



# Behavioral Health Disparities Research Agenda for Ohio

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## OHIO DISPARITIES RESEARCH ADVISORY COMMITTEE

Ohio Department of Mental Health and Addiction Services (OhioMHAS)

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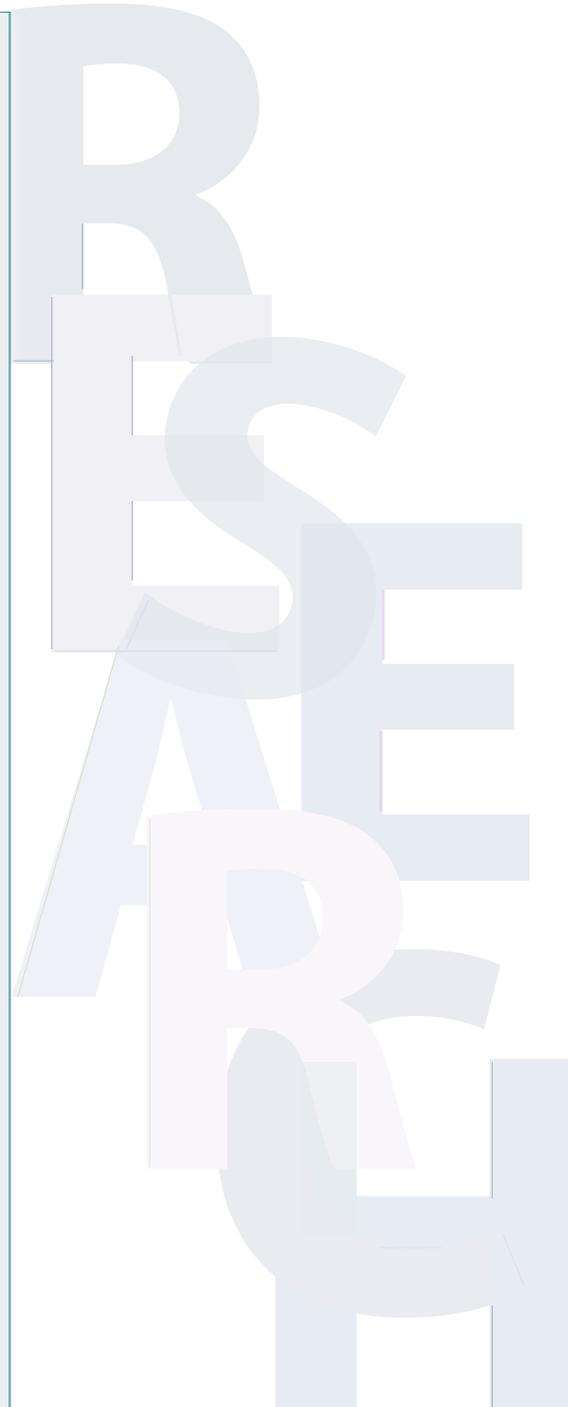
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# DISPARITIES RESEARCH VISION AND MISSION

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## VISION STATEMENT

Reach behavioral health equity for all Ohioans

## MISSION STATEMENT

Develop and implement a Behavioral Health Disparities and Cultural Competence Research Agenda for Ohio through collaborations with Ohio's premier academic institutions, government, and community-based organizations

## STRATEGIES

- ▶ Improve awareness of disparities and cultural competence among researchers, policy makers, program administrators, and the general public.
- ▶ Increase academic/government partnerships to foster research, evaluation, policy development and community engagement
- ▶ Promote quality data gathering in the area of behavioral health disparities
- ▶ Increase collaborative research partnerships across various Ohio Universities
- ▶ Promote the dissemination of behavioral health disparities research and evaluation results

# INTRODUCTION

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## BACKGROUND

Ohio has a total population of about 11.5 million. According to the 2014 U.S. census, of that number, 12.6% are African American, 3.5% Hispanic, 2.1% Asian/Pacific Islander, .3% American Indian, and 2.1% are of two or more races. (Combined as "Other races," American Indians and multiracial Ohioans make up 2.4% of the state's population.) Ohio's minority communities, particularly African Americans have traditionally been over-represented in Ohio's public behavioral health system. While African Americans comprise 12.6% of the overall population, they account for 23% of all consumers in Ohio's public behavioral health system.

Minority communities often carry a higher disease burden than other groups. Of the 5.4% of all Ohioans who reported a disabling mental health condition in the 2015 Ohio Medicaid Assessment Survey, 6.5% were African Americans, 6.8% were Hispanics, and 11.2% were of Other races. Of all Ohioans reporting a diagnosis of high blood pressure, 42.3% were African Americans, 24.4% were Hispanics, 17.4% were Asians, and 29% were Other races. Of all Ohioans reporting a diabetes diagnosis, 17.1% were African Americans, 13.8% were Hispanics, 7.8% were Asians, and 12.4% were Other races. A cancer diagnosis was reported by 5.9% of Hispanics, 5.7% of Asians, and 8.6% of Other races. Some 22.6% of Ohioans reported they are current smokers. Of this group, 24.6% were African American, 23.7% were Hispanic, 9.1% were Asian, and 27.7% were Other races. Given these statistics, Ohio needs to determine what can be done to improve the behavioral health and well-being of Ohioans from diverse backgrounds, with the ultimate goal of achieving health equity. To this end, OhioMHAS leadership supported the convening of a statewide work group to define a research agenda for Ohio in the area of behavioral health disparities and cultural competence.

To begin the process of developing a disparities research agenda, Jamoya Cox, the cultural competence and disparities lead in the Office of Recovery Supports, convened the Disparities and Cultural Competency Advisory Committee (DACC). Focusing on behavioral health research issues, DACC then formed a subcommittee called the Research Advisory Committee (RAC), which is comprised of OhioMHAS program staff and external stakeholders. DACC was created to respond to strategies outlined in the OhioMHAS strategic plan to eliminate disparities and move towards health equity. To accomplish this, DACC has four main objectives:

- *Identify core quality indicators to effectively track and monitor performance*
- *Develop a business case for cultural and linguistic competency*
- *Create a cultural and linguistic competence plan for all human services*
- *Identify best and promising practices based on lessons learned and develop a promising practice resource bank/learning community*

Mr. Cox discussed these concerns with DACC members and had additional conversations with the chief of the Bureau of Research and Evaluation at OhioMHAS and other program leads within the department to plan for a Disparities Research Agenda Retreat.

## **RETREAT PLANNING MEETING**

A Planning Committee that included OhioMHAS staff, DACC members, and LEAN Ohio staff who served as facilitators, began to meet in August of 2015 to design a behavioral health disparities research retreat. Purposes identified for the retreat were:

- 1 Identify a health disparities research agenda aligned with the DACC's current strategic priorities,
- 2 Explore specific research questions that would advance public behavioral health services in Ohio,
- 3 Explore the mutual research interests and activities of committee members,
- 4 Have members provide feedback to help shape potential behavioral health research/evaluation grant opportunities through the OhioMHAS Bureau of Research and Evaluation, and
- 5 Conduct a brainstorming session for a statewide disparities conference.

## BEHAVIORAL HEALTH DISPARITIES RESEARCH ADVISORY COMMITTEE RETREAT

Eleven key researchers representing universities, government, and stakeholder organizations gathered in Columbus, Ohio at the State of Ohio Library on September 30, 2015. This group formed DACC's Research Advisory Committee (RAC). Referencing DACC's key objectives, RAC participants began to identify priorities for the OhioMHAS disparities research/evaluation agenda. Participants completed a modified Delphi process exercise to generate preliminary ideas around salient research questions. The following questions helped to guide the exercise:

**Question 1:** Why are behavioral health disparities an important topic?

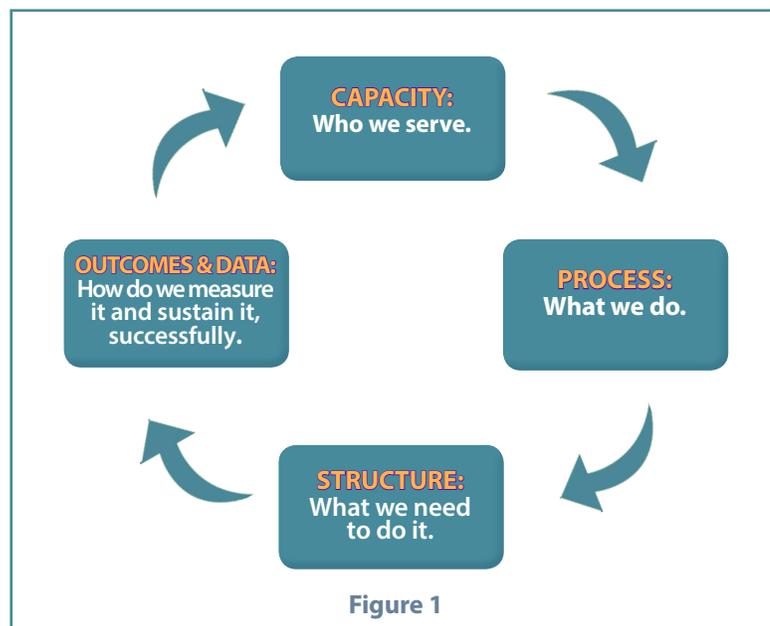
**Question 2:** Why would we need a research agenda?

