

Brief 3: Social Determinants of Health & Racial Equity

The Community Mental Health Fund

Jackson County, Missouri

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February 27, 2023

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Quantitatively Derived Findings

The objective of this aspect of the survey was to assess agency awareness, documentation, and implementation of varying social determinants of health (SDoH), with an emphasis on racial equity. The researchers wanted to establish a baseline for what was being tracked by grantees, to help inform next steps. Quantitative questions centered on agency documentation of varying equity- and access-related factors, as well as a pulse check examining whether the Value Based Payment (VBP) system has been helpful in evaluating underserved populations. Please refer to Appendix B for full wording of questions which are contained in Section IV of the survey.

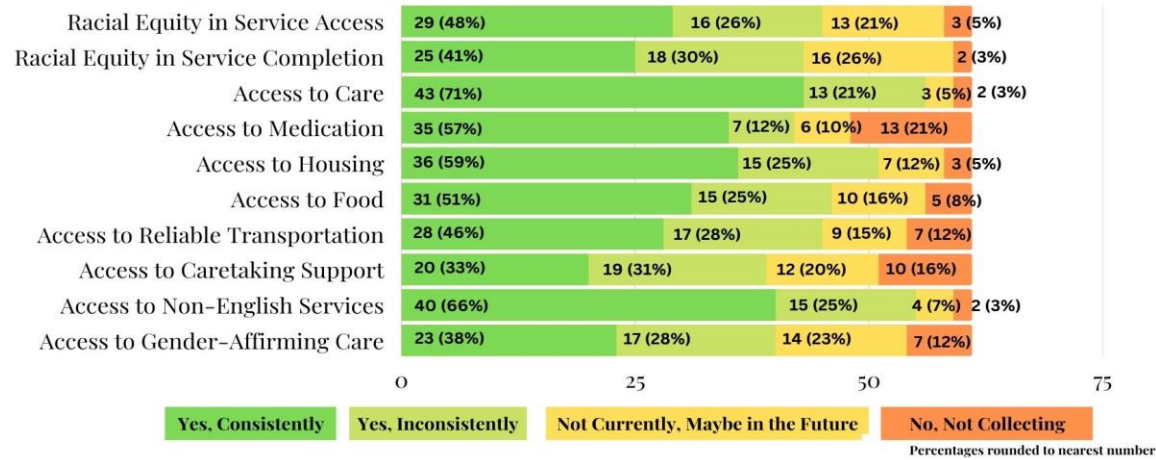
Please note that *figures are a summary* of all questions asked within the survey domain and responses are condensed for clarity and parsimony.

Agency Documentation of SDoH & Racial Equity. *Figure 3.1* displays survey results that revealed agencies' overall documentation of social determinants of health, with 33% - 71% of agencies reporting that they consistently documented varying SDoH. *Access to care* was the most consistently documented SDoH (n=43, 71%), followed by *access to non-English services* (n=40, 66%). Among respondents' agencies, *access to caretaking support* was the SDOH least consistently collected, at 33% (n=20), though another 31% (n=19) of respondents said their agency collected this information inconsistently. *Racial equity in service completion* was the factor the most respondents (n=16, 26%) said their agency was not currently collecting information on but might in the future. Importantly, 21% (n=13) of respondents said their agency does not collect information on *access to medication*, the most of any SDoH measured.

Figure 3.1 Overall Experience: Question Results

SDoH & Racial Equity: Summary of Results

Does your agency document the following? (n = 61)

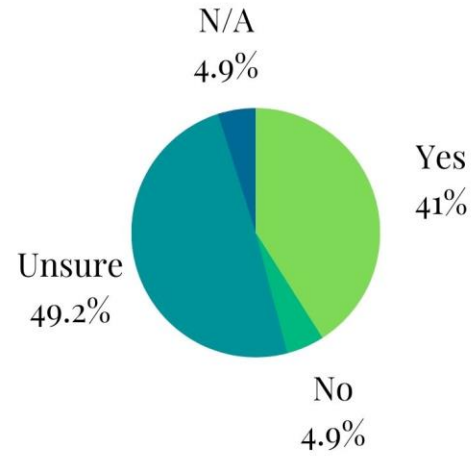


Value Based Payment Utilized to Measure Underserved Populations. Sixty-one respondents answered the question: "Thinking specifically of [your agency]'s Value-Based Payment system, is your agency able to evaluate what populations you might be failing to reach or underserving?" Nearly half of the respondents (49%, n =30) responded that they were "unsure", with 41% (n =25) answering "yes". Figure 3.2, below, summarizes the findings.

