



RACIAL DISPARITIES IN
BEHAVIORAL HEALTH
FOLLOW-UP CARE FOR
AFRICAN AMERICANS

2022

DISCOVERY OUTCOMES

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LETTER FROM THE CEO

On behalf of The Synergy Health Center (SHC), I am excited to share the outcomes of the Racial Disparities in Behavioral Health Follow-up Care discovery project funded by the Michigan Health Endowment Fund. Racial Disparities in healthcare outcomes is not only a Kalamazoo County level concern, but also a state-wide concern. In 2021-2022, SHC was tasked with the responsibility of leading the conversations on discovering the challenges faced by African American/Black residents on behavioral health follow up after an Emergency Department visit.

The discovery endeavor was made possible through the synergy of many key stakeholders, community stakeholders, patients, and residents of Kalamazoo County. Because of the support of community stakeholders, Let's Talk Black Mental Health monthly forums, and one on one conversations we were able to gather a significant amount of data. We received over three hundred and thirty (330) surveys from residents with two hundred and nine (209) being completed by the African American/Black residents. The insights provided us with valuable information into the stigmas, barriers to care, unmet needs, service gaps, and more. Many thanks for sharing your experiences, perspectives, insights, challenges, unmet needs, and desire for change within Kalamazoo County.

Additionally, I would like to recognize the staff at SHC, who provided support, time, and knowledge. Special thanks to the steering committee for helping lead the endeavor: Sheila Coppinger, Sean Harris, and Dr. Nakia Baylis. We hope that this discovery will provide valuable information to help improve the disparities discovered in Behavioral Health Follow Up to Emergency Room visits for African American/Black residents.

Sincerely,



Valarie Cunningham
Valarie Cunningham, MSW, LMSW
CEO

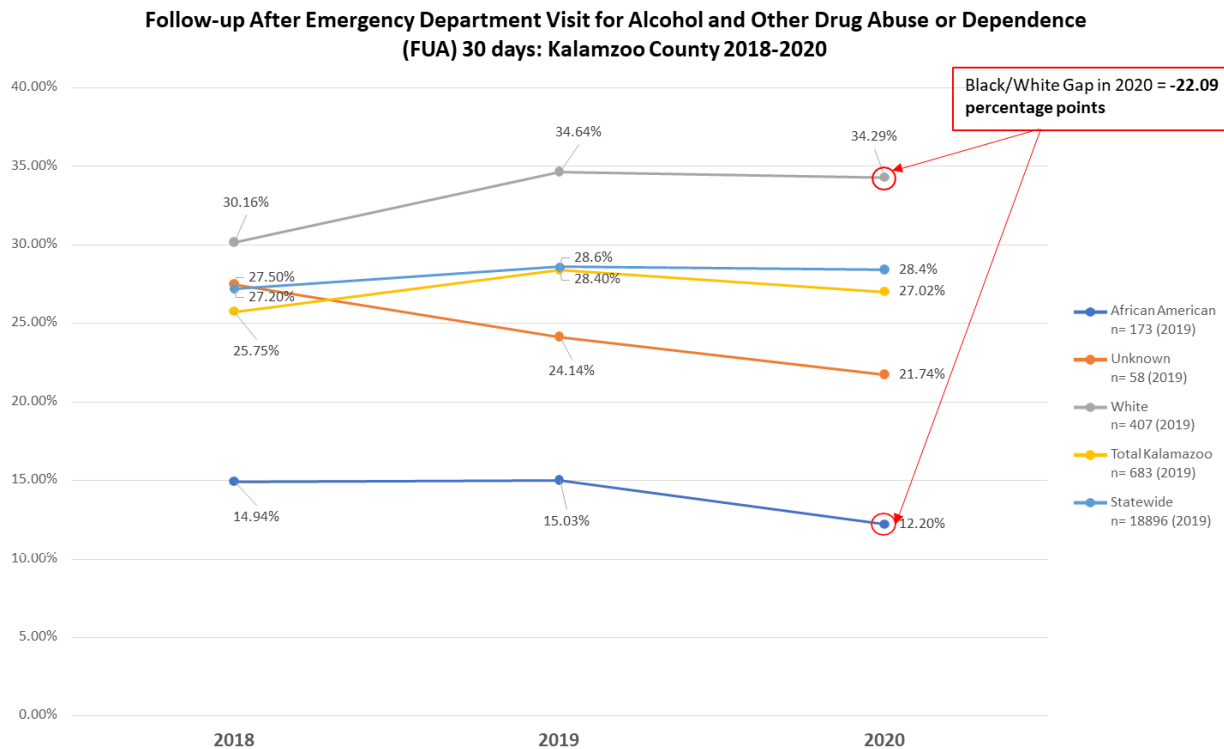
EXECUTIVE SUMMARY

BACKGROUND

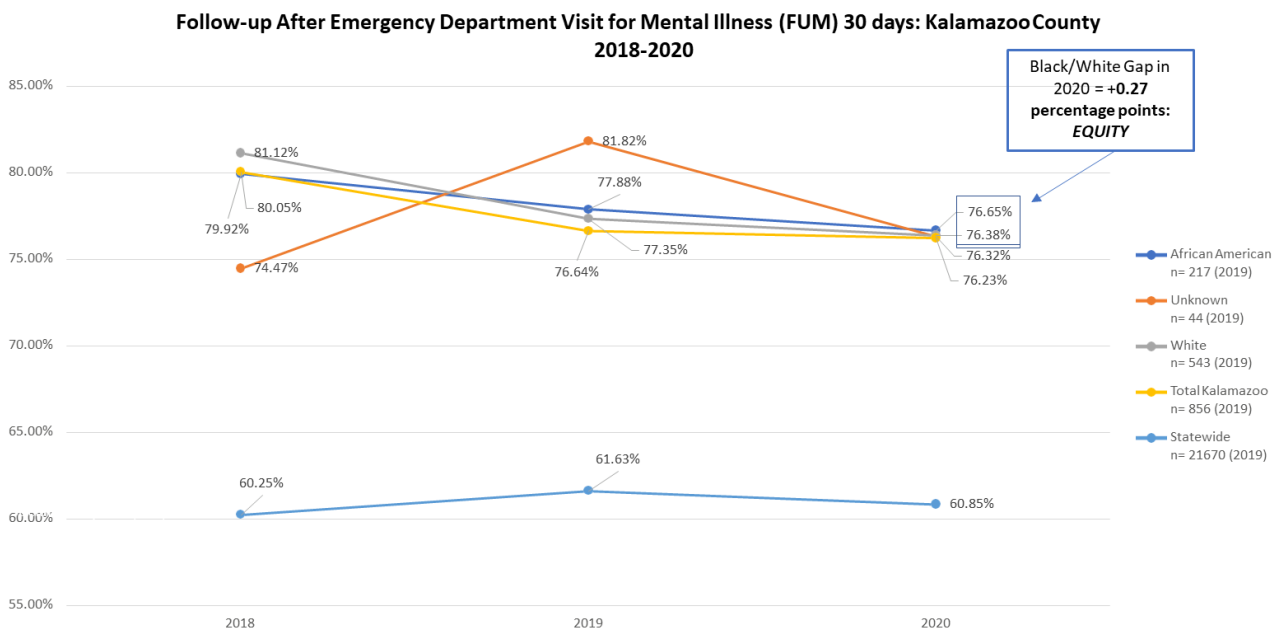
The Michigan Health Endowment Fund wanted to focus on 4 specific measures of follow-up: Follow-up after Hospitalization for Mental Illness within 30 days After Discharge (FUH-30AD); Follow-up after Emergency Department (ED) Visit for Alcohol & Other Drug (AOD) Abuse Dependence within 30 days (FUA-30); Follow-up after Emergency Department (ED) Visit for Mental Illness within 30 days (FUM-30); Initiation and Engagement of Alcohol and Other Drug Abuse (AOD) or Dependence Treatment within 34 days (IET-34).

During this period SHC’s primary focus was related to follow-up care after an emergency department visit for alcohol or drug abuse and mental health services. There tended to be a gap in the care received by African Americans/Black and White patients, with White patients tending to have better rates of follow-up care. For follow-up care after an emergency department visit related to mental health needs, the gap between African American/Black and White patients tended to be smaller than for substance abuse emergencies. However, gaps in follow-up care still existed between the racial groups. This begs several questions. Why do these racial disparities in follow-up care exist in Kalamazoo County? What is the impact of these disparities? If this impact is negative, what can be done to mitigate it and improve the quality of care for African Americans/Blacks?

FOLLOW-UP AFTER EMERGENCY DEPARTMENT (ED) VISIT FOR ALCOHOL & OTHER DRUG (AOD) ABUSE DEPENDENCE WITHIN 30 DAYS (FUA-30)



FOLLOW-UP AFTER EMERGENCY DEPARTMENT (ED) VISIT FOR MENTAL ILLNESS WITHIN 30 DAYS (FUM-30)



About 12% of the people in Kalamazoo County are African Americans/Blacks, which is like Michigan’s 14% and the U.S.’s 13%. Kalamazoo County’s rates of availability for hospital beds, primary care doctors, and health insurance access are also similar to those for Michigan and the U.S. These similarities do not stop when it comes to trends of racial disparities in behavioral healthcare. Like Michigan at large, it was found that in Kalamazoo County White patients received follow-up care at higher rates than Black patients following emergency department visits and hospitalizations.

Enabled by a grant of provided by the Health Fund, the Synergy Health Center (SHC) undertook a discovery process of community networking, data collection, and data analysis to better understand the effects of racial disparities in Kalamazoo County’s behavioral healthcare system. SHC is in an ideal position to tackle this initiative because it has been collaborating with African Americans/Blacks and low-income families of Kalamazoo County for nearly two decades.

SHC is dedicated to empowering people and transforming lives through its provision of specialized multicultural behavioral health (mental health and substance abuse) services. This has involved the implementation of strategies that promote collaboration between community stakeholders and professionals, including mental health professionals, physicians, public schools, social workers, and housing and employment agencies. SHC has been intentional in positioning itself within the community that needs the most help. To address the generational needs of children and families, SHC purchased a facility that is strategically located on the North and East sides of Kalamazoo (city). The SHC’s educational and community focus has been to break the stigma associated with mental illness in the African American/Black community.

This Racial Disparities in Behavioral Health Follow-up Care discovery summarizes the barriers and behavioral health needs facing the African American/Black community in Kalamazoo, Michigan, when following up after an emergency department visit. The Health Fund's concern about the disparity gap in mental health and substance abuse follow-up care between African American/Black and White residents has led them to seek further research on the disparity. In Kalamazoo County, The Synergy Health Center took the lead in this project and invited organizations, institutions, religious entities, and non-profits to engage in thinking about what has created this racial disparity. As lead in this project, Valarie Cunningham, CEO of The Synergy Health Center had oversight and engaged a team in the discovery process through review of Bronson's Community Health Needs Assessment (CHNA), Integrated Services of Kalamazoo Community Needs Assessment, community conversations, forums, and surveys. The goal is to capture the scope of the disparity in the African American/Black community and provide Health Fund with recommendations on how to implement long-term sustainable change which will reduce the disparity gap.