**Question 3:** What are some questions in the area of behavioral health disparities that need further research?

**Question 4:** What are the top five research questions identified?

The RAC participants concurred that system capacity, outcomes, workforce education and training, and data and methods should serve as the research and evaluation framework supported by OhioMHAS (Figure 1).

A modified Delphi process was used to build consensus on the importance of examining disparities in behavioral health care. According to the RAC, disparities in behavioral health care is an important research topic because there is a need to understand social determinants of behavioral health and its impact on life course, inequities in access to care, understanding why there are different outcomes for various groups, enhancing social justice at the system level, and prevention of disease/disorder.



During the Delphi process, RAC members also determined the most critical questions were related to improving access to care, engaging non-traditional community partners in behavioral health care, identifying the most effective practices for and to under-represented groups, increasing the overall number of diverse professionals in the behavioral health workforce, and exploring ways to sustain improvements in delivering more equitable behavioral health services. Tables 1-3 offer a more detailed accounting of the initial results of the Delphi exercise.

**Table 1. Generated Research Questions: Structure of Behavioral Healthcare Delivery**

• How is data used to change policy?
• What skills/knowledge do clergy and mental health care providers need to better improve care?
• How can mental health care providers be recruited to work in inner city or very rural areas?
• Education vs. Doing
• Does healthcare navigators increase access and decrease dropouts?
• What are colleges & universities doing to prepare students for working in a culturally changing world?
• How can we successfully and sustainably fund after school programs to evaluate suicide prevention strategies?
• What are the barriers to mental health services for minorities?
• Why do we have copays?
• Why do we get paid by disease over outcomes?
• What barriers exist for Latino families to be involved in schooling of their children?
• Why do we support Etoh sales?
• How can we get effective buy-in of policy makers towards addressing behavior health disparities?
• Why don't we have more inter department education?
• What have been the most effective practices for preparing students to work in behavioral health as it relates to cultural competency?
• How can we train and hire people from the communities that need to be served?
• What are the barriers of providing services?
• What are best practices to recruit/obtain URH health care providers?
• How can religious leaders and minority health care providers best collaborate to improve mental health care?
• Does training decrease cost?
• What types of care management services means engagement and retention for specific ethnic minority groups?
• How do we thoroughly integrate ethnically-informed delivery so that behavioral health is not siloed?
• Which cultures have the least amount of research available to health professional?
• What is responsible for the lack of diversity in the medical field?
• How can we improve cultural diversity in recruitment and retention to practice and away from rhetoric?
• How is the community used as a service asset?
• How can we promote diverse interpreters to become certified to implement care?
• Why we are billed/paid based on time?
• Are there higher education programs that focus on health disparities or cultural competency in Ohio?
• How can we increase the number of under-represented populations in health care field or behavioral health workforce?
• What is Ohio doing to move towards health equity and cultural competence, specifically state departments?
• What ways can we increase diversity, inclusion and retention in Ohio's higher education institutions?

**Table 2. Generated Research Questions: Treatment/Care Process**

• What programs are needed to decrease depression among Latino youth?
• Is equity about more than ending up with similar rates of same thing?
• What engagement strategies are most effective for African-American youth as it relates to prevention and wellness?
• How can we increase awareness and readiness of Latino/Immigrant parents to identify signs of depression or other mental illness?
• Is a peer/mentor model effective?
• Is the therapeutic pain model an effective treatment intervention for mental illness?
• How to reduce early drop-out?
• How can we effectively address unmet behavior health care needs of diverse populations?
• What is involved in developing trust? How measure trust?
• How to increase access
• How to measure the effectiveness of faith-based initiatives?
• What are the most effective interventions for reducing substance use disorders among Blacks?
• What strategies are most effective to reduce suicide rate in LGBTQ individuals?
• What are the most effective interventions for reducing substance use disorders among blacks
• What are the most effective interventions for reducing HIV risk behavior among Black men, women and teens?
• How do you engage motivation among customers?
• What does each community want?
• How best to evaluate whether an intervention is effective for a new target group?
• Does training increase outcomes?
• Does awareness strategies increase access?
• Does early access increase or decrease cost?
• What strategies are needed to address across multiple levels – Government / Community/ Individual?
• What are best practices to reduce adolescent suicide rates?
• How do we determine whether a behavioral or a psychopharmacological intervention would work better for a specific ethnic minority person?
• Building capacity of communities to access resources?
• How can we better understand the behavioral health care needs of diverse clientele?
• How do we best assess/treat co-occurring disorders among black substance users?
• How are new interventions incorporated to improve minority outcomes?
• How can we identify and ameliorate trauma?
• Are multicultural mental health education and early detection programs more effective than single culture ones?
• In our research, how do we best address the within-group diversity in a specific racial/ethnic group?
• How to coordinate efficient – know about what is being?
• Why are the interpreter services available difficult to use in real time?
• Who needs to be the interface of research and participants?
• Can Bullying programs be effective in increasing awareness and readiness to identify mental illness signs among minorities?
• Are interdisciplinary teams more effective in developing programs to increase knowledge and awareness of mental health treatment?
• What social determinants influence engagement and retention among racial groups?

