

Evidence-Based Practices to Reