

LHDs' Involvement in Addressing Psychological, Mental Health and Other Behavioral Health Care Needs of the Underserved Populations



Georgia's large-scale, small-feel research university

Gulzar H. Shah, Jiann-Ping Hsu College of Public Health, Georgia Southern University

Huabin Luo, East Carolina University

Carolyn J. Leep, National Association of County and City Health Officials

Nancy Winterbauer, East Carolina University

2014 Keeneland Conference, April 6-10, 2014

Faculty Disclosure

Neither we, nor our spouses, have had a financial, professional or personal relationship that might potentially bias and/or impact the content of the educational activity/session.

Gulzar H. Shah, Huabin Luo, Carolyn J. Leep, Nancy Winterbauer



Educational Need/Practice Gap

Gap: LHDs expected to play a crucial role as public safety net

- little known about the extent to which mental health care needs for underserved populations are fulfilled by LHDs

Need: understanding current LHD engagement in mental health care is imperative

Objectives

Upon completion of this educational activity, the participants will be able to:

- assess the **extent** to which LHDs implement and evaluate strategies to target the behavioral healthcare needs for the underserved populations
- discuss organizational factors that **facilitate**
- discuss factors that **hinder** LHDs' ability

Background

- The 2000 IOM report on impact of welfare reform on integrity of primary care safety net providers
- **LHDs** ...the core of the safety net.

Background-2

Disparities in mental health outcomes and care.

- Latinos.
- Immigrants.

Background-3

- **Barriers exist:** in access to behavioral health for the underserved populations.
 - **lack of insurance,**
 - **stigma,**
 - **preference for informal care, and**
 - **self-reliant attitudes.**

Methods

Data Source:

- 2013 National Profile of Local Health Departments Study conducted by NACCHO.
- A total of 505 LHDs completed the Module 2 of the Profile Study was the source of the main variable (independent variable)



Methods-2

Measurement

Dependent variable: LHD evaluated or implemented strategies to target the behavioral health care needs of underserved persons:

- **Implementing strategies to target the health care needs of underserved persons.**
- **Evaluated strategies to target healthcare needs of underserved populations.**



Methods-3

Analysis

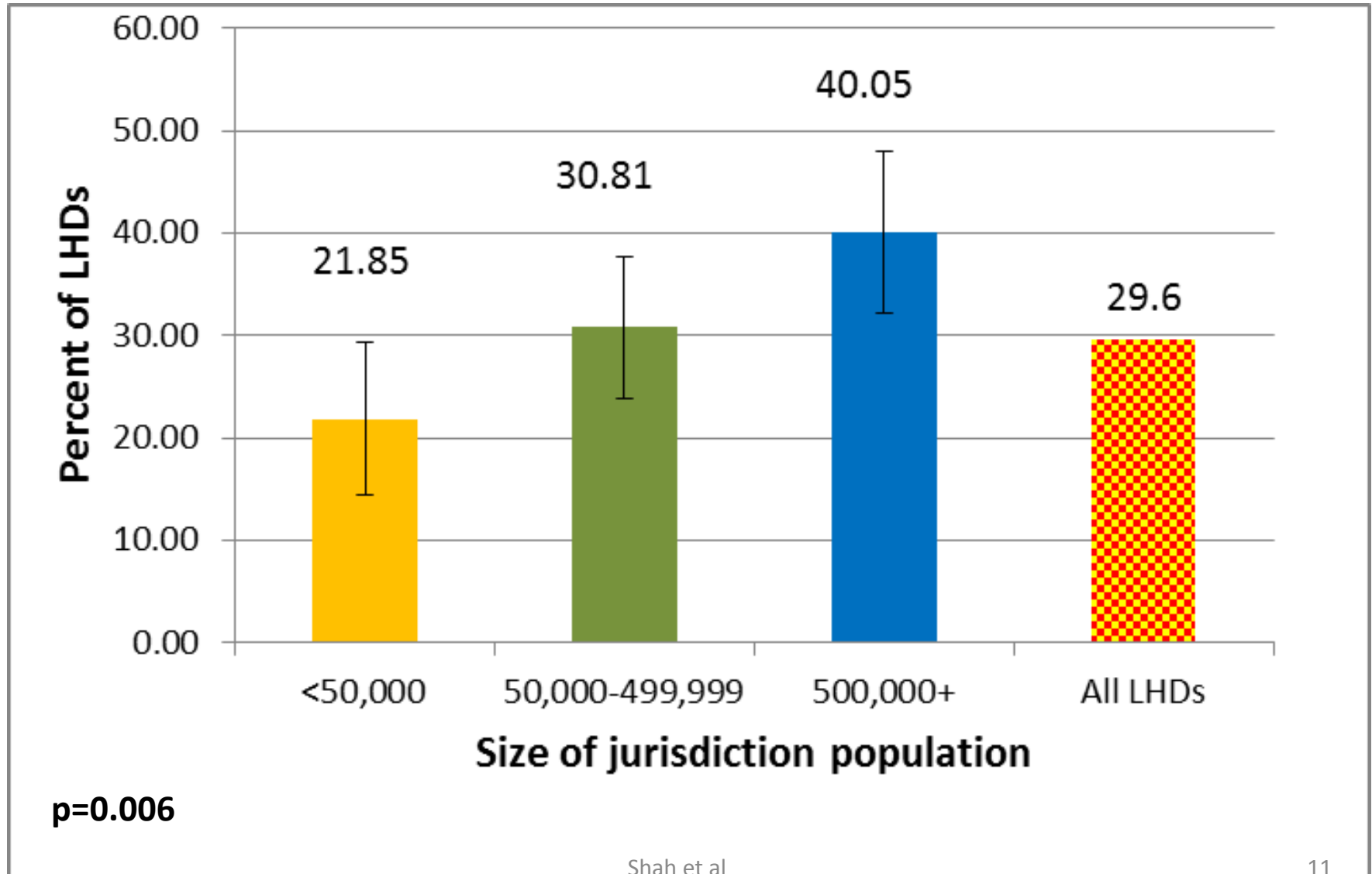
Descriptive statistics

Logistic regression

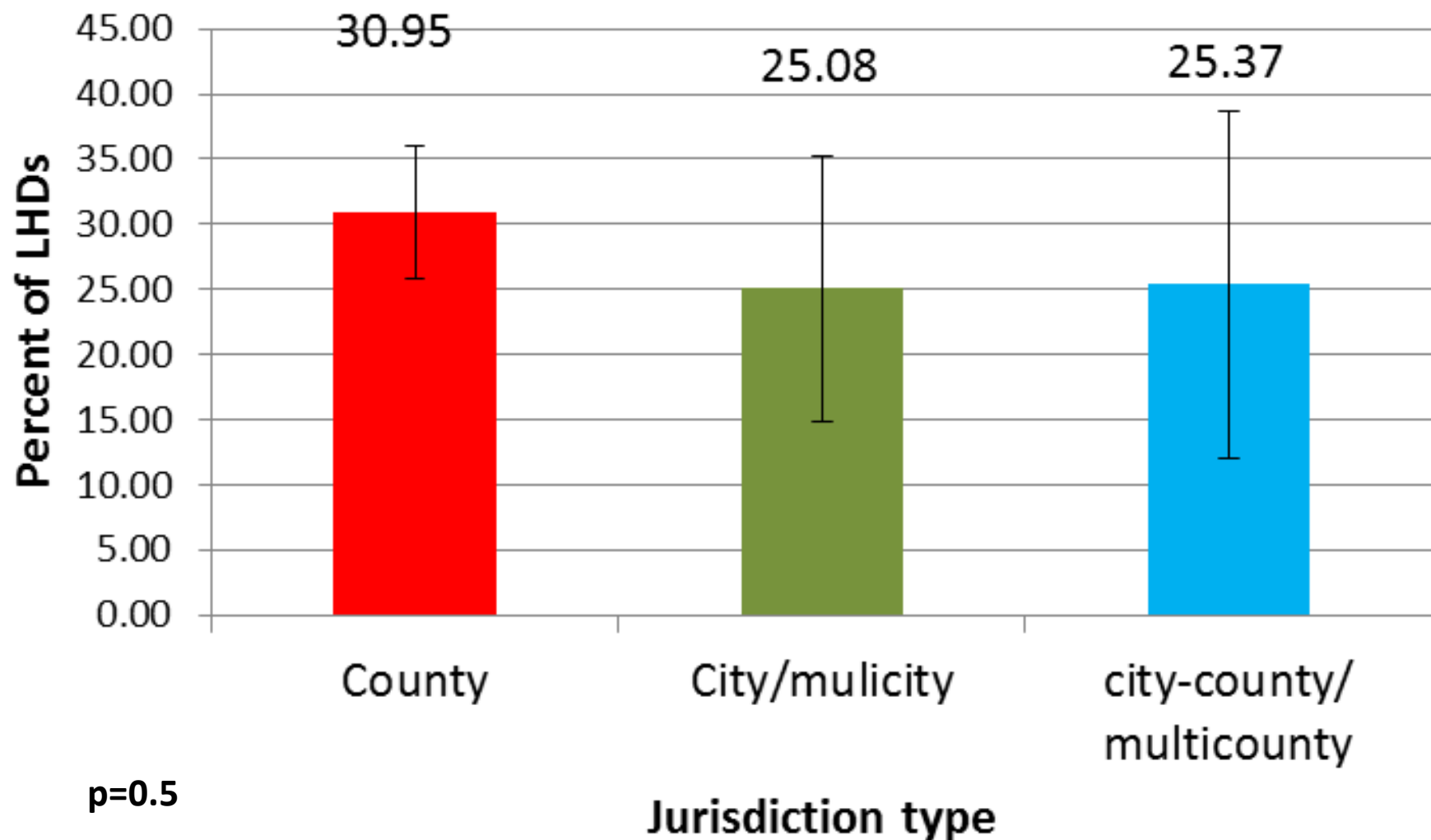
- Statistical weights: to account for the sampling and disproportionate response rate LHD jurisdiction population



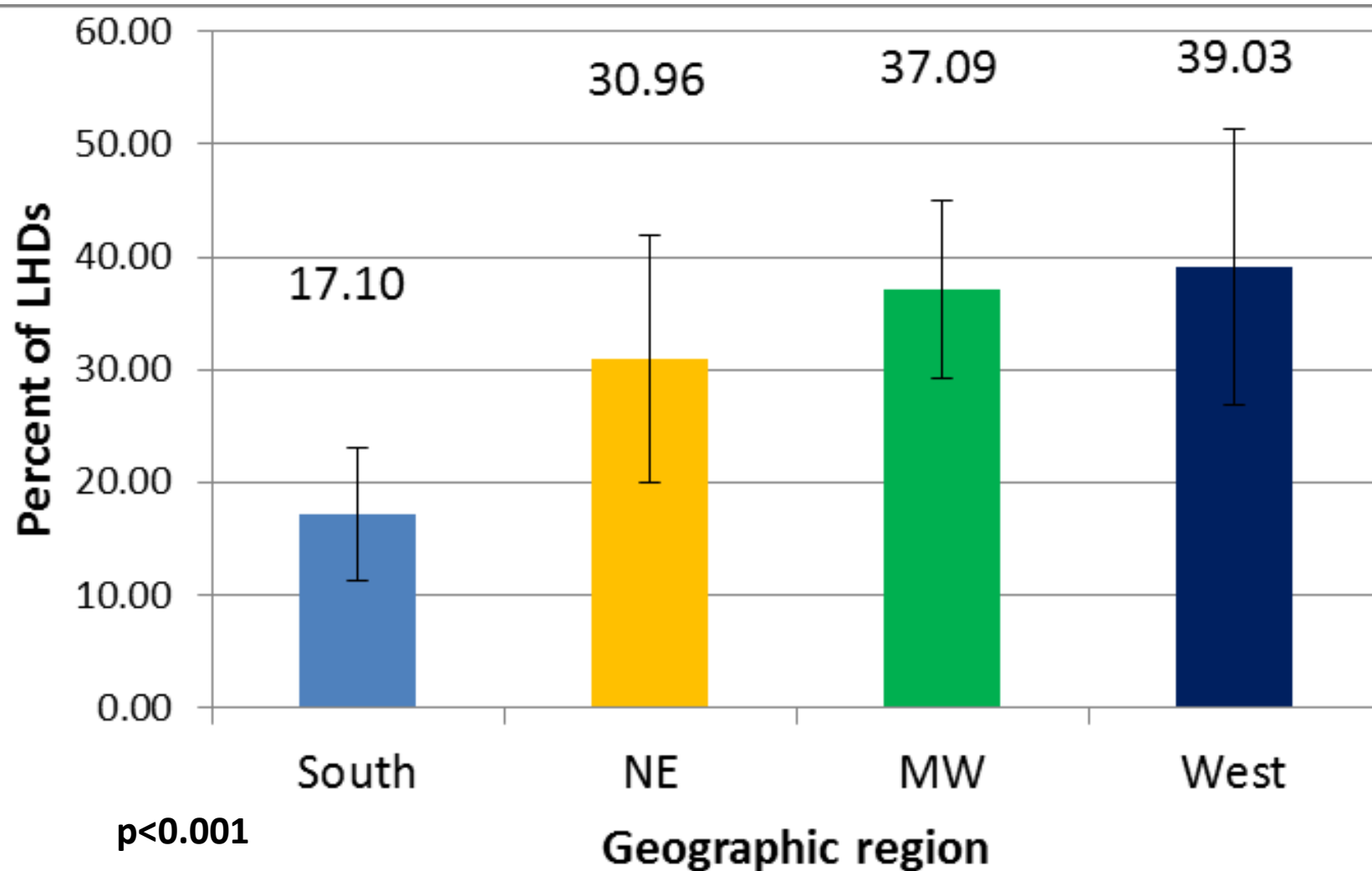
Percent of LHDs that **implemented strategies** or **evaluated strategies** to target the behavioral health care needs of underserved persons by Population Size



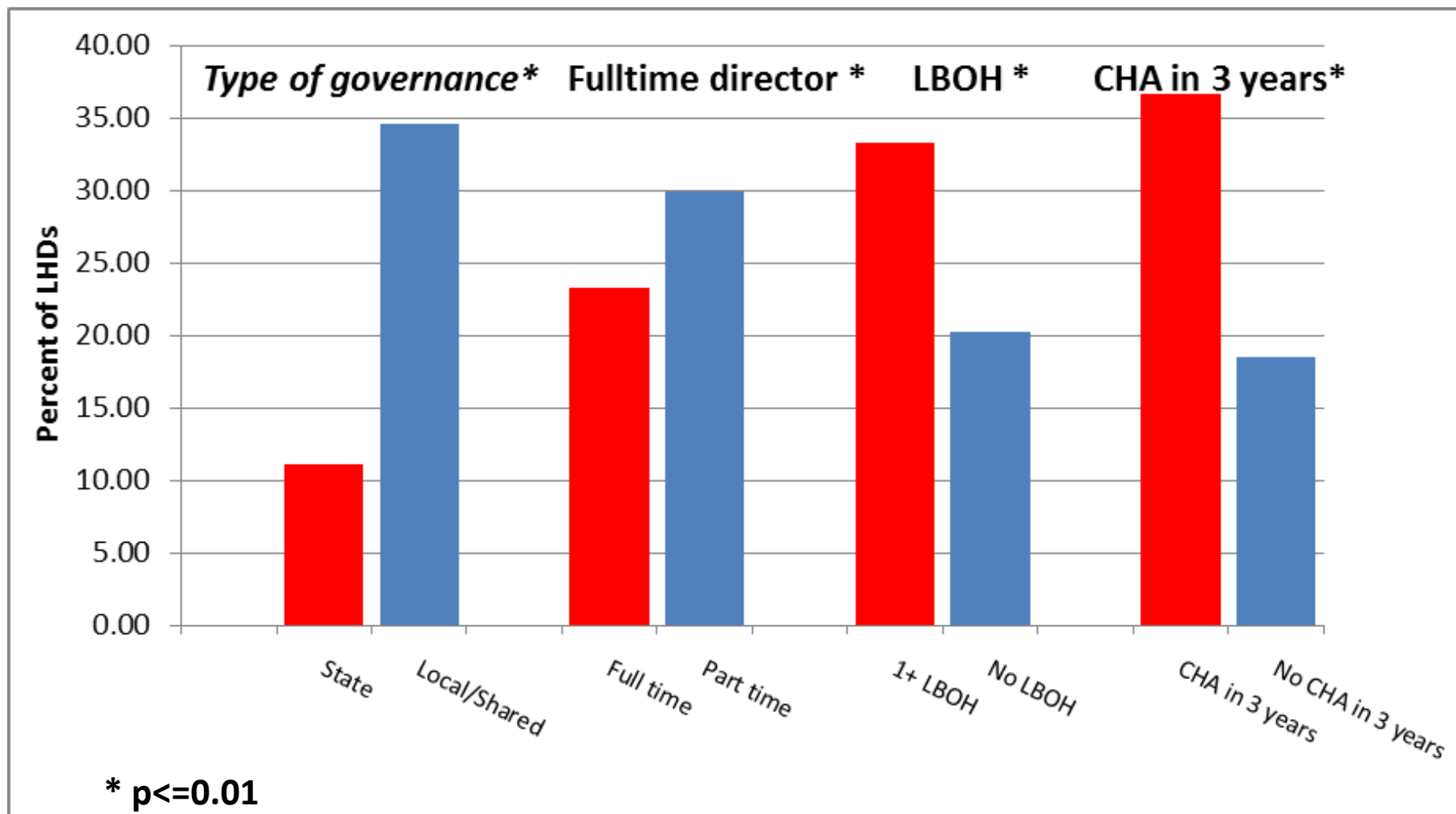
Percent of LHDs that **implemented strategies** or **evaluated strategies** to target the behavioral health care needs of underserved persons by jurisdiction type



Percent of LHDs that **implemented strategies** or **evaluated strategies** to target the behavioral health care needs of underserved persons by geographic region



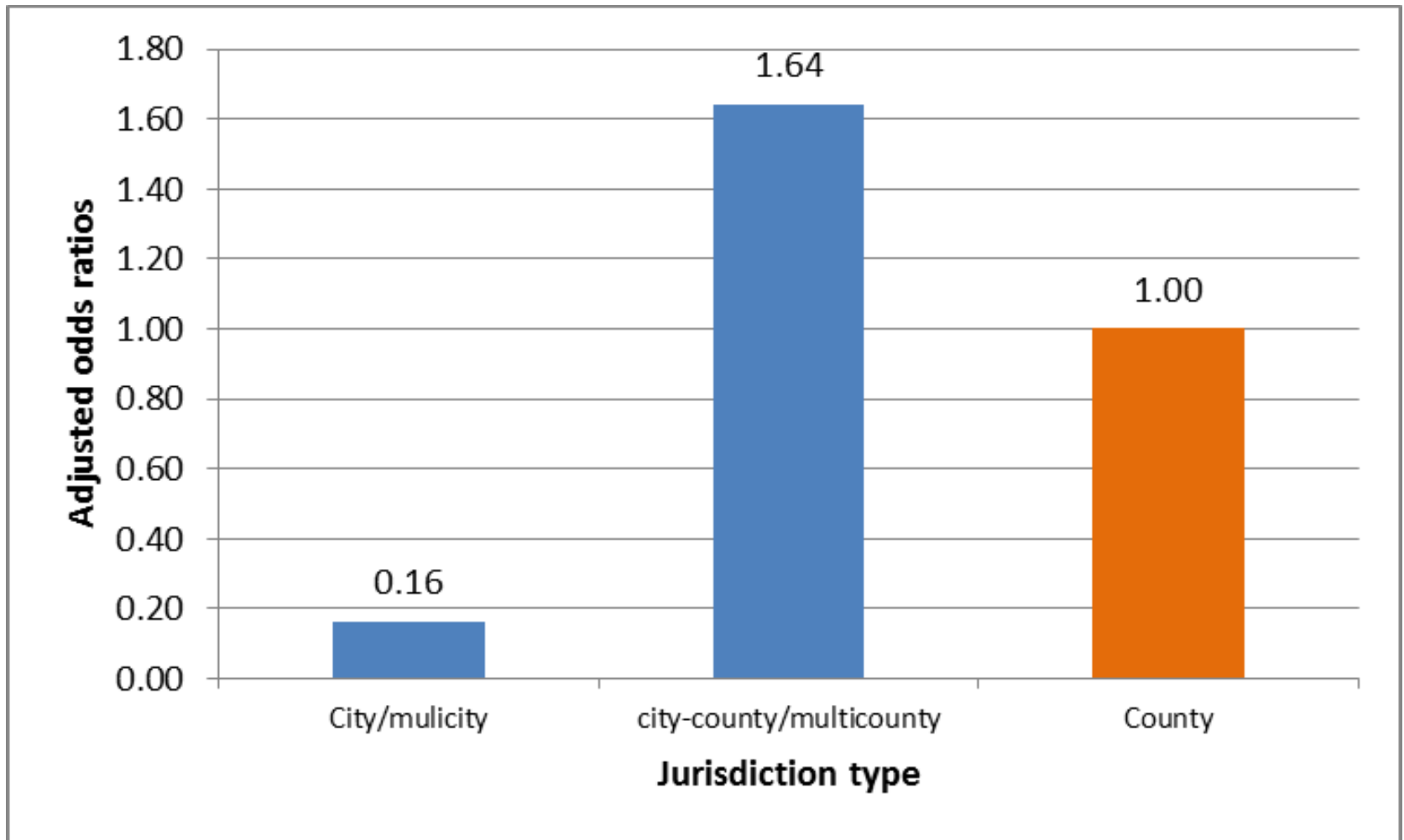
Percent of LHDs that **implemented strategies** or **evaluated strategies** to target the behavioral health care needs of underserved persons by LHD characteristics



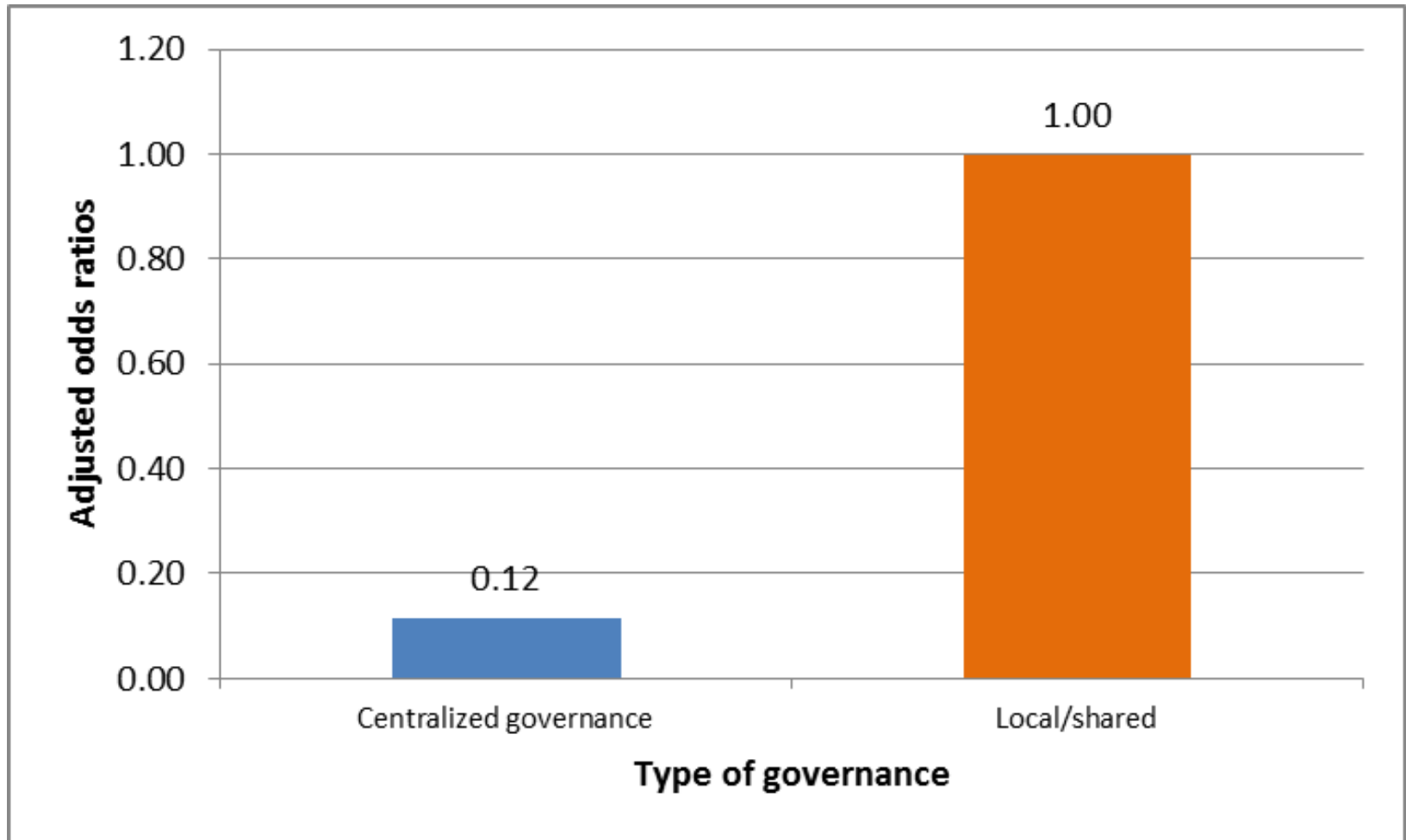
Logistic regression of LHDs' implementation of strategies to target the behavioral health care needs of underserved persons