**Table 3. Generated Research Questions: Treatment/Care Outcomes & Data**

• How (what techniques) to best culturally adapt indicators
• Why do we only look at end results death/birth?
• What are the indicators that should be tracked
• What are the data sets that should be collected?
• What instruments are available to measure quality outcomes?
• Why are outcomes for minorities worse in substance abuse treatment than Caucasians that receive the same treatment?
• What variables impact sustainability for services?
• How many individuals in total are underserved?
• What is the best way to track consumer satisfaction?
• How have other states worked to improve health disparities and outcomes?
• How is outcome data used to improve quality?
• How do we sustain improvement once no one is watching?
• What assessment tools are most accurate for assessing substance abuse/mental illness within specific racial/ethnic groups?
• Why is the data so hard to interpret?

**CURRENT RESEARCH BEING CONDUCTED BY RAC MEMBERS**

RAC members also shared their current disparities research activities as a means to network and discover areas of mutual interest. On the following page, Table 4 lists the topics currently being researched by RAC members.

**Table 4. Current Research of RAC Members**

<b>Substance Abuse</b>	Substance Abuse Treatment For African Americans Underage Drinking Drug Courts Medication Assisted Treatment Continuity Of Substance Abuse Care Between Prison And Community Settings
<b>Trauma</b>	Refugee Trauma Human Trafficking Survivors
<b>Health</b>	Hiv Prevention Infant Mortality Postpartum Health Visits Health Education Latino Access To Health Services Hiv Work In Kenya Disparities In Asthma Care
<b>Workforce</b>	Health Equity And Staff Development Recruitment Of Medical Professionals Trainings For Special Populations Training Leaders In Effective Communication Cultural Competence Within Academia Developing Mentorships
<b>Cross Cultural Issues</b>	MH Treatment For Deaf And HH Individuals Deaf Culture Biracial/Cultural Individuals And Health Care Utilization Intercultural/Intergenerational Differences MH Stigma In Different Cultural Groups Inequities In Access To Behavioral Health Care

## RESEARCH EMPHASES AND TOPICS

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The RAC used a “dot democracy” process to reduce the research questions and topics to seven seminal areas. Members were given five stickers (dots) that they used to vote on the most important topics. The members could stick all five dots on one topic or evenly distribute the dots according to their wishes. The following are the major, cross-cutting research emphases and topics identified by the Behavioral Health Disparities RAC.

**Area of Emphasis 1: System Capacity.** *Objective 1: Determine what system capacity issues exist that deter minority and underserved populations from accessing services.*

- 1.1: What are methods to increase the number of underserved populations seeking public behavioral health services?
- 1.2: How does the public behavioral health system engage community members and service providers to improve behavioral health outcomes?

**Area of Emphasis 2: Workforce.** *Objective 2: Determine how to increase the cultural sensitivity of the current workforce and improve recruitment from traditionally underrepresented groups.*

- 2.1: What are effective methods to increase diversity, inclusion and retention in Ohio’s behavioral health workforce?
- 2.2: How are colleges/universities preparing future workers in the behavioral health workforce to work in a multicultural society?

**Area of Emphasis 3: Treatment and Outcomes** *Objective 3: Identify best practices for delivering behavioral health services among minority and underserved populations.*

- 3.1: What are the most effective interventions for reducing substance abuse/behavioral health/mental health disorders among under-represented and underserved populations?
- 3.2: What are the most effective models to sustain improvement in behavioral health care?
- 3.3: What are the most effective multicultural mental health early detection programs? Are they more effective than single culture models?

## NEXT STEPS

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### POST-RETREAT MEETINGS

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After the initial RAC meeting, the planning team continued to meet to de-brief about the RAC Delphi exercise, to discuss planning a disparities conference, and determine next steps. The decision was made that RAC would continue to meet quarterly to provide ongoing feedback about the department’s disparities work. RAC committee members were also asked to provide names of other researchers and interested stakeholders to expand committee membership.

The Disparities RAC is presenting this version of the Disparities Research Agenda to the DACC and department leadership for comment. It is noted that there are limitations to this document, including limited time and resources, priority areas that are primarily the opinions of the Advisory Committee, and the need for broad input from other stakeholder groups. However, the RAC envisions this research and evaluation agenda as a living document that will evolve and change as more stakeholders come to the table and new knowledge is gained by the ensuing research and evaluation.