COMMUNITY CONVERSATIONS

SHC is uniquely positioned to be able to discover and understand the opinions and experiences of African Americans/Blacks living in Kalamazoo County. Doing so will allow for the unearthing of the underlying causes of racial disparities in follow-up care that exists. Follow-up care after emergency department visits and hospitalizations related to substance abuse and mental health needs is vitally important for all people regardless of race.

Disparities in Substance Abuse Treatment

- The underlying reasons for disparities in addiction varied, conversations with the Black community identified that barriers are rooted in structural racism, institutional practices, and policies that perpetuate racial group inequity.
- It was found that fewer African American/Black are referred to treatment, access services, or engagement in treatment in various systems including drug treatment courts vs. criminal justice systems at the same rate as White people.
- Kalamazoo does not have enough resources to care for people with SUD and Mental Health issues. People need time to recover once they decide to enter the process of recovery. It could take an average of 2 years.

African American participants were significantly less likely than White participants to complete treatment across all types of substances (69% as likely after adjusting for demographics).

Disparities in Mental Health Services

- Stigma surrounding mental health in the African American/Black community is the largest barrier to engagement and follow-up care.
- There are systemic barriers and individual belief barriers that hinder behavioral health including the lack of understanding by healthcare professionals of the culture. I.E. On the personal level- "Men don't go to the doctor."
- Lack of healthcare providers understanding of how African Americans/Blacks are treated within and beyond an emergency room visit can be a deterrent in follow up care.
- The impact of Houselessness makes it difficult for residents to focus on mental health issues.
- Relationship building and personal connections have influence in building trust in the Black community around mental health and substance use treatment options.

This discovery project for Kalamazoo County explored the experiences of African American/Black patients and residents on their follow-up care after an emergency room visit. Through this project insight was gained into the African American/Black patient experience to reduce health disparities, increase equity in access to quality care and to address factors that may impede engagement in effective follow-up care. During community conversations root causes for these racial disparities was uncovered, which helps us to understand better the impact and the best course of action needed address them. Below are insights from community stakeholders.

HIGHLIGHT OF FINDINGS

1. Ninety percent (90%) of both African American/Black and White people felt stigma played a significant role in receiving or engaging in mental health or substance abuse services.
2. African American/Black respondents were 83% likely to receive services from a white healthcare provider creating a cultural disconnect.
3. White people received referral or resources 75% of the time while Black people receive referral or resources 50% of the time.
4. Thirteen percent (13%) of African American/Blacks are currently receiving substance abuse services in comparison to the 39% of Whites.

INTRODUCTION

Efforts have been made across Michigan to support the development of community-based initiatives to address racial disparities in behavioral healthcare. State-wide data were collected from 2018 to 2020 by the Michigan Public Health Institute (MPHI) funded by the Health Fund. These data were meant to inform the decision-making of the Michigan Endowment Fund and direct the future distribution of their funds to optimally address racial disparities in behavioral healthcare. Disparities across races in quality of care were found to exist in all counties across Michigan.

Racial Disparity

Racial disparity refers to the imbalances and incongruities between the treatment of racial groups, including economic status, income, housing options, societal treatment, safety, and myriad other aspects of life and society. Contemporary and past discrimination in the U.S., and globally, has profoundly affected the inequalities seen in society today. (Law Insider Dictionary, n.d.)

Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. (Law Insider Dictionary, n.d.) (What Is Mental Health, 2022)

Substance Use Disorder

A Substance Use Disorder (SUD) is a medical condition that is defined by the inability to control the use of a particular substance (or substances) despite harmful consequences. In other words, SUDs occur when an individual compulsively misuses drugs or alcohol and continues abusing the substance despite knowing the negative impact it has on their life. (Stacy Mosel, 2022)

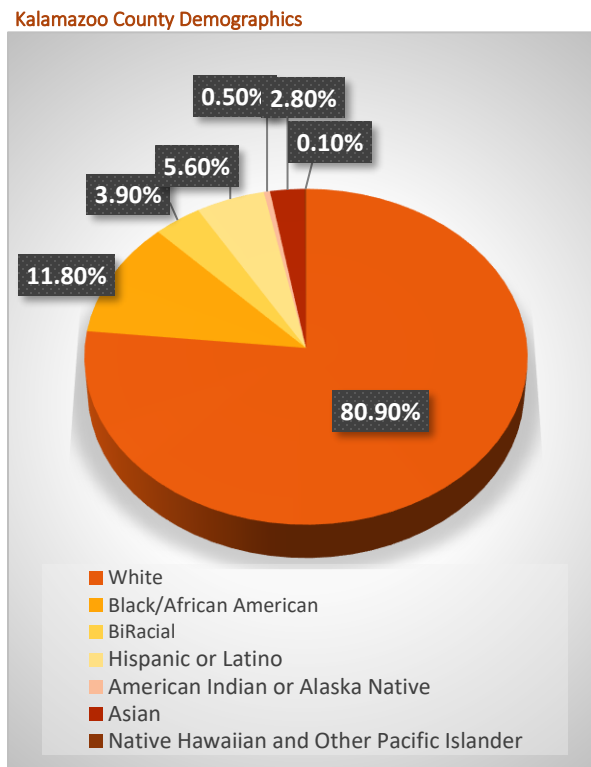
Behavioral Health

“Behavioral health” is an umbrella term that refers to mental illness along with substance use disorders. Behavioral health includes the emotions and behaviors that affect your overall well-being. Behavioral health is sometimes called mental health and often includes substance use. (Behavioral Health , 2022)

In Kalamazoo County, discoveries related to substance abuse varied differently than for Mental Health. There are 9 alcohol and drug dependency prevention and treatment organizations in Kalamazoo, and the number of African Americans/Blacks engaging in treatment and prevention is significantly less than its White counterparts. Building community partnerships to effectively address social inequities especially related to social determinants is one way to improve behavioral health treatment access, delivery and outcomes.

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About 12% of the people in Kalamazoo County are African Americans, which is like Michigan's 14% and the U.S.'s 13.



Pie Chart Data Source: [Census.gov Kalamazoo County, Michigan \(V2021\) Population Estimates: Race and Hispanic Origin](https://www.census.gov/data/tables/2019/states/mi/00001.html)

METHODS

KEY STAKEHOLDERS SURVEY

As a result of this project, Kalamazoo County has taken its first steps on a path towards equity. That path begins by understanding the opinions of Kalamazoo County's residents who participate in its behavioral healthcare system.

A preliminary survey was conducted with key stakeholders in Kalamazoo County to identify issues relevant to the systemic racism that presents barriers to African Americans/Blacks being referred to and accessing behavioral health treatment. Nine (9) of the twelve (12) key stakeholders including Urban Alliance, The Recovery Institute, Kalamazoo Public Safety, Integrated Services of Kalamazoo (ISK), Southwest Michigan Behavioral Health (SWMBH), and YWCA were present for initial conversation and discussion about the challenges Kalamazoo County faces in the areas of behavioral health services and outcomes. All twelve stakeholders responded to questions on the survey. The twelve (12) questions are related to stakeholders' professional work, previously conducted community assessments, and community-based organizations and health providers, such as churches and hospitals (**see Appendix A. Stakeholder Survey**) Information collected from this preliminary survey was used to aid in the development of research questions for the community.

SUMMARY OF KEY STAKEHOLDERS SURVEY RESULTS

It was important to determine the key stakeholders' understanding of the project. Of the 12 Key stakeholders, 10 respondents identified the underlying purpose of this Racial Disparities project as follows:

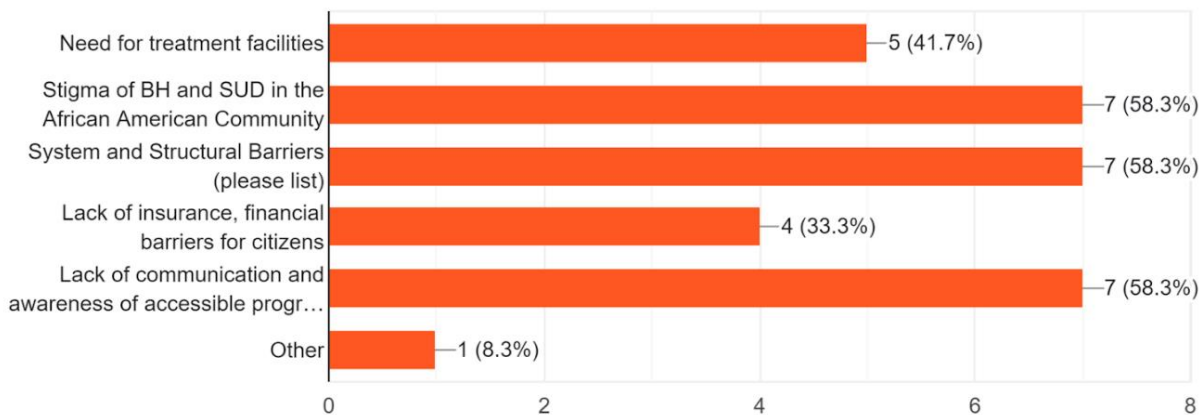
- To explore the disparities that exist in follow up care for substance use and mental health issues post ED visits especially for the African American population
- Identify barriers to disparate populations accessing and following up for SUD care
- Identify ways to improve access to care and reduce the racial disparities in Behavioral Health
- To identify disparities, gaps, and barriers in follow up after ED visit
- To make real change and stop talking about what needs to be done; assist with gaining information on the disparities with African American/Blacks as it relates to Mental Health and SUD
- Attempt to eradicate racism and the reasons behind the culture and the history
- Identifying the problem so it can be addressed adequately and having the data to support it
- Outcomes for people with color in the community is worse than those of Whites
- To improve access to mental health services

Survey question 3.1 asked key stakeholders to identify areas that needed to be addressed in the discovery of Racial Disparities in Behavioral Health follow up for Kalamazoo County. The following was identified: stigma of behavioral health and substance abuse disorders in the African American community (7 selections), system and structural barriers (6 selections), lack of communication and awareness of accessible programs (7 selections), lack of insurance (4 selections), financial barriers for citizens (4 selections), and the need for treatment facilities (5 selections) are some of the findings.

Chart 3.1

3.1 What areas would you like to be addressed as part of our stakeholder discovery and planning?
(Check all that apply.)

12 responses



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Stakeholder respondents stated the following should be improved as soon as possible: patient engagement, inpatient treatment options, accessibility of services, staff education, and provider-patient trust issues. One stakeholder recommended creating a relational map of the behavioral health sectors of Kalamazoo County to identify gaps in resources that contribute to racial disparities. It was also recommended that focus groups be used to learn about the lived experiences of Kalamazoo County's citizens and behavioral healthcare providers. Stakeholders identified the following data as necessary to fully discover why the racial disparities in follow-up care exist: the location of treatment programs, what treatment programs offer, the type of insurance accepted by programs, each program's rates of follow-up care, and the characteristics of the patients.

The preliminary survey for key stakeholders also asked about the racial, systemic, and structural barriers that prevented giving the best care possible for behavioral health services. To overcome structural racism, one stakeholder mentioned that both individuals and organizations need to move from promoting awareness to changing their interactions with people of color. Another argued that building strong relationships based on trust was the key. To build more equitable treatment programs, some recommended cultural competence and sensitivity training. One survey question asked about building trust between communities and organizations. The stakeholders mentioned that the trust should be established between African American/Black communities and law enforcement, hospitals, behavioral health services, and churches and other faith-based organizations. Lastly, the stakeholders agreed about the following barriers that prevent African America/Black people from receiving needed behavioral healthcare: 1) stigmas about mental health and a lack of diversity with healthcare professionals, 2) racial discrimination in hospitals and health clinics, and 3) a lack of accessibility and availability for quality treatment programs.

The following questions are the results from the stakeholder survey as they relate to what is needed to understand the problems and solutions moving forward.

Chart 6.1

6.1 What resources do we need to most effective in understanding the problems?

12 responses

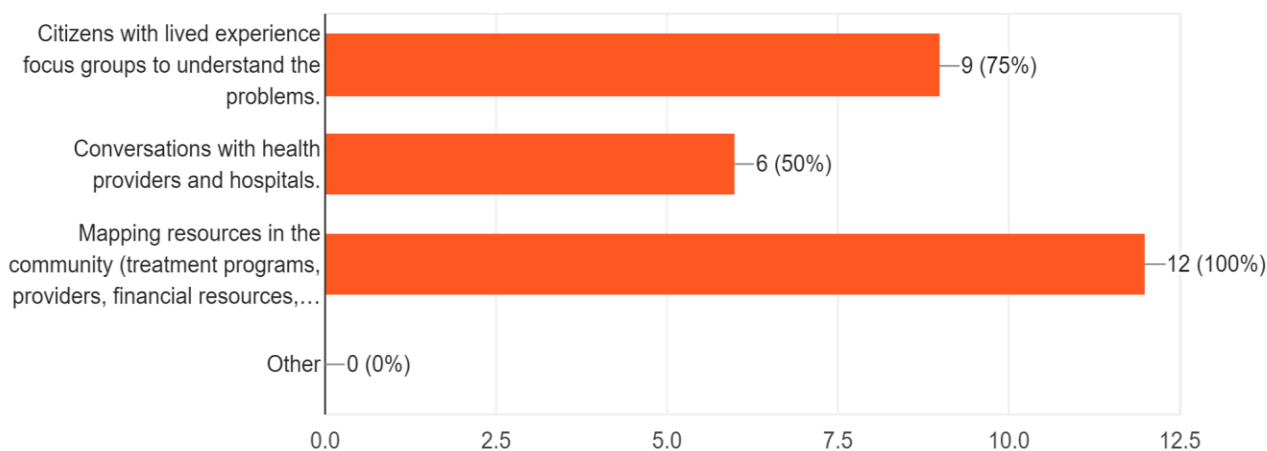


Chart 7

7. What data about the community is needed to understand the problem?

11 responses

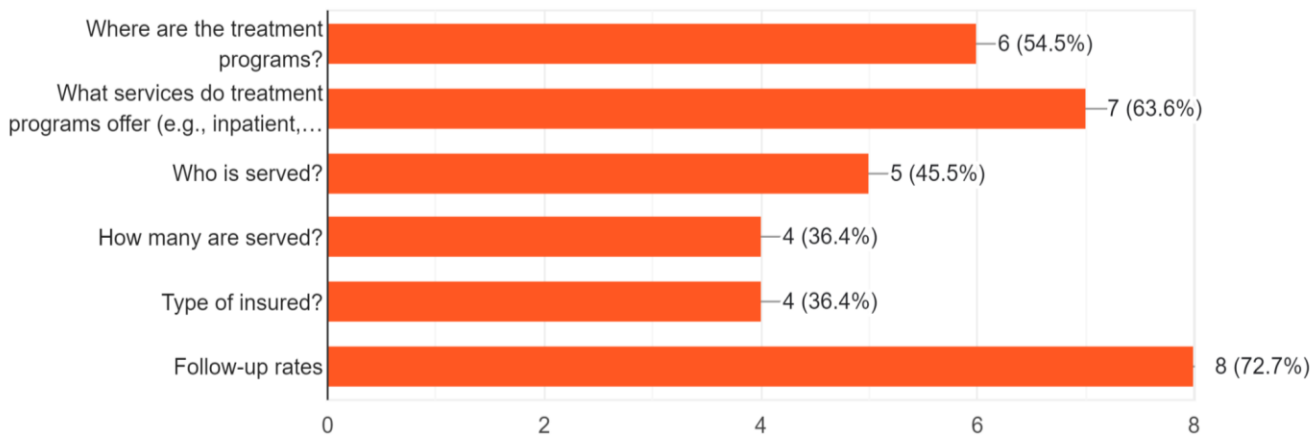
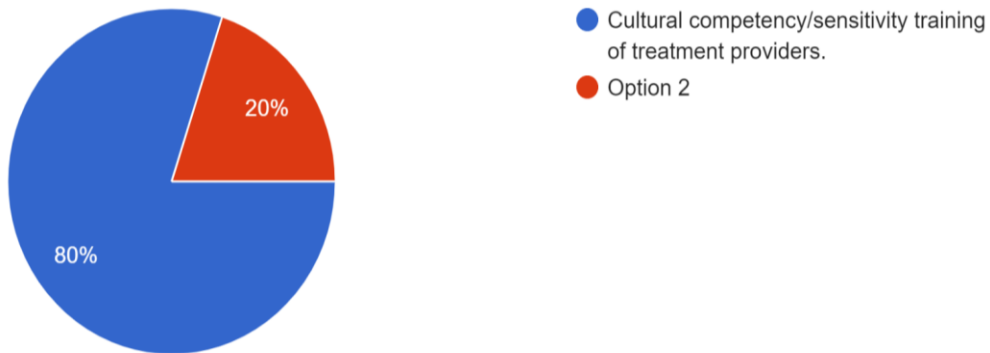


Chart 13

13. What is needed to build more equitable programming?

10 responses



RESULTS

COMMUNITY SURVEY QUESTIONS

The surveys were designed to obtain information about the existing gaps in patient-provider relationships, patient perceptions of medical care. This survey was for ages 18 and older. The survey questions were intentional about including a racial lens, provider bias and the impact of insurance. Survey data was gathered through Let's Talk: Black Mental Health monthly forums at SHC, community stakeholder partnerships, Community Voice Panel, Drug Court participants, Victory Clinic, Mothers of Hope, Kalamazoo Gospel Mission, Urban Alliance, and YWCA.

Based on the Key Stakeholder survey results, the goals of this project were developed. The goals were to promote community engagement, generate awareness, and bridge the gap between healthcare providers and patients in Kalamazoo County. To achieve these goals, the first step needed was to understand the status of racial disparities in behavioral healthcare in Kalamazoo County. Specifically, this project sought to understand the upstream influences and experiences that led to racial disparities in follow-up care after emergency department visits and hospitalizations related to substance abuse and mental health needs. A survey was developed to serve these goals. The survey instruments were developed by a private contractor. **(See Appendix B. Racial Disparities in Behavioral Health Follow-up Survey)** The following sections describe specific information about the survey question categories.

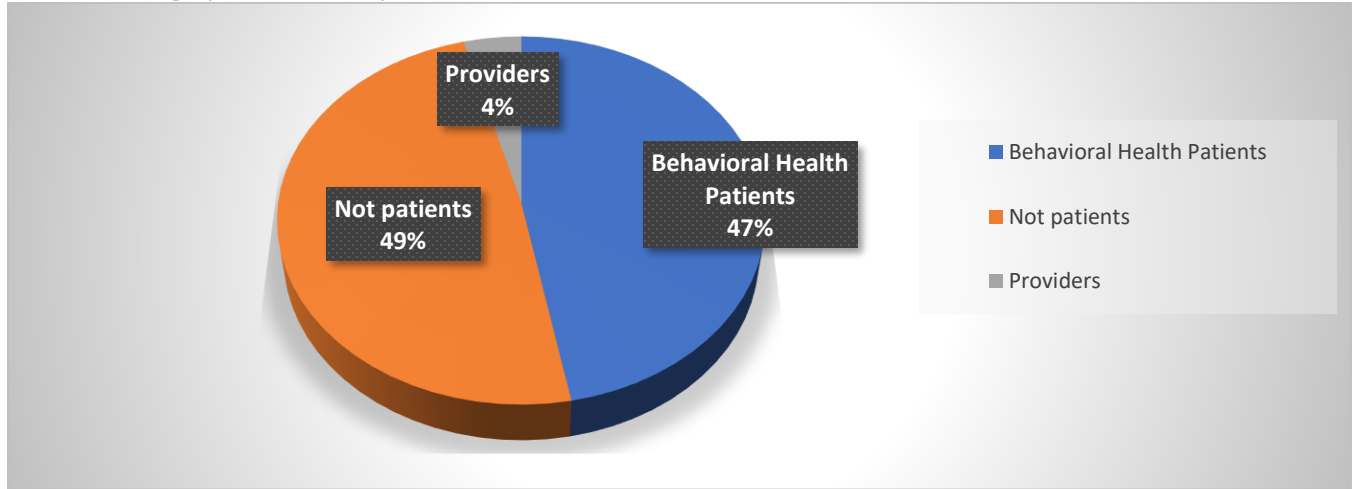
PARTICIPANTS

Both physical paper surveys and electronic Google survey links were utilized as a survey modality. SHC formed partnerships with local churches and healthcare providers, including but not limited to, Western Michigan University's Homer Stryker School of Medicine (WMed), Kalamazoo Gospel Ministries, Recovery Institute of Southwest Michigan, Mt. Zion Baptist Church, The Empowerment Center, Mothers of Hope, Community Voice Panel, Urban Alliance, The Synergy Health Center's Let's Talk: Black Mental Health monthly forum, Trenches Community Church, First United Baptist Church, Victory Clinic, Kalamazoo's YWCA, and Kalamazoo County's 9th Judicial Circuit Court (Drug Treatment Court). A partnership involved a signed agreement with community organizations to collect a specified number of survey responses and supply those responses to SHC. The maximum amount of time that a community organization collected survey responses was three months. For churches, SHC provided a one-time donation to each church collecting survey responses. Additionally, SHC provided churches and organizations with \$10 gift cards to local establishments equal to the number of survey responses they anticipated being able to collect. SHC instructed them to distribute one gift card to each respondent after they completed a survey. Unused gift cards were returned to SHC. Prior to distributing the surveys to the churches and clinics, SHC provided didactic instruction on the purpose of the surveys to at least one manager of each organization who would be responsible for relaying the information to potential survey respondents. After an agreement was signed and the didactic instruction occurred, SHC distributed the survey papers and Google links. All respondents were residents of Kalamazoo County.