Variables	AOR	t	P>t	95%CI	
Jurisdiction population (vs. < 50,000)					
50,000-499,999	1.01	0.03	0.98	0.38	2.75
500,000+	0.83	-0.31	0.76	0.24	2.81
Jurisdiction type (vs. county)					
City/multicity	0.16	-2.31	0.02	0.04	0.77
city-county/multicounty	1.64	0.62	0.54	0.34	7.96
Centralized governance	0.12	-2.14	0.03	0.02	0.85
FTEs per 10,000 people	0.92	-1.80	0.07	0.83	1.01
Per capita expenditure(log)	1.85	1.98	0.05	1.00	3.42
Fulltime director	1.57	0.77	0.45	0.49	5.07
Director's tenure	0.98	-0.73	0.47	0.94	1.03
With local board of health	1.01	0.02	0.99	0.43	2.36
Completed CHA in the past 3 years	1.29	0.64	0.52	0.59	2.82
Geographic location (vs. MW)					
NE	0.91	-0.11	0.91	0.19	4.43
South	0.25	-2.53	0.01	0.08	0.74
West	0.36	-2.10	0.04	0.14	0.94
Addressing disparity (total score)	1.27	2.93	0.00	1.08	1.49

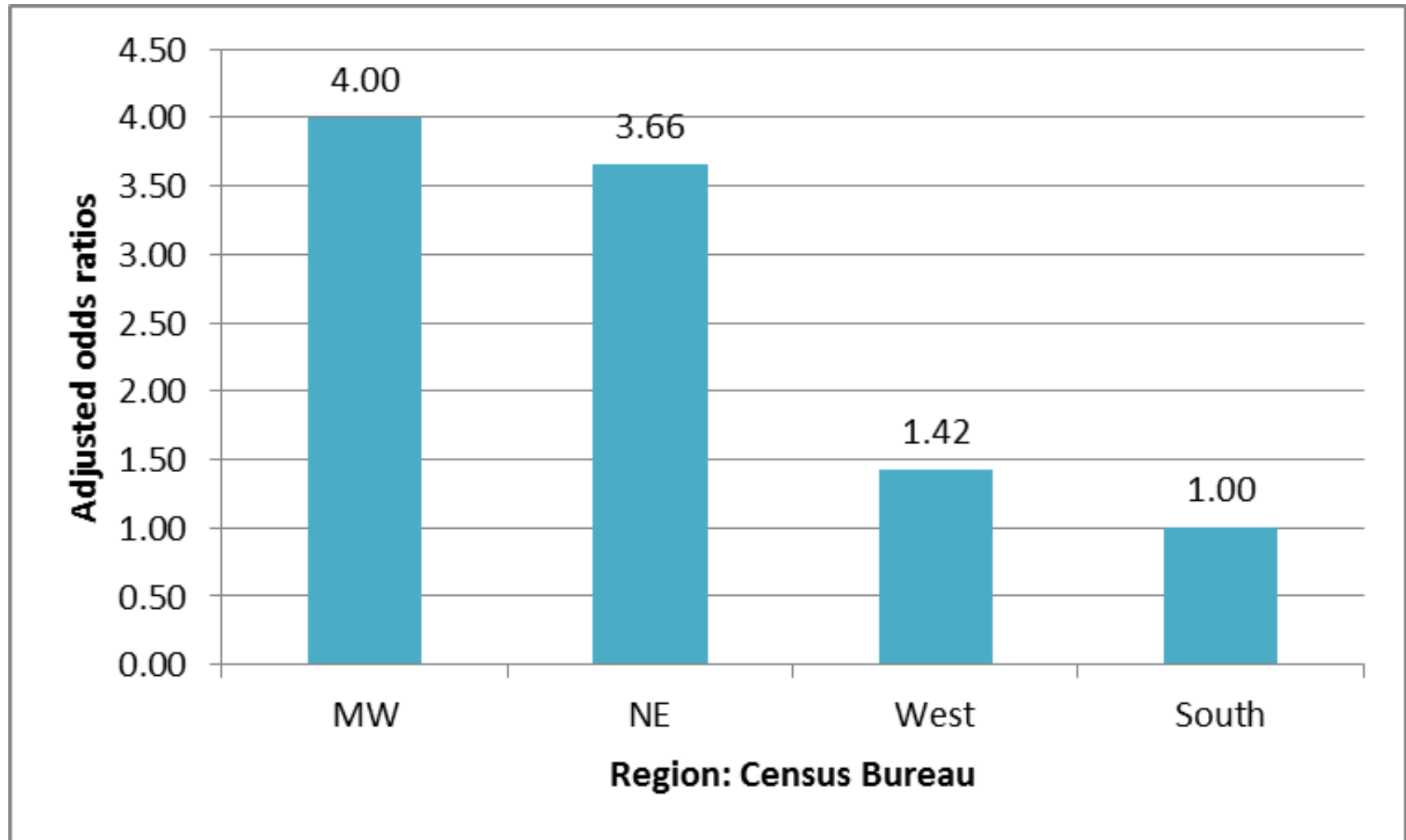
Adjusted odds ratios, jurisdiction type



Adjusted odds ratios, type of governance



Adjusted odds ratios, by region (Census Bureau Regions)



Main Findings

- Significant variation existed by:
 - Jurisdiction population (Biv)
 - Centralized governance (Biv and Mult)
 - Having LBOH (B)
 - CHA completion (B)
 - Geographic region (B and M)
 - Jurisdiction type (M)
 - Per capita expenditures (M)

Discussion

- LHDs, as a **safety net** are expected to help underserved people with basic health issues.
 - **3 out of 10 LHD evaluated or** implemented strategies to target the behavioral health care needs of underserved persons

Discussion 2

- **Assurance** is one of the three core function of public health
 - One of the 10 essential PH services:
- Implementing strategies and evaluating strategies to target the needs of the UNDERSERVED population, are important part of the **assurance** function.

Discussion 3

- Several recent developments make LHDs' role of assurance with respect to behavioral health care even more critical.
 - Declined post recession capacity of LHDs
 - Rise of behavioral health issues in underserved populations
 - Recent changes in insurance options resulting from PPACA”
 - implications for providers

Discussion-4

- Smaller LHDs are less likely to assess or implement strategies to address behavioral health needs.
 - Lack of capacity might be associated with economies of scale and scope.
- **Resources do matter** for LHDs to fulfill the assurance function.

Discussion-5

Public health role in disparity elimination is widely stressed and acknowledged.

- LHDs can play an important role in reducing disparity with respect to behavioral health issues.
- LHDs should consider assessing behavioral health as a part of their CHA.

Questions

Contact: Gulzar H. Shah,
gshah@georgiasouthern.edu