>
<th>Wayne</th>
<th>Indiana</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families At or Above Poverty as % of All Families</td>
<td>85.5</td>
<td>89.4</td>
<td>89.1</td>
</tr>
<tr>
<td>Families w Children At or Above Poverty as % of All Families</td>
<td>34.2</td>
<td>40.2</td>
<td>40.9</td>
</tr>
<tr>
<td>Families Below Poverty as % of All Families</td>
<td>14.5</td>
<td>10.6</td>
<td>10.9</td>
</tr>
<tr>
<td>Families w Children Below Poverty as % of All Families</td>
<td>12.1</td>
<td>8.5</td>
<td>8.5</td>
</tr>
<tr>
<td>Rank – Families w Children Below Poverty as % of All Families</td>
<td>3</td>
<td>20th of 51</td>
<td></td>
</tr>
<tr>
<td>Families w Children Below Poverty as % of All Families w Children</td>
<td>24.8</td>
<td>17.1</td>
<td>17</td>
</tr>
<tr>
<td>Rank – Families w Children Below Poverty as % of All Families w Children</td>
<td>4</td>
<td>19th of 21</td>
<td></td>
</tr>
</tbody>
</table>

Year of Data: 2014
Primary Source: Nielsen 2014 Pop Facts
Health Disparities and Substance Use

- Difficulty in gathering data arises due to:
  - Lack of health disparities data broken down into substance use categories.
  - Lack of substance use data broken down into health disparities categories.
Health Disparities and Substance Use

- There are some existing resources
  - Treatment Episode Data Set (TEDS)
  - Indiana Youth Survey (INYS)
  - Indiana College Substance Use Survey (ICSUS)

- Detective work is needed
  - Local social service entities
  - Local health related entities
  - Observational/Anecdotal Data
Health Disparities and Substance Use: Example
Health Disparities and Substance Use: Example

To determine if a sub-population of individuals are experiencing higher levels of substance abuse, you can do some easy math to see if this is a group that needs focus.

Information you will need to begin:

- **Treatment Episode Data—Marijuana**
  - Number of Blacks/African-Americans admitted for treatment: 49
  - Number of Latinos admitted for treatment: 14
  - Total number of individuals admitted for marijuana related treatment: 220

- **Percentage of the population in the county**
  - Percentage of Blacks/African-Americans in the county: 8.5%
  - Percentage of Latinos in the county: 3.7%
Health Disparities and Substance Use: Example

- **Percentage of the population in the county:**
  - Percentage of Blacks/African-Americans in the county: 8.5%
  - Percentage of Latinos in the county: 3.7%

- **What to expect when you look at the percentage of African-Americans and Latinos admitted for treatment for marijuana addiction:**
  - Percentage of Blacks/African-Americans admitted to treatment for marijuana: **less than or equal to 8.5%**
  - Percentage of Latinos in the county admitted to treatment for marijuana: : **less than or equal to 3.7%**
Health Disparities and Substance Use: Example

To determine if a larger sub-population of individuals are experiencing substance abuse, you can do some easy math to see if this is a group that needs focus.

- **Treatment Episode Data—Marijuana**
  - **Blacks/African-Americans**
    - Number of Blacks/African-Americans admitted for treatment: 49
    - Total number of individuals admitted for marijuana related treatment: 220
    - Percentage of Blacks/African-Americans admitted for treatment: $\frac{49}{220} = 22.2\%$
Health Disparities and Substance Use: Example

To determine if a larger sub-population of individuals are experiencing substance abuse, you can do some easy math to see if this is a group that needs focus.

- **Percentage of the population**
  - Percentage of Blacks/African-Americans in the county: 8.5%

- **Percentage receiving treatment for marijuana**
  - Percentage of Blacks/African-Americans admitted for treatment: 22.2%

*** Whites make up 88.7% of the population and 69.1% of the treatment episodes for marijuana
Health Disparities and Substance Use: Example

To determine if a larger sub-population of individuals are experiencing substance abuse, you can do some easy math to see if this is a group that needs focus.

- **Treatment Episode Data—Marijuana**
  - **Latinos**
    - Number of Latinos admitted for treatment: 14
    - Total number of individuals admitted for marijuana related treatment: 220
    - Percentage of Latinos admitted for treatment: \( \frac{14}{220} = 6.3\% \)
Health Disparities and Substance Use: Example

To determine if a larger sub-population of individuals are experiencing substance abuse, you can do some easy math to see if this is a group that needs focus.

