Community-Partnered Approach to Reducing Mental Health Disparities

Los Angeles DMH Afro-American Conference
June 18, 2015, 2:30-4:00pm
Kenneth Wells, UCLA & RAND
Loretta Jones, Healthy African American Families II
Bowen Chung, DMH, UCLA, RAND
Felica Jones, Healthy African American Families II
Our History
Mental health is not just the absence of mental disorder, but a state of well-being in which every individual realizes his or own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

World Health Organization
Social Determinants of Health

• Circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.

• These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.
Interventions Reduced 5-Year Outcome Disparities for Depression (P.I. Wells)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>QI programs</th>
<th>Usual care</th>
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<tbody>
<tr>
<td>African American</td>
<td>[Bar Graph]</td>
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<td>Latino</td>
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% recovered at 5 years
How can we translate the benefits of high quality depression care into **better lives** for under-resourced, communities of color today?

“Little is known about the independent contribution of community linkages to improving health and behavioral health outcomes.”—SAMSHA 2012
Challenges of Engaging Minority Communities in Research

• Tragic historical legacy of research abuses of minority populations

• Distrust of government programs and health services

• Participatory research approaches are recommended to engage and to enhance trust in research and services
Healthy African American Families II (HAAFII)

- Goal: To provide a forum for community to take active leadership in improving its own health

- Community Participatory Partnership Research Model (CPPR)
  - Community Engagement Approach
  - Applied the Model to many health problems
  - Depression offered an opportunity to partner with evidence-based research approaches
From Community Involvement...

- One step removed from community centered and driven
- Builds consensus for predetermined actions
- Reports back to funders
- “For” not “with” community
- Provides resources only during the initiative
- Timeline for success regardless of how the initiative is taking shape
- Predetermined agenda, action plan, and method of evaluation
…to Community Engagement

- Builds sustainable capacity to address community issues
- Builds trust and ownership over time
- Develops shared agendas, action plans, and methods
- Community controls and owns the initiative, while minding its collaborative nature
- Leverages ownership into action
- Accountability to community and funders
- Work is done “with” not “for” community
# Find The Win-Win to Engage

<table>
<thead>
<tr>
<th>Community Based Organizations</th>
<th><strong>Wins</strong></th>
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<tbody>
<tr>
<td>Community</td>
<td>Better daily lives</td>
</tr>
<tr>
<td>Business Community</td>
<td>Recognition, financial support, networking, training, resources</td>
</tr>
<tr>
<td>Government</td>
<td>Community support; public trust in evaluation</td>
</tr>
<tr>
<td>Universities</td>
<td>Greater impact, partners for research, 2-way knowledge transfer promotes innovation or improves recruitment</td>
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Getting Engaged

• Develop Equal Partnerships:
  – Share power, listen, respect differences
  – Develop and honor written agreements on principles and initiatives
  – Structure activities to level the playing field

• Embrace Community:
  – Not as "subject" but partner
  – Honor community strength while building capacity
  – Share and learn across community and academic partners in two-way exchange
  – Align Funding and Resources to Fit Principles and Support Win-Win
Working together in an equal partnership to learn how to improve depression care and build community strength
CPIC Learning model to beat depression

Community Capacity → Partnered Planning → Academic Capacity

Partnered Trial

- Resources for Services (Agency support)
- Community Engagement & Planning (Network support)

Outcomes

Partnered Dissemination
Service Planning Areas 4 & 6

- Hollywood-Metro Los Angeles (0.5 million residents)
- South Los Angeles (1.5 million residents)
Resources for services

95 Programs in Los Angeles

Community engagement and planning
CPIC Clients Are Diverse

(N = 4,440, mean age 47 years)

- Family income from work <$10K: 65%
- African American or Latino: 85%
- No insurance: 50%
- Working: 23%
- < High school: 39%
- Homeless: 16%
- Married: 28%
- Female: 54%
Client Depression Common Across Program Types (N=4,440)

- Social/community: 18%
- Substance Abuse: 35%
- Primary Care / Public Health: 35%
- Homeless: 39%
- Mental Health: 52%