SURVEY DEMOGRAPHIC DATA

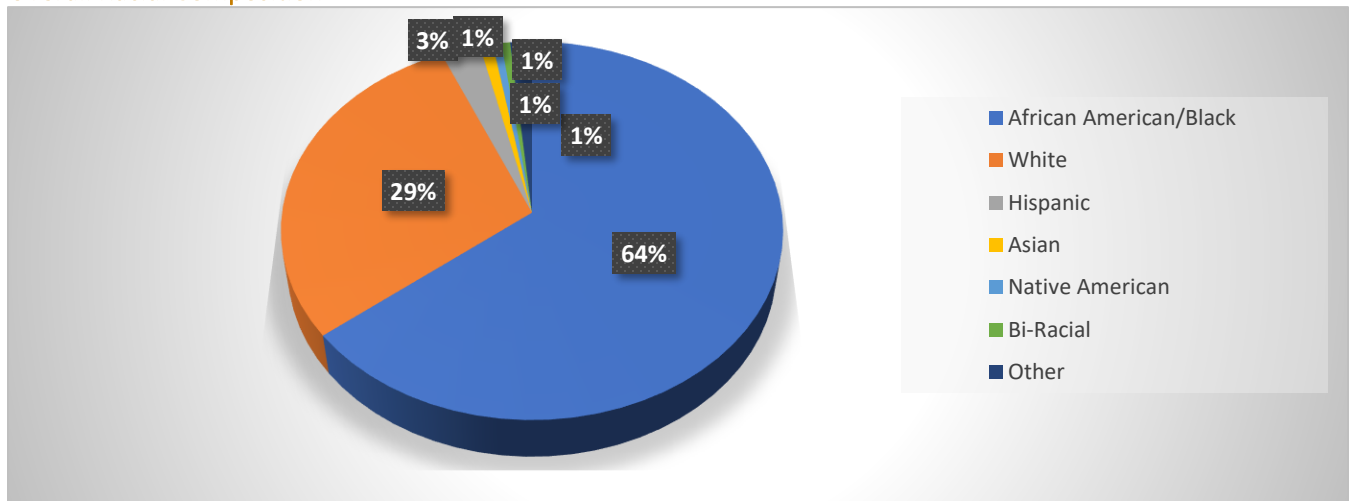
Among 334 survey respondents, 157 respondents (47.0%) were behavioral healthcare patients and residents of Kalamazoo County, 163 respondents (48.8%) were residents and not patients, and 14 respondents (4.2%) were behavioral healthcare providers.

Overall Demographic Data Composition



Racial compositions of respondents were as follows: 1) African American/Black (210 respondents, 62.9%), 2) White (95 respondents, 28.4%), 3) Hispanic (9 respondents, 2.7%), 4) Asian (3 respondents, 0.9%), 5) Native American (2 respondents, 0.6%), 6) Multi-race (2 respondents, 0.6%), and others (5 respondents, 1.5%).

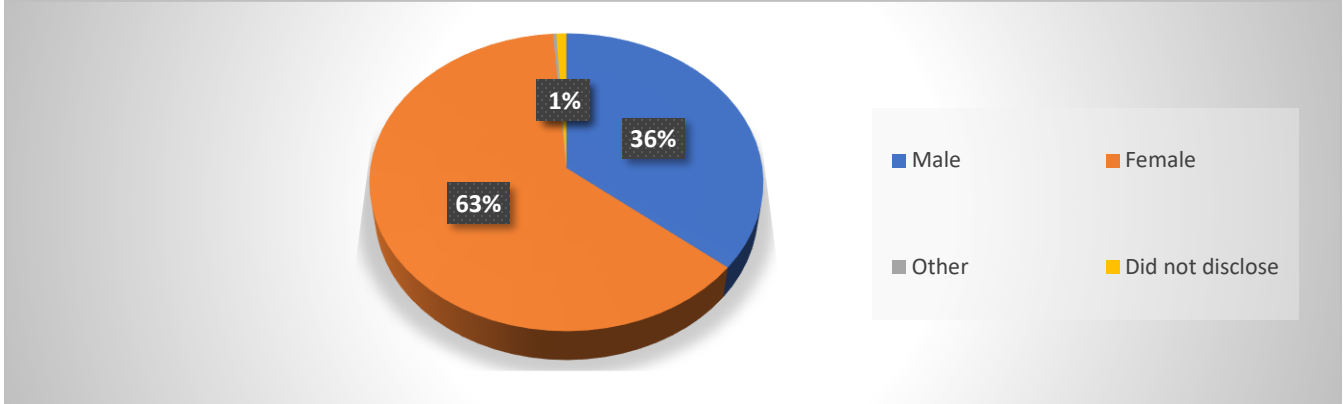
Overall Racial Composition



The Synergy Health Center

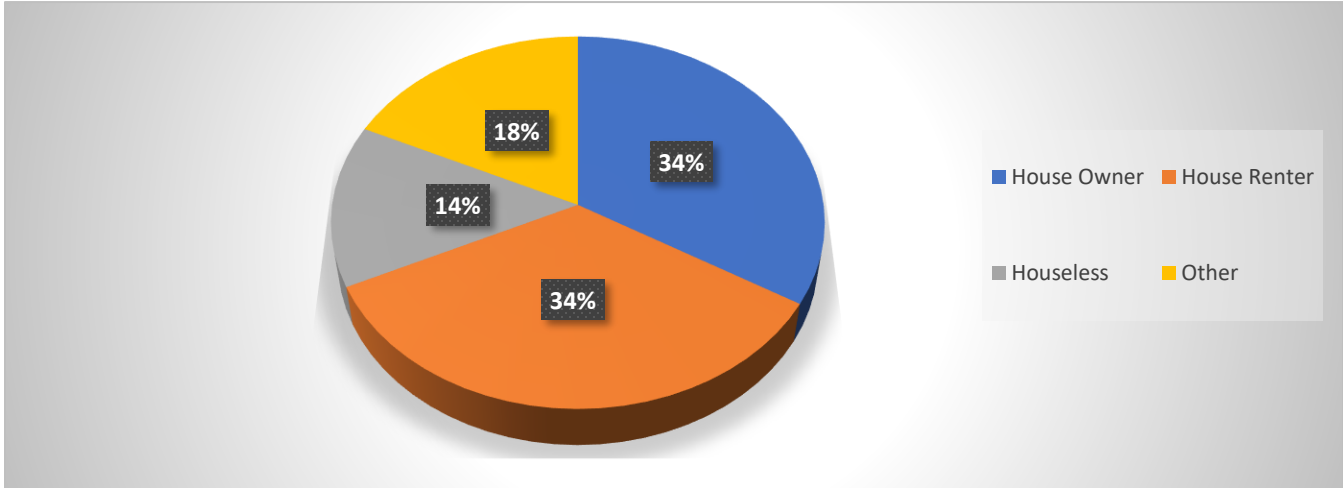
The participants were comprised of 120 (35.9%) males, 210 (62.9%) females, 1 (0.3%) prefer not to say, and 3 (0.9%) others. The participants ranged in age from teenagers to eighty years old. Specifically, 2 (0.6%) teenagers, 36 (10.8%) in their twenties, 111 (33.2%) in their thirties, 82 (24.3%) in their forties, 66 (19.8%) in their fifties, 30 (9.0%) in their sixties, and 7 (2.1%) in their seventies or older. 1 respondent did not answer the age question.

Overall, Gender Status



For the housing status, 112 (33.5%) of participants owned a house, 115 (34.4%) of participants were renters, 47 (14.1%) of participants were houseless, and 60 (18.0%) of participants reported as others.

Overall Housing Status

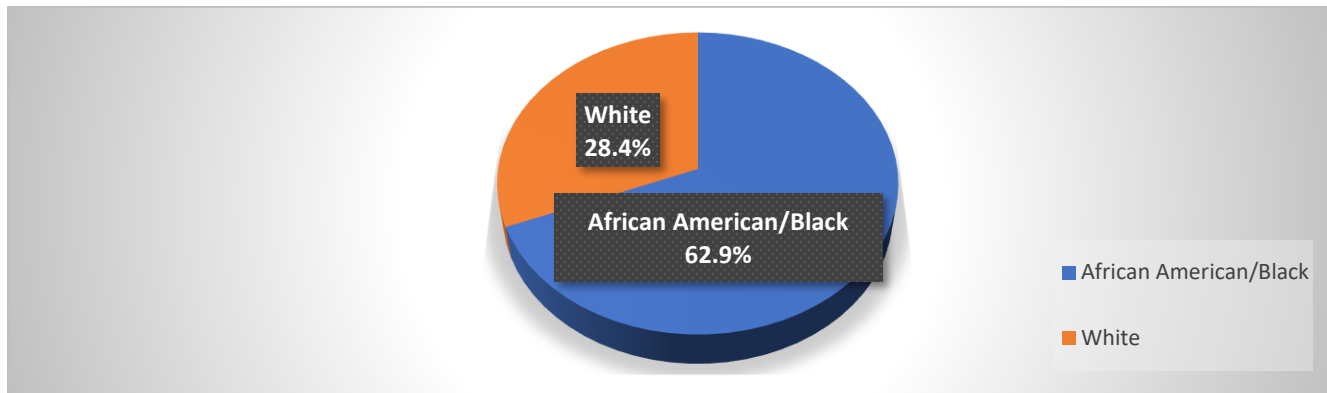


African American/Black Demographic Data

Among 210 African American/Black respondents, the patient respondents were 77 (36.7%), residents were 124 (59.0%), and providers were 9 (4.3%). The number of male respondents was 73 (34.8%) and the number of female respondents was 135 (64.3%). Two (2) respondents indicated their gender as other. Housing status was as follows: 1) owner: 69 respondents (32.9%), 2) renter: 82 respondents (39.0%), 3) houseless: 25 respondents (11.9%), and 4) others: 34 respondents (16.2%).

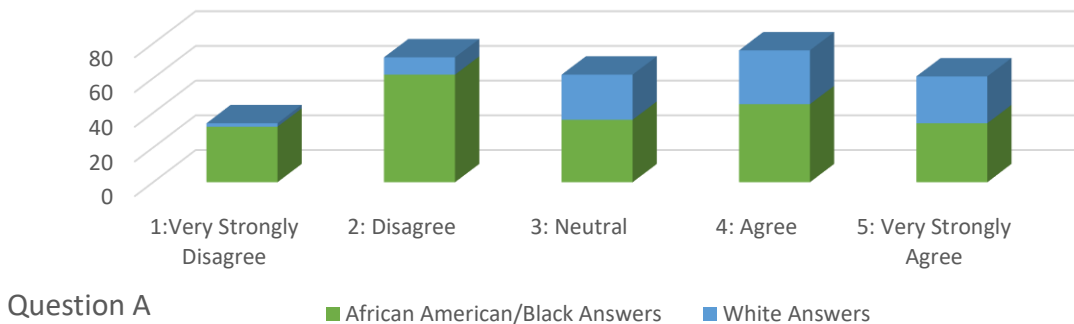
Mental Health and Substance Abuse Data

As seen in the results of the racial composition of respondents, most of the survey data came from African American/Black (62.9%) and White (28.4%) respondents. Therefore, further analysis was conducted with these two sample respondents. First, descriptive data for each question were provided. Then, a mean comparison (i.e., independent samples t-test) between African American/Black and White sample respondents was conducted to identify the statistical differences between the respondents.



