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Advocacy and Action for Connecticut's Mental Health

# Health Equity

**Diverse populations —both adults and children—are less likely than whites to receive needed mental health care. When they do receive treatment, they often receive a lower quality of care.** These disparities are compounded by the unequal status of mental health care as compared to physical health care that exists in our healthcare and insurance systems, which federal and state parity laws are attempting to rectify, and negative perceptions about mental health that often deter people from seeking treatment.

The terms "***health inequities***" and "***health disparities***" are often used interchangeably to describe health differences that are linked to social, economic, and cultural disadvantages. **Throughout the healthcare system in the United States, racial and ethnic disparities are pervasive, including in mental health**. "***Health equity***" means achieving the same levels of health care quality, care outcomes, and health status among all population groups, regardless of social and demographic factors, such as race, ethnicity, language, gender and income.

Historically, diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. The Institute of Medicine's 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, emphasized that health disparities persist even after adjustments are made for economic status, education levels, age, and insurance coverage.

In Connecticut, communities disproportionately impacted by mental health disparities include African Americans, Latinos, Native Americans, and some Asian communities.

## What is being done to promote Health Equity:

- Through the **Affordable Care Act,** individuals and families now have increased access to health insurance because they may purchase insurance policies at more affordable rates in the private market. Many states, including Connecticut, opted to expand Medicaid eligibility, allowing more people with low-incomes to qualify for public health insurance under Medicaid. During the first open enrollment insurance period in Connecticut, 78,713 people obtained private health plans and 129,588 people enrolled in Medicaid insurance under Connecticut's expanded Medicaid eligibility rules.
- Evidence shows that ***Medical Homes*** *can improve health outcomes, advance health equity, and potentially reduce health care costs.* The primary care setting is the focus of care in medical homes in which the primary care physician provides and coordinates all needed care, and the recipient of care and primary care physician work together on maintaining health.

- Medical homes model promotes identification and management of patient populations, including patients with chronic conditions, through data collection that identifies patient needs and monitors disparities; identification of quality measures for persistent disparities; and implementing culturally and linguistically appropriate interventions for diverse populations.

## Opportunities for Improving Health Equity:

- Educating and training providers and mental health and professionals in cultural and linguistic competencies;
- Promoting data collection and analysis that is identifies racial and ethnic factors, as well as demographic information in order to identify and address health disparities;
- Educating patients concerning the need to provide accurate demographic and cultural information to providers so that data collected by medical homes can identify cultural needs and disparities;
- Considering the needs and voices of diverse and underserved populations while: assisting individuals and families with insurance enrollment under the ACA; undertaking care integration and coordination whether in medical homes or under SIM model or both.

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