% of screened clients with PHQ-8 ≥ 10
One Homeless Participant’s Quest for Services
Community Engagement
Stone Soup
Summary of 6-month Outcomes

• Both CEP and RS improved client mental health quality of life

• CEP was more effective than RS in
  – improving mental health quality of life and physical activity
  – reducing homelessness risk
  – reducing behavioral health hospitalizations

• CEP shifted outpatient depression services away from specialty medication visits toward primary care, faith-based and park services for depression

• BUT: No difference in depressive symptoms, use of antidepressants or healthcare counseling for depression

  --So mechanism is not more “formal” treatment
CPIC provided 157 training events using depression care toolkits

- Team management
- Clinical assessment, medication management and alternative health practices
- Cognitive behavioral therapy for depression
- Care management / case management
- Patient education resources
- CEP: Support for networks to innovate in services delivery and fit to their community
CEP Improved Physical Health and Homelessness
(N=1,018)

- Yes to all health limits
  - Moderate activity
  - Stairs
  - Physical activity

- Risk Factors:
  - food insecurity
  - eviction
  - severe financial crisis

Yes to all health limits

Physically Active

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<tr>
<th></th>
<th>RS</th>
<th>CEP</th>
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<td>40</td>
<td></td>
<td></td>
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<tr>
<td>50</td>
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Homeless or ≥2 risk factors for homelessness

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<tr>
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*p<.05
CEP Reduced Hospitalizations

(N=1,018)

- RS
- CEP

*p<.05

<table>
<thead>
<tr>
<th>Hospitalizations</th>
<th>Percent</th>
<th>RS</th>
<th>CEP</th>
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<tbody>
<tr>
<td>Any alcohol, drugs, mental health</td>
<td>11</td>
<td>6</td>
<td>*</td>
</tr>
<tr>
<td>≥4 hospital nights</td>
<td>6</td>
<td>2</td>
<td>*</td>
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CEP improved mental health quality of life over 12 months

% Clients with MCS-12 ≤ 40

- **RS**:
  - Baseline: 53.3%
  - 6 months: 52.7%
  - 12 months: 50.2%

- **CEP**:
  - Baseline: 53.4%
  - 6 months: 44.3%
  - 12 months: 43.9%

p = 0.028
Summary of 12-month Outcomes

• Quality of life continued to be better and hospitalizations were continuously reduced

• However statistical significance of results vary somewhat based on how the analysis is done, but direction always consistent
CEP Start-Up Cost More...
Because More Staff Were Trained

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<th>CEP</th>
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<tr>
<td>Total Cost</td>
<td>$47,523</td>
<td>$249,459</td>
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Most costs are provider training time--you get what you pay for

Training benefits spread over many clients, not just those enrolled in CPIC
Most Services Costs are Healthcare; CEP & RS Similar

<table>
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<th>Mean cost per enrolled client</th>
<th>Baseline</th>
<th>6 Months</th>
<th>12 Months</th>
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<tbody>
<tr>
<td></td>
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<td>RS</td>
<td>CEP</td>
</tr>
<tr>
<td>All services $</td>
<td>5225</td>
<td>5669</td>
<td>4061</td>
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Modeling with national inpatient LOS, 6-month behavioral health hospital costs lower for CEP
How?

- **Staff exposure** to evidence-based practices
- **Task Shifting** counseling or case management practice delivered by faith-based, parks and recreation
- **Task Enhancement**: housing and social service programs know how to engage depressed clients
- **Network Building**: integration of healthcare and community-based programs
Community Engagement exercise
2014 ACTS Team Science Award!

Funders: National Institute of Mental Health; National Library of Medicine; Robert Wood Johnson Foundation; California Community Foundation; Patient Centered Outcomes Research Institute; UCLA Clinical and Translational Science Institute
Our History

WITNESS FOR WELLNESS
COMMUNITY PARTNERS IN CARE
BUILDING RESILIENCY AND INCREASING HOPE
PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE
HEALTH NEIGHBORHOOD INITIATIVE
TO BE DETERMINED

2003 2005 2007 2011 2012 2013 2014 Future

RESTORATION CENTER DREW-UCLA CONNECT