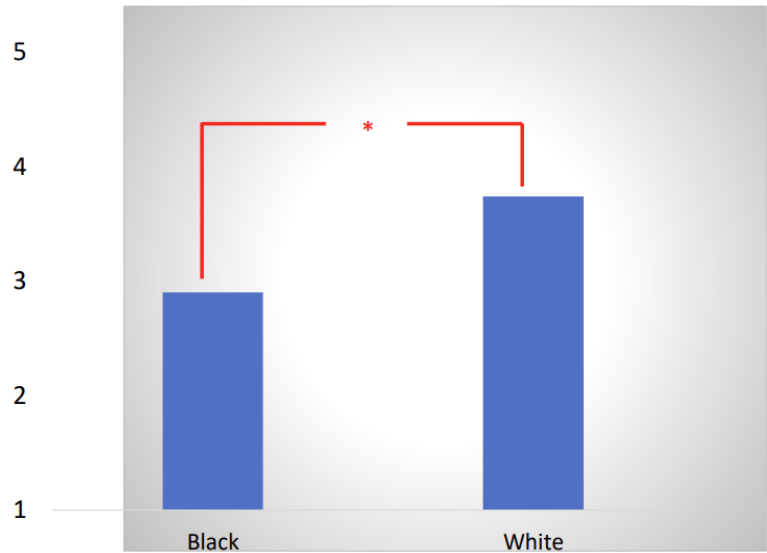
Question A

Do you believe your healthcare provider understands the impact of racism on mental health? If you do not have a healthcare provider, do you believe medical staff understand the impact racism has on mental health? (Five level Likert scale: Very strongly agree 5, agree 4, neutral 3, disagree 2, Very strongly disagree 1)



The mean answer score for the African American/Black respondents was 2.90 ($SD = 1.33$) and the mean score for the White respondents was 3.74 ($SD = 1.054$). The result of independent samples t-test showed that there were statistically significant differences between these two respondents, $t(303) = -5.125, p < .001$.

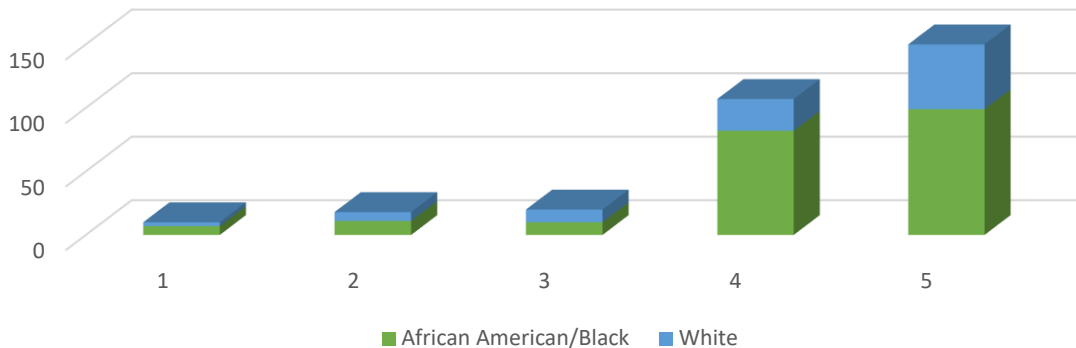
| | Average Score |
|-------|---------------|
| Black | 2.90 |
| White | 3.74 |



Analysis: In Kalamazoo County African American/Black respondents scores were lower than those of White respondents. This sample of African American/Black respondents tended to believe that the health providers did not understand the impact of racism on mental health. This group of African American/Black respondents appears to believe that the impact that racism has on mental health is important and that healthcare providers need to understand this to better provide services to them. The respondents of white respondents think a healthcare provider’s views on the impact of racism are less important for the services they receive. Healthcare providers may be better equipped to serve their patients if they consider their own race and the patient’s race when services are provided.

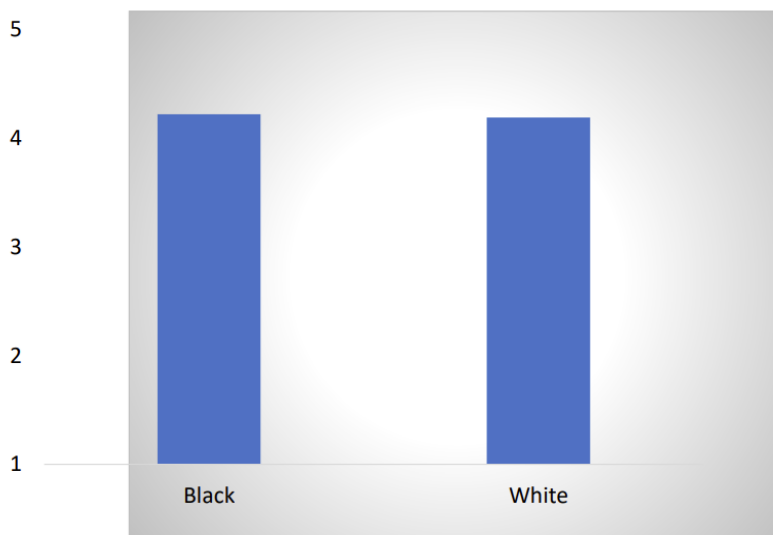
Question B

Do you believe social stigmas around mental health and substance abuse impact the patient-healthcare provider relationship? (Five level Likert scale: Very strongly agree 5, agree 4, neutral 3, disagree 2, Very strongly disagree 1)



The mean score for the African American/Black respondents was 4.22 ($SD = 0.99$) and the mean score for the White respondents was 4.19 ($SD = 1.09$). The result of independent samples t-test showed that there was no statistical significance between these two respondents. In other words, both respondents answered this question in the same way. Both mean scores were high.

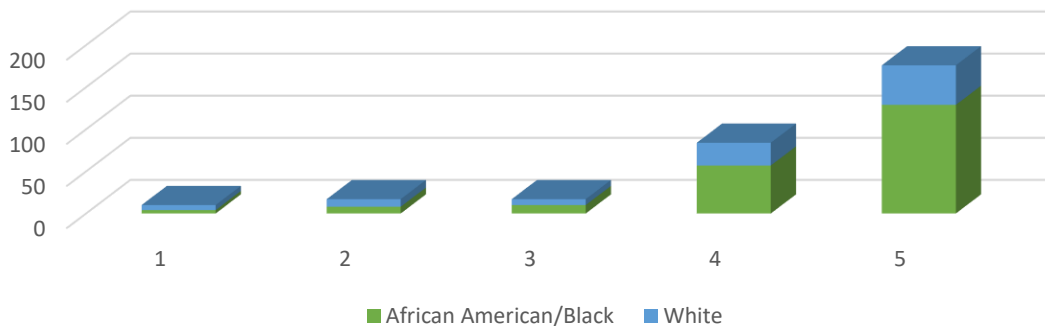
| | Average Score |
|-------|---------------|
| Black | 4.22 |
| White | 4.19 |



Analysis: This result can be interpreted as both respondents believing that social stigmas around mental health and substance abuse impact the patient-healthcare provider relationship. Respondents believe on average, regardless of race, that if social stigmas are present, then they can have a negative impact on the services.

Question C

Does the type of insurance impact the quality of emergency mental health care a patient receives (example of insurance type – Medicare, Medicaid, Blue Cross/Blue Shield, or Uninsured)? (Five level Likert scale: Very strongly agree 5, agree 4, neutral 3, disagree 2, Very strongly disagree 1).



The mean score for the African American/Black respondents was 4.44 ($SD = 0.9$) and the mean score for the White respondents was 4.03 ($SD = 1.23$). The result of independent samples t-test indicated that there was statistically significant difference between these two respondents, $t(303) = -3.247, p < .001$.

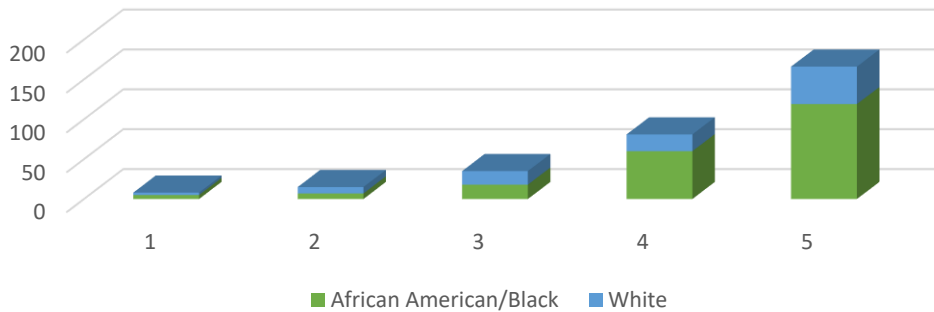
| | Average Score |
|-------|---------------|
| Black | 4.44 |
| White | 4.03 |



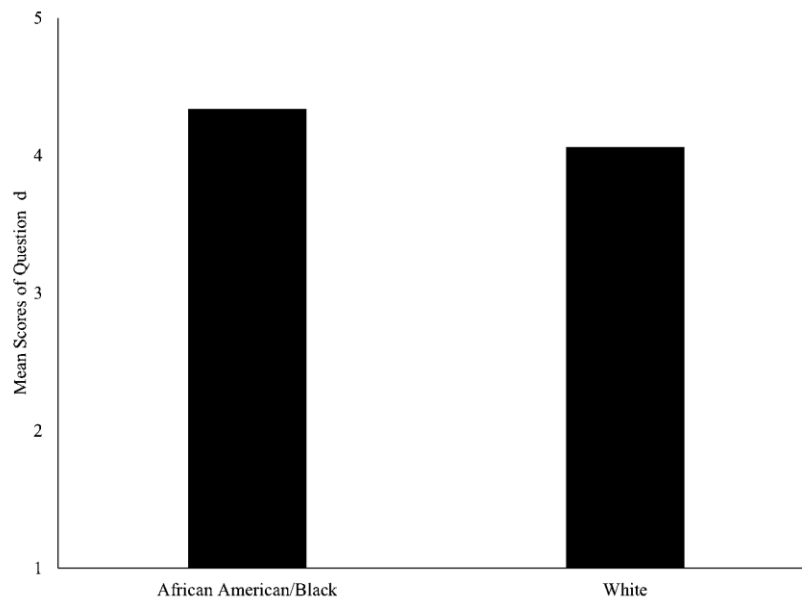
Analysis: In other words, the African American/Black respondents scores were higher for this question than those of the White respondents. Statistically speaking, the African American/Black sample respondents strongly believed that the type of insurance impacts the quality of emergency *mental healthcare*. The White sample respondents also agreed, but they believed this less strongly than the African American/Black respondents.

Question D

Does the type of insurance impact the quality of emergency substance abuse treatment a patient receives? (Five level Likert scale: Very strongly agree 5, agree 4, neutral 3, disagree 2, Very strongly disagree 1)



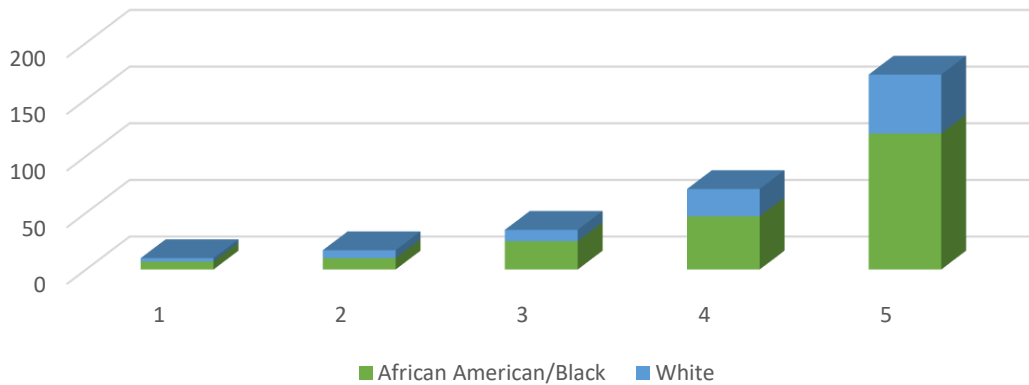
The mean score for the African American/Black respondents was 4.34 ($SD = 0.95$) and the mean score for the White respondents was 4.06 ($SD = 1.14$). The result of independent samples t-test showed that there was no statistical significance between these two respondents.



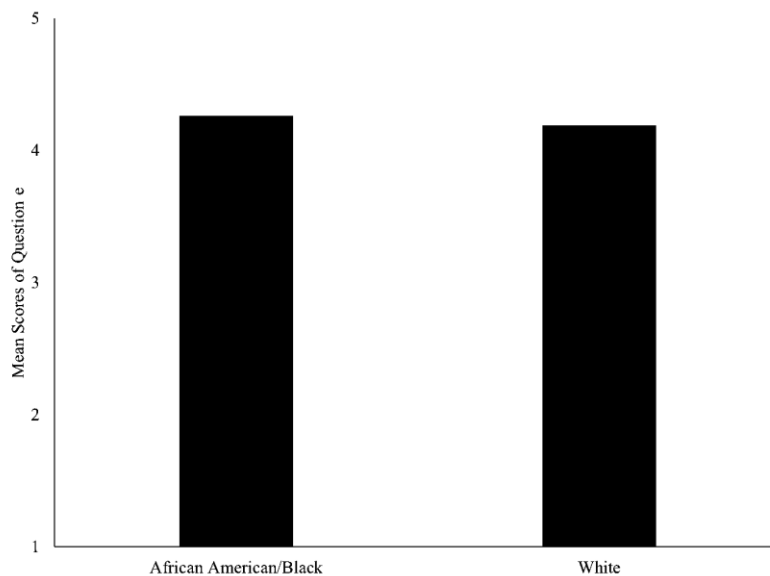
Analysis: In other words, both respondents answered this question in an equivalent way. Both respondents believed that the type of insurance someone has impacts the quality of emergency *substance abuse treatment* received. Questions C. and D. both asked questions about people’s beliefs related to the impact insurance has on healthcare received. On average, both Black and White respondents agreed this has an impact. This likely means that substance abuse services were difficult for all respondents to receive if they did not have adequate insurance coverage.

Question E

How comfortable are you asking the medical staff questions about your follow-up instructions? (Five level Likert scale: Very strongly agree 5, agree 4, neutral 3, disagree 2, Very strongly disagree 1).



The mean score for the African American/Black respondents was 4.26 ($SD = 1.06$) and the mean score for the White respondents was 4.19 ($SD = 1.09$). The result of independent samples t-test showed that there was no statistical significance between these two respondents.

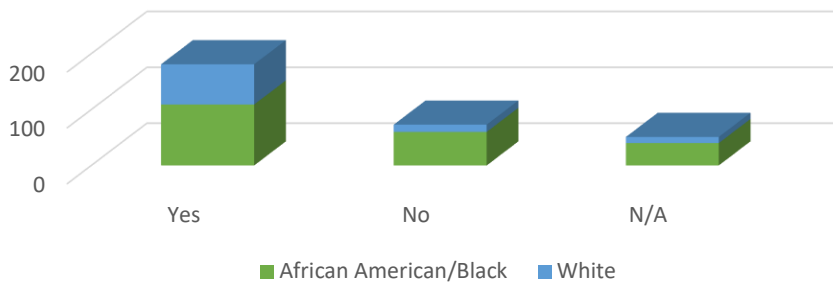


Analysis: Both African American/Black and White respondents answered this question the same way. Both respondents reported that they were comfortable asking medical staff questions about their follow-up care. Whether someone *says* they are comfortable asking questions is different than how often they **actually** ask questions or whether they know the correct questions to ask or when to ask them. This demonstrates one of the limitations of surveying people’s opinions. The two respondents of White and Black people both say they are comfortable asking questions about their follow-up care, yet their still tends to be a discrepancy between the respondents in rates of follow-up care.

Question F

Were you given referrals or resources to support you in your follow-up care? (1. Yes, 2. No, 3. N/A).

While 110 (52.4 %) African American/Black respondents reported that they did receive referrals or resources to support their follow-up care, 60 (28.8%) African American/Black respondents did not receive these things. Forty (40), (19.0%) of respondents reported that this question was not applicable to them. On the other hand, of the 98 White respondents, 71 (74.7%) of respondents reported that they received referrals or resources to support their follow-up care. Only 13 (13.7%) of White respondents answered that they did not get referrals or resources for follow-up care. 11 (11.6%) respondents mentioned that this question was not applicable.



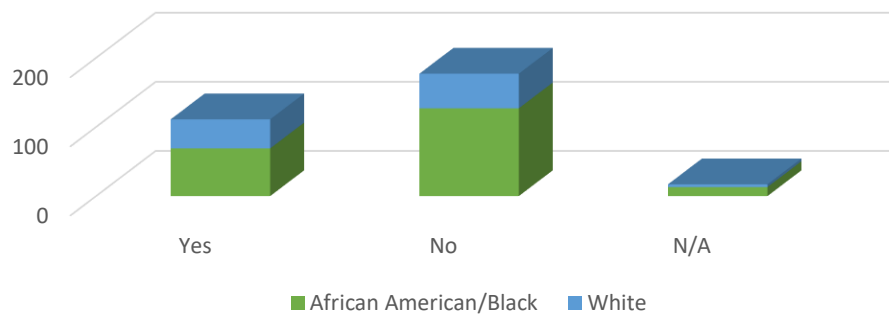
Analysis: White respondents reporting receiving referrals or resources about 75% of the time, while African American/Black respondents reported receiving them 50% of the time. Based on these reports, it appears that African American/Black people receive referrals and resources about their follow-up care less often than White people. To better understand this discrepancy, a deeper dive into the sample of participants may reveal why this was the case. Where did they receive services? What types of services did they receive? What insurance types did they have? These are a few follow-up questions that could be asked to determine the level of follow.

Question G

Are you currently receiving mental health care? (1. Yes, 2. No, 3. N/A)

Only 70 (33.3%) of African American/Black respondents replied that they were currently getting mental healthcare. Over 60% of respondents (127 total) reported that they were not receiving any mental healthcare at the point in time of the survey. Less than 6% (13 total) of respondents mentioned that this question was not applicable to them. In comparison, 41 (43.2%) of White respondents replied that they were currently getting mental healthcare. 50 (52.6%) of White respondents replied that they were not receiving mental healthcare at the time of the survey. Only 4 (4.2%) respondents reported that this question was not applicable.

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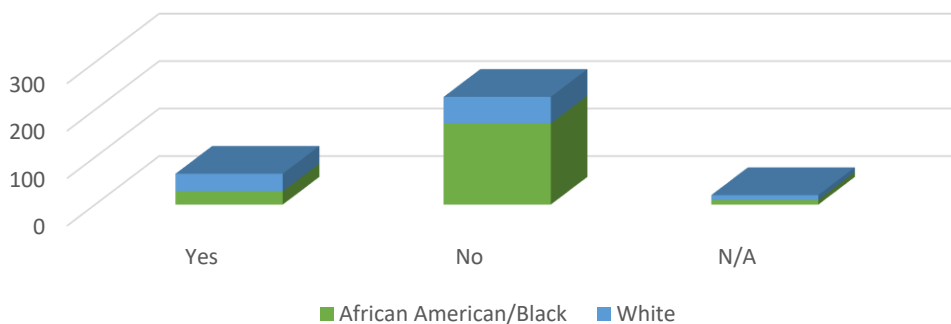


Analysis: Thirty-three (33%) percent of the African American/Black respondents reported that they are currently receiving mental services whereas 43% of the White respondents reported they are receiving mental healthcare. To better understand this discrepancy, a deeper dive into the sample of participants is warranted. First, sampling error should be ruled out. Are these respondents of people truly representative of all the White and African American/Black people living in Kalamazoo County? If so, then we can begin to identify factors which are leading to white people receiving mental health services at higher rates than African American/Black people. Is it a social stigma? Is it health insurance coverage? Further investigation is needed.

Question H

Are you currently receiving substance abuse care? (1. Yes, 2. No, 3. N/A)

Most of the African American/Black respondents (n=172, 81.9%) reported that they were not receiving any type of substance abuse care at the time of the survey. Only 28 (13.3%) mentioned that they were receiving substance abuse care. 10 (4.8%) respondents said that this question is not applicable. Thirty-five (35) (38.9%) of White respondents reported that they were currently receiving substance abuse care. Fifty-five (55) (57.9%) were not. Three (3) respondents answered that this question was not applicable.



Analysis: Thirteen (13%) percent of the African American/Black respondents reported that they are currently receiving substance abuse treatment services whereas 39% of the white respondents reported they are receiving substance abuse treatment services. Like above Question g., sampling error must first be ruled out. To better understand this discrepancy, a deeper dive into the sample of participants is

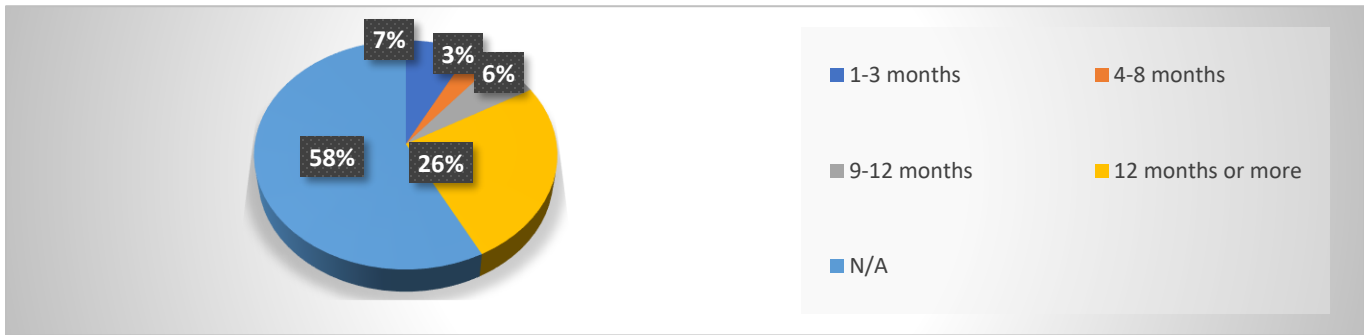
warranted. *Once it is, we can then ask why White people are receiving substance abuse service more often than African American/Black people.* Is it a social stigma, health insurance coverage, or lack of healthcare providers of color? It could be some combination of these things or something else entirely.

Question I

How long have you been engaging in mental health or substance abuse services? (1. 1-3 Months, 2. 4-8 Months, 3. 9-12 Months, 4. Longer than 12 months, 5. N/A)

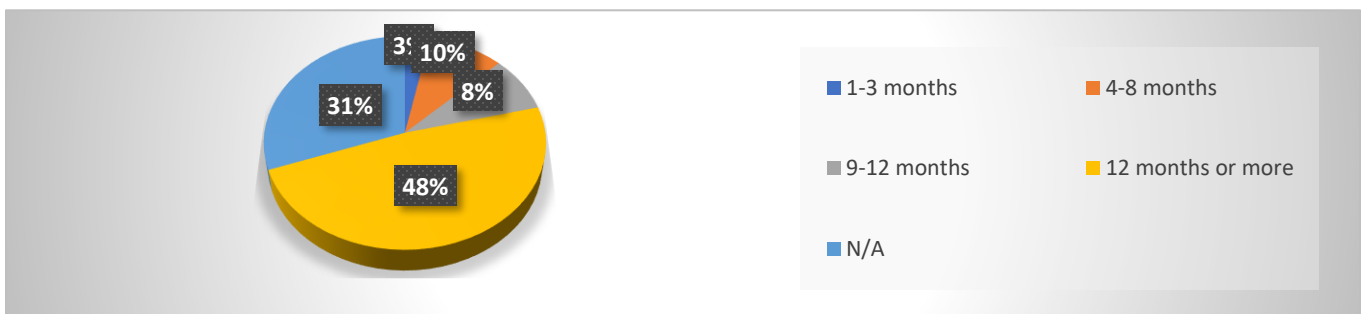
The results of the **African American/Black** respondents for this question were as follows:

| # Of Months | # /% of Respondents |
|-------------------|---------------------|
| 1- 3 Months | 16 (7.6%) |
| 4-8 Months | 7 (3.3%) |
| 9-12 Months | 12 (5.7%) |
| 12 Months or more | 54 (25.7%) |
| Not Applicable | 121 (57.6%) |



The results of the **White** respondents for this question were as follows:

| # Of Months | # /% of Respondents |
|-------------------|---------------------|
| 1- 3 Months | 3 (3.2%) |
| 4-8 Months | 9 (9.5%) |
| 9-12 Months | 8 (8.4%) |
| 12 Months or more | 46 (48.4%) |
| Not Applicable | 29 (30.5%) |

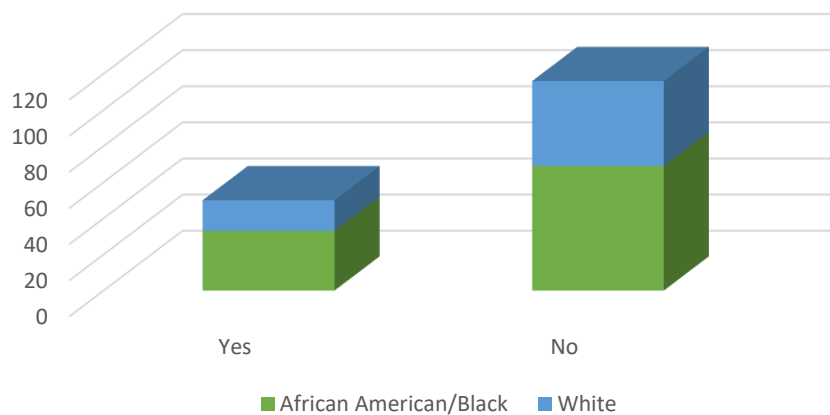


Analysis: Those who answered this question as “not applicable” are effectively saying that they have been engaging in mental health or substance abuse services for less than 1 month or not at all. Fifty-eight (58%) percent of African American/Black respondents answered this way, while 31% of white respondents answered this way. This is consistent with Questions g. and h. that this sample of white people receives services at higher rates than this sample of African American/Black people. Of those respondents who said they have been receiving services for 12 or more months, white respondents (49%) were more likely to respond this way than African American/Black respondents (26%). Why this discrepancy exists cannot be discerned from these data. Consider Question b. in which both respondents of White and Black respondents agreed that social stigma has an impact on the services people receive. It could be the case that some respondents indicated they were not receiving services on this survey when in fact they were. Why would they respond untruthfully? It could be the case that social stigmas played a role.

Question J

Is your mental health or substance abuse care provider a person of color? (1. Yes, 2. No, 3. N/A)

According to African American/Black respondents, 102 respondents out of 210 were provided mental health or substance abuse care. Among the 102 respondents, only 33 (32.4%) of respondents reported that their care provider was a person of color. The results of the White respondents were similar to those of African American/Black respondents. Specifically, 64 respondents out of 95 mentioned that they were provided mental healthcare or substance abuse care. Of these people, 17 (26.6%) of respondents reported that their mental health or substance abuse care provider was a person of color.



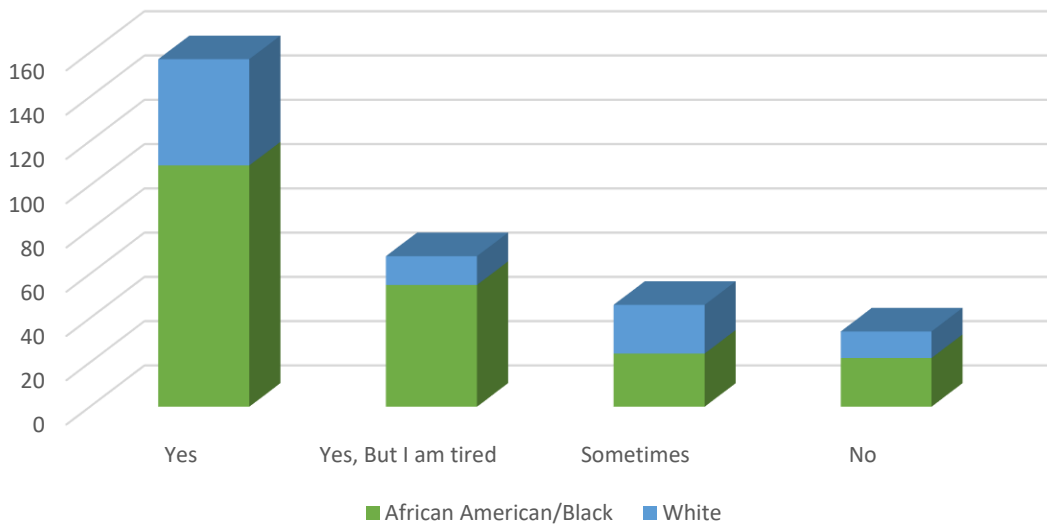
Analysis: “Person of color” was not defined in the survey, nor did this question ask respondents to clarify the ethnicity or race of their care providers. So, it cannot be assumed that an African American/Black respondent and a care provider who is a person of color share the same race. The dichotomy of people of color and White people *do* allow us to assume the percentage of respondents who receive services from White healthcare providers. If 33% of the African American/Black respondents reported receiving services from a person of color, then the other 77% likely received services from a white healthcare provider. If 17% of the White respondents reported receiving services from a person of color, then the other 83% likely received services from a White healthcare provider. In consideration of the results of the open-ended questions (below) it makes sense that White respondents seemed to have less

difficulties compared to African American/Black respondents with their providers because of cultural differences. White respondents were more likely to have a healthcare provider that was the same race as them.

Question K

Do you desire to have greater wellness for your mental health and/or substance abuse? (1. Yes, 2. Yes, but I am tired, 3. Sometimes, 4. No)

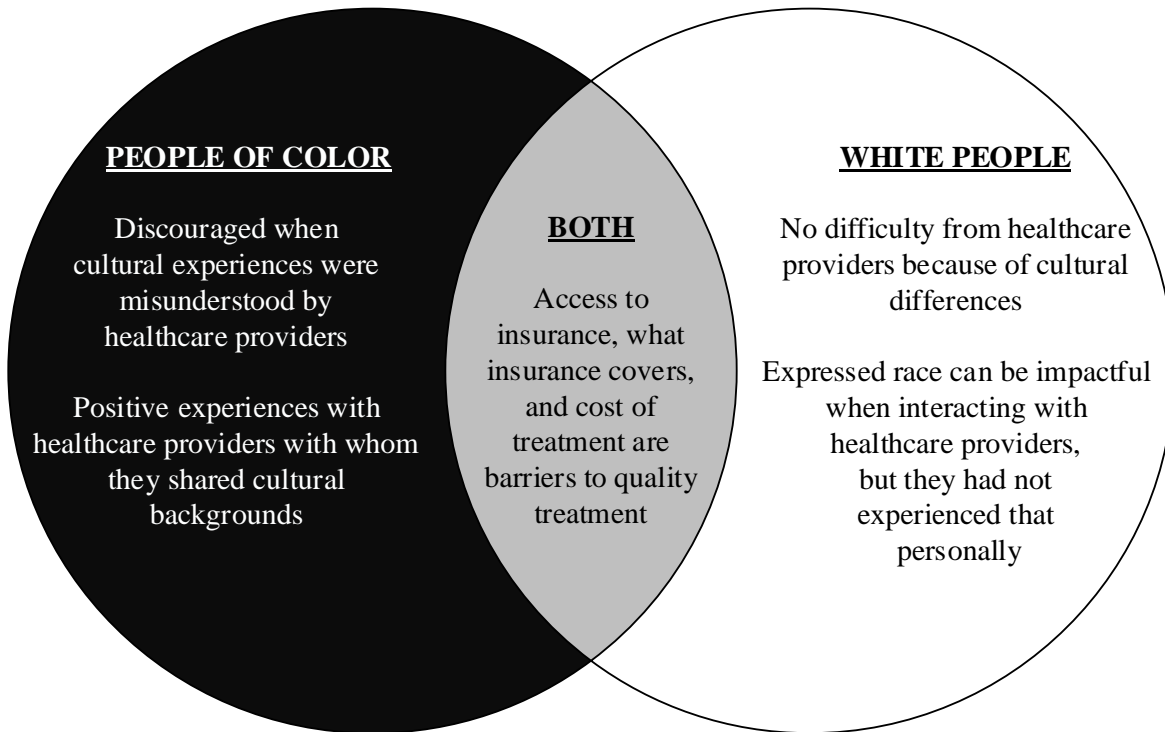
Over 50 % of both African American/Black (n=109, 51.9%) and White (n=48, 50.5%) respondents responded that they desired to have greater wellness for their mental health or substance abuse. The results of the respondents who indicated that they desired to have greater wellness, but they were tired, showed 55 (26.2%) African Americans/Black and 13 (13.7%) White. The number of respondents who sometimes desired to have a greater wellness for their mental health or substance abuse was 24 (11.4%) for the African American/Black respondents, and 22 (23.2%) for the White respondents. Lastly, 22 (10.5%) of African American/Black respondents and 12 (12.6%) of White respondents mentioned that they did not desire to have greater wellness for their mental health or substance abuse needs.



Analysis: Both respondents answered this question similarly. Regardless of race, about the same proportion of respondents said they either did or did not desire greater wellness.

OPEN-ENDED QUESTIONS

The response rate for the open-ended questions was low. This situation was natural in that the response effort was higher with this type of question in comparison to the multiple-choice questions. The answers were roughly coded and analyzed anecdotally.



Question a.

Please share any challenges you have experienced with your current mental health or substance abuse care provider

Out of 334 respondents, approximately one-third of survey respondents answered this question. Answers can be categorized as follows:

- 1) Respondents had difficulties finding suitable therapists or physicians.
- 2) Services could not be continued or begun for various reasons.
- 3) Therapists seemed to experience difficulty with relating to their unique cultural backgrounds.

To elaborate further, some respondents wished to have healthcare providers of the same race as them. Difficulties with insurance were also reportedly common. For example, one respondent mentioned that they had a great therapist, but they had to change because their insurance policy changed. Another respondent mentioned that they needed to call their insurance company once per month to maintain treatment coverage. Other respondents reported that they were not able to receive services at all because their insurance did not cover their mental health or substance abuse care.

Question b.

Please share any successes you've experienced with your current healthcare provider or substance abuse care provider.

The response rate for this question was like the first open-ended question. Interestingly, African American/Black respondents mentioned that they had a great experience with their health care provider or substance abuse care provider when their providers were people of color. The respondents added that the care providers of color understood their life circumstances better, so that they felt more comfortable sharing their private experiences with them.

Question c.

Is there anything further you'd like to share about your experience?

One White respondent assumed that their socioeconomic status or race had impacted the quality of mental health care they had received. Specifically, they mentioned that they had never experienced difficulties with their mental health care. Similarly, another White respondent recognized that their race could have had a positive influence on the quality of their insurance.

RECOMMENDATIONS

The present discovery to address the racial disparities affecting Kalamazoo County's healthcare systems will require a response specifically tailored to key stakeholders, community stakeholders and the community at large. The findings indicate that Kalamazoo is in need of a model to reform how its behavioral healthcare systems engages its African American/Black residents in accessing and utilizing treatment services available to them after an emergency room visit. This model will need to address change on five distinct levels while considering the relationships between behavior and environment. These levels include intrapersonal, interpersonal, institutional/organizational, community, and public policy. It is recommended that an intervention be implemented at each level to comprehensively address racial disparities in Kalamazoo County's healthcare systems. The goal of doing so will be to increase the rates of follow-up care after emergency department visits and hospitalizations related to substance abuse and mental health needs for African Americans/Blacks.

RECOMMENDATIONS TO ADDRESS TREATMENT INEQUITIES

1) Reducing the stigma to increase the likelihood that individuals with substance abuse challenges will seek treatment

- Community wide Anti-Stigma Campaign in Black communities
- Black churches education and engagement
- Organizations that service the Black community

2) Culturally Responsive Care & Implicit Bias Awareness through training and education

- Emergency Department Staff
- Medical and Social Work Staff
- Public Safety Staff

3) Black Wellness Network- Increasing the number of Black providers equipped to care for Black communities

- Increase the pool of black providers/facilities that engage cultural proficiency available to community
- Engage community in making the connections finding the resources
- Serve as a recruiting platform for organizations needing black health care professionals

4) Transform Institutional & Structural Inequities

- Culturally Efficiency and Implicit Bias training in Medical Schools & Health Related Practices
- Retraining current staff on myths about the care of Black patients
- Rewriting policies and procedures that are structurally developed to protest racism (invisible because it's the norm)
- Understanding white privilege

APPENDIX A. STAKEHOLDER SURVEY

The Synergy Health Center Stakeholder Survey

INTRODUCTION

*Thank you for taking the time to answer a few questions regarding our community-based project. This project aims to address the existing disparity in African Americans receiving timely follow-up care after an emergency department visit for a mental health crisis or substance use disorder. The questions are related to our stakeholders' discovery and work, community assessment including community members, other community-based organizations, and health providers including hospitals. Above all, we seek to consider systemic and structural racism that present barriers to African Americans being referred to and accessing behavioral health and SUD treatment and health programs. When answering the questions, go deep, name real issues, suggest grassroots ideas. You are the experts that have the capacity to address this multifaceted issue. **This survey is anonymous.***

OUR GROUP AND OTHER STAKEHOLDERS:

1. Describe how you see the overall purpose of this project.
2. Based on your role in the community, where do you see the most need?
3. What areas would you like to see addressed as part of our stakeholder process and planning activities? (Check all that apply.)
 - Need for treatment facilities
 - Stigma of BH and SUD in the African American Community
 - System and Structural Barriers (please list)
 - Lack of insurance, financial barriers for citizens
 - Lack of communication and awareness of accessible programs
 - Other – please describe
4. In what ways do you think we can best work together to meet the goals of the project?
 - Special topic sub-committees
 - Facilitated listening sessions
 - Team building to increase collaboration
 - Other – please describe
5. What are the biggest barriers to successful co-collaboration?
 - Open answer
6. What resources are needed to most effectively understand the problems?
 - Citizens with lived experience focus groups to understand the problem.
 - Conversations with health providers and hospitals.
 - Mapping resources in the community (treatment programs, providers, financial resources, community health workers/nurse navigators, etc.)
 - Other – please describe
7. What community-level data is needed to understand the problem?
 - Where are the treatment programs
 - What services do treatment programs offer (e.g., inpatient, outpatient, medication assisted treatment [MAT])
 - Who is served
 - How many are served
 - Type of insured

- Follow-up rates
 - Other – please describe
8. What ideas do you have about building collaborations and resources in the community?

THIS NEXT SECTION HAS TO DO WITH DEEPER ISSUES AND BARRIERS IN THE COMMUNITY. WE ARE ALL INVESTED IN THE SILOS OF OUR ORGANIZATIONS, BUT WHAT IS THE BIGGER PICTURE?

9. What information is needed to understand the bigger picture of this problem in our community?
10. What do you believe is needed to build a bridge across organizations, and between organizations and citizens?
11. What are the main reason citizens do not follow up withing services after using the emergency department or a hospital stay?
- Stigma
 - Lack of trust
 - Lack of knowledge and awareness
 - Competing priorities (e.g., childcare, lack of time, transportation, etc.)
 - Other – please describe

THIS SECTION IS ABOUT RACIAL, SYSTEMIC, AND STRUCTURAL BARRIERS THAT PREVENT GIVING BEST CARE AND COMMUNITY SERVICE RELATED TO BH AND SUD PROGRAMMING.

12. How will community members and organizations navigate the system to overcome structural racism?
- How should we work together to address systemic racism?
13. What is needed to build more equitable programming?
- Cultural competency/sensitivity training of treatment providers.
 - Open communication with lead agencies, e.g., hospital emergency department.
 - Other – please describe
14. How does the community, as a whole, feel about substance use in African Americans?
15. Where would you like to build more trust between the community and organizations?
- Hospitals
 - Law Enforcement
 - Behavioral Health Services
 - Churches and Faith-based organizations
 - Other – please describe
16. What do you believe is the biggest racial/systematic barrier that prevents African Americans from receiving timely follow-up care after an emergency room visit for substance use or mental health crises?

APPENDIX B. RACIAL DISPARITIES IN BEHAVIORAL HEALTH FOLLOW-UP SURVEY

Page 1



Racial Disparities in Behavioral Health Follow-Up Survey

In a collaborative effort to further explore racial disparities impacting behavioral health outcomes for African American/Black residents of Kalamazoo County, the following questions have been developed. They are designed to learn about some of the gaps in existing data and identify opportunities to support trust-building in the patient-provider relationships. This survey is for ages 18 and older. Your responses will remain anonymous and confidential and used for intended purposes only.

DEMOGRAPHIC INFORMATION

| |
|--|
| Respondent (Please choose one) <input type="checkbox"/> Patient <input type="checkbox"/> Provider <input type="checkbox"/> Resident |
| Race/Ethnicity: _____ Age: _____ Gender: _____ Zip Code _____ |
| Housing Status: <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Houseless <input type="checkbox"/> Other |

MENTAL HEALTH AND SUBSTANCE ABUSE QUESTIONS

| PLEASE CIRCLE YOUR ANSWERS on a scale of 5-1 | YES | YES | INDIFFERENT N/A | No | No |
|--|----------------|----------------|------------------------|---------------|---------------|
| 1. Do you believe your healthcare provider understands the impact of racism on mental health? If you do not have a healthcare provider, do you believe medical staff understand the impact racism has on mental health? | 5 | 4 | 3 | 2 | 1 |
| 2. Do you believe social stigmas around mental health and substance abuse impact the patient-healthcare provider relationship? | 5 | 4 | 3 | 2 | 1 |
| 3. Does the type of insurance impact the quality of emergency mental health care a patient receives. (example of type – Medicare, Medicaid, Blue Cross/Blue Shield, uninsured) | 5 | 4 | 3 | 2 | 1 |
| 4. Does the type of insurance impact the quality of emergency substance abuse treatment a patient receives. | 5 | 4 | 3 | 2 | 1 |
| 5. How comfortable are you asking the medical staff questions about your follow-up instructions? (5=Comfortable 1=Uncomfortable) | 5 | 4 | 3 | 2 | 1 |
| 6. Were you given referrals or resources to support you in your follow-up care? | YES | | NO | | N/A |
| 7. Are you currently receiving mental health care? | YES | | NO | | N/A |

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Racial Disparities in Behavioral Health Follow-Up Survey

| | | | | | |
|---|-------------------|----------------------------|--------------------|------------------------------|------------|
| 8. Are you currently receiving substance abuse care? | YES | | NO | | N/A |
| 9. How long have you been engaging in mental health or substance abuse services? | 1-3 Months | 4-8 Months | 9-12 Months | Longer than 12 Months | N/A |
| 10. Is your mental health or substance abuse care provider a person of color? | YES | | NO | | N/A |
| 11. Do you believe your race has impacted the mental health or substance abuse care you've received? | YES | | NO | | N/A |
| 12. Do you desire to have greater wellness for your mental health and/or substance abuse? | YES | YES, but I am tired | Some-times | NO | |

Please share any challenges you have experienced with your current mental health or substance abuse care provider:

Please share any successes you've experienced with your current healthcare provider or substance abuse care provider.

Is there anything further you'd like to share about your experience?

THANK YOU FOR TAKING TIME TO ANSWER THIS SURVEY.

Please return the survey to a Synergy Health Center Staff Member.
625 Harrison Street, Kalamazoo, MI 49007

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KALAMAZOO COUNTY RACIAL DISPARITIES
SURVEY RESULTS 2022