- **Percentage of the population**
  - Percentage of Latinos in the county: 3.7%

- **Percentage receiving treatment for marijuana**
  - Percentage of Latinos admitted for treatment: 6.3%

*** Whites make up 88.7% of the population and 69.1% of the treatment episodes for marijuana
INYS and ICSUS

- Advocate for the including of health disparities’ questions on Indiana Youth Survey and College Survey, such as:
  - Primary Language
  - Sexuality
  - Gender expression

- Survey Special Report:
  - Request a Special Report with breakdowns of substance use and risk and protective factors by race/ethnicity, deployment question, and/or incarceration question.
    - If you add questions, you will want them broken down also
Local Data Sources

- Health Department
- Hospital or Community Healthcare Providers
- Police Department or County Sheriff
- Unemployment office
- Agencies serving the homeless
- Agencies that serve the elderly
- Agencies serving the disabled
- VA office (other entities serving this population)
- Community School Corporation
- Other community serving agencies
Environmental Scan

- Pay attention to the geographic locations where you are gathering data.
- There may be characteristics of these locations that relate to health disparities.
  - Income status
  - Rural versus urban
  - Racial/Ethnic diversity
- For example:
  - Outlet Density
  - Advertising
The National Standards for Culturally and Linguistically Appropriate Services (CLAS)

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) were designed by the Office of Minority Health within the U.S. Department of Health and Human Services.

CLAS Standards address health disparities by providing guidelines for organizations to advance health equity by implementing culturally and linguistically appropriate services.

The language of the CLAS Standards tends to focus on health care, but SAMHSA promotes the use of the CLAS Standards for substance abuse prevention efforts.
Enhanced CLAS Standards Overview

There are 15 Standards that are categorized into 4 themes.

- **Principal Standard (Standard 1)**: 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.

- **Governance, Leadership, and Workforce (Standards 2-4)**

- **Communication and Language Assistance (Standards 5-8)**

- **Engagement, Continuous Improvement, and Accountability (Standards 9-15)**
CLAS Standards (continued)

- **Examples:**
  - Offering language assistance
  - Offering services in languages other than English
  - Translating documents into languages other than English
  - Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
  - Ensure that the literacy level of your audience is reflected in your communications (verbal & written).
CLAS Standards (continued)

- **Examples:**
  - Conduct ongoing assessments on the demographics of your community to ensure you are providing appropriate services.
  - Establish goals for your coalition to meet that relate to cultural competence and health disparities.
  - Create policies within your coalition to ensure that language and cultural considerations are addressed and monitored.
  - Make sure that your coalition is representative of your community.
Coalition Resources

- Ensure that your coalition is representative by installing procedures for outreach and tracking.
- Collecting demographic data using a membership application (provided).
- Use a roster that includes: name, organization, race/ethnicity, gender, sector/category of each member (provided).
Reinforce Cultural Competence Requirements of SPF
Cultural Competence Throughout SPF

ASSESSMENT
- Ensure that data is culturally responsive and appropriate
- Use a culturally competent evaluator for assessment
- Gain approval of the community for data collection and analysis
- Create a process for identifying culturally relevant risk and protective factors and other underlying conditions
- Formulate culturally-based assumptions of change (Identify change from the community’s perspective)
- Assesses organization diversity

CAPACITY
- Develop policies, procedures, and resources that facilitate the ongoing development of cultural competence and inclusion
- Willing to commit the resources necessary to build or strengthen relationships with groups and communities
- Learn to be an ally to groups that experience prejudice and discrimination in the community. Help others learn to be an ally to their own cultural groups

PLANNING
- Make sure the community is represented in the planning process
- Identify mutually acceptable goals and objectives
- When selecting programs and strategies, consider their fit with:
  - Community culture
  - Existing prevention efforts
  - Past history

IMPLEMENTATION
- Encourage and accommodate a variety of learning and participation styles, building on community members’ strengths.
- Community has opportunity to create and/or review audiovisual and printed materials, to ensure they are accessible to, and attuned to their community or focus population.

EVALUATION
- Ensure that data collection tools reflect community culture
- Use a culturally competent evaluator for evaluation
- Obtain permission to disseminate the evaluation findings from the organization or entity implementing the intervention
- There is a regular forum for a wide variety of community members to provide both formal and informal feedback on the impact of interventions in their community
Summary

1. Identify the sub-populations in your community that meet criteria for experiencing health disparities and look into finding substance use information on these sub-populations.

2. Identify populations in your community that have higher rates of substance use and look into finding information on variables related to health disparities.

3. Identify the sub-populations meeting the above criteria in your community that are underserved by prevention efforts.

4. Identify organizations that serve the identified sub-populations and reach out to them.

5. Ensure that your coalition is representative of your community.

6. Reinforce Cultural Competence throughout SPF steps
Community Share
Questions
Resources

- **Documents**
  - Additional questions for surveys
  - Coalition member application
  - National CLAS Standards
  - Health Disparities Brief

- **Additional Webinars**

- **Additional Websites**
  - [http://www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)