Figure 3.2. VBP & SDoH: Underserved

VBP & SDoH: *Underserved*

Thinking specifically of [your agency]'s Value-Based Payment system, is your agency able to evaluate what populations you might be failing to reach or underserving? (n=61)



Qualitatively Derived Findings

There were seven (7) survey questions in which respondents could provide feedback in an open-ended manner. These questions generated 369 excerpts of text across 46 established codes nested within the seven (7) questions. Figure/Table 3.3, below, displays the findings by question

Figure/Table 3.3: Qualitative Themes and Findings from SDoH and Racial Equity Open Ended Questions

Question	# of Responses	Emergent Themes	Findings/Supporting Quotes
1. Agency current strategies for inclusion	61	Agencies participating in current community (Action Community, KU Health Equity Learning and Action Network) or agency-based initiatives to strategize; Agencies report need to develop workable strategies, but staffing capacity is a barrier; agencies documenting receipt of service, but need to work on treatment goals and plans	<p>Becoming more inclusive is a developmental process. Agencies are in different places. Partial initiatives and agency limited capacity are characteristics. Inclusion is not built into treatment documentation/outcomes planning. Much focus on establishing infrastructure for language services.</p> <p>Some agencies report this as though it is a response to a funding application, citing % of representation on staff and board, while others cite established policies and others still provided narrative revealing extensive immersion in topic.</p>
2. Anything respondent wants CMHF to know about inclusion	61	38/61 did not have anything to add; agencies expressed support for CMHF asking these	<p>Many have formal programs/policies and distinct initiatives, but struggle with execution because of staffing and agency capacity. "This is a priority area for us—but definitely a work in progress. Recruiting ANY mental health staff right now is a HUGE challenge as we have had mental health positions we're unable to fill for</p>

		questions and for funding innovative supports for it.	MONTHS—so there is much more of a challenge finding diverse candidates.” [emphasis from respondent].
3. Agency strategies for SDoH within client communities	61	Dedicated staff, robust assessment, language services, parceling out the case into clinical services domain and resource provision domain,	Range of agency strategies from maintaining lists of community resources to very robust approaches such as specific care teams focused on certain SDoH.
4. Anything respondent wants CMHF to know about SDoH	60	Respondents grateful for CMHF raising these issues; Various SDoH single items came up: housing, rising food costs, employment.	<p>“The need always overwhelms our capacity to respond. If the CMHF would allocate some resources specifically for SDoH related supports, that would be welcome and helpful.”</p> <p>“Changing some of what is targeted as an outcome to align with service descriptions—notably housing and employment”</p> <p>“It would be interesting to compare how all [community] agencies are responding and contributing overall. We focus on our own leverage points and it’s sometimes hard to fill a need when we may not know what others are doing—we are often re-inventing the wheel without the opportunity to learn from other agencies who may have tried this before us’.</p>
5. How can CMHF help agency regarding SDoH and	60	24/61 did not provide a response; Education about SDOH/RE supports and resources, measuring SDoH, tracking SDOH/RE, locating and using existing	<p>Education and community building.</p> <p>Data tracking support.</p> <p>“CMHF could benchmark what other organizations are doing to address SDOH/RE and educate us about best practices. We could</p>

Racial Equity strategy		data and resources, creating a library of resources for the community; shared community engagement	all leverage grass roots work aimed at supporting direct access to care and consider additional ways the community can partner with one another.”
6. Describe any difficulties agency has in evaluating underserved pops	3	Language barriers, looking at outcomes through a SDoH/RE lens; no easy access to available data (community level) or agency outcomes data	There are only 3 entries here, no solid finding
7. How can CMHF help in meeting underserved needs	61	Funding to support data collection, analysis, and use of data to promote program/agency improvement; Expanding funding to help with SDoH/RE needs; worker support and pay; effective ways to outreach for underserved	Agencies need concrete supports in population analysis and evaluation; Agencies need supports in workforce related issues.
Total Excerpts coded to questions	369		

Key Informant Feedback. Informants had similar thoughts to the respondents that provided answers in an open-ended way on the survey. Above and beyond these shared thoughts, several of the key informants had more targeted feedback. One said: “To what extent are we working to connect issues of SDOH to Racial Equity? We need to be doing this work.” Another added that CMHF is “filled with smart people, who have ideas about how to do this work.... [CMHF] is our thought partner; we need them to help us think

about how to work on this.” Another of the respondents brought up the issue of access, and how it seems that everyone is measuring access in a different way and emphasized that “how we define things is important” and that having administrative support at an agency for “drilling down in the data to look at who we are serving and missing” is critically important.