MINNESOTA SYSTEM OF CARE

System of Care: Advancing Health Equity

In the system of care expansion grant, we are dedicated to expanding care by integrating specific principles and values that bring focus on services children, youth and families want and ensure all families have the equitable care they need. Driving this expansion are values that services will be family-driven and youth guided, community based, culturally and linguistically competent, and are framed by health equity.

Some groups of children and youth are disproportionately impacted by mental illness and more understanding is needed to identify who these groups are, what are the gaps or barriers in their access to care, and how can we build better systems to meet their needs. Taking a health equity approach in this expansion efforts aims to identify those groups experiencing mental health inequities, work with those groups improve and enhance services, and ultimately remove the systemic inequalities and barriers contributing to inequities in mental health access and outcomes.

" **Health inequities are a result of systemic inequality** "

What are health inequities?

Differences in behavioral health outcomes by factors such as race, geography, or income are health inequities. Health inequities are avoidable differences in health between groups of people. These differences in health are caused by systematic differences in social conditions and processes that effectively determine health such as differences in access to care, the ability to afford treatment, or exposure to risks or trauma. Health inequities are avoidable, unjust, and therefore actionable.

What contributes to health inequities?

Health inequities are a result of systemic inequality. These system inequalities occur when systems, policies, and practices shape who can and cannot easily access resources, such as timely and effective services. This can lead to some populations benefitting at the expense of others. Certain groups are routinely disadvantaged by policies and practices that distribute power, resources and assets based on historical and current biases.

These biases can based on a wide range of characteristics including race and ethnicity; religion; socioeconomic status; gender; age; cognitive, sensory, and physical disabilities; sexual orientation and gender identity; geographic location; and other characteristics linked to discrimination or exclusion such as mental health diagnoses or having been in jail or prison. The systemic inequalities and barriers based on these biases are what contribute to inequities in mental health outcomes.

Impact on mental health and well-being

Structural inequalities impact mental health in many ways:

- For individuals experiencing mental illness, chronic poverty and housing instability can create stressful environments that disrupt recovery and exacerbate mental health symptoms. Financial insecurity, low-quality housing, social isolation and unemployment can all contribute to stress.
- Systemic barriers that reduce access to treatment can contribute to worsening mental health problems.
- Traumatic experiences, such as neighborhood violence, can exacerbate mental health symptoms and may reduce the effectiveness of high-quality mental health services.
- Biases how youth behavior is interpreted can lead to some groups of children not receiving the services and treatment they need or being referred into the corrections system.

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> **Health equity is realized when every person has the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequalities.**
> "

What is health equity?

Health equity is realized when every person has the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequalities.

In a broad sense, taking a health equity approach requires removing obstacles to good health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups. (Braverman, 2017).

Behavioral health equity builds on this definition and directs specific attention to mental health and substance use conditions and disorders.

Equality versus equity…are the outcomes the same?

While many practitioners view the terms "equality" and "equity" as being similar, they actually describe two different approaches in service delivery. Though both aim to support those seeking care, the outcomes of these approaches are drastically different. Consider these three images:
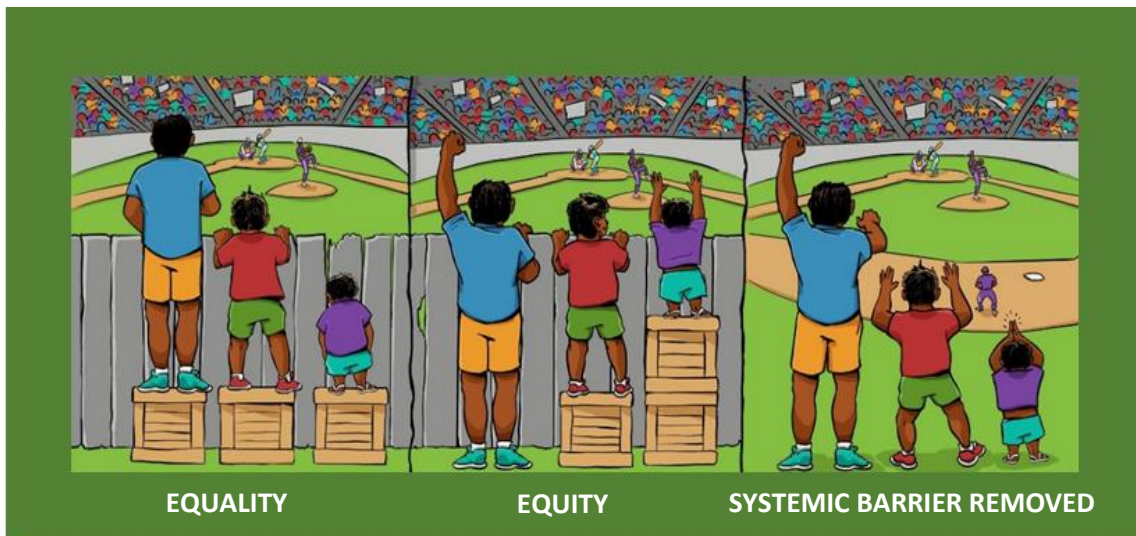
Source: Story in Pictures. Equality and equity [Internet].

- The first image demonstrates the **equality** approach in behavioral health care, which assumes all people will benefit from the same supports and services, and fails to address the differential impact on individuals and populations.
- The second image represents **equitable** care by providing different supports depending on individual needs. People are able to achieve their goals within the existing system through better services tailored to their circumstances.
- In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. **The systemic barrier has been removed.** This image is not easily or quickly achieved, but is the ultimate vision of health equity and requires partnership across systems and communities to become a reality.

Additional Resources

- SAMHSA – Behavioral Health Equity -- https://www.samhsa.gov/behavioral-health-equity
- CDC - A Practitioner's Guide for Advancing Health Equity -- https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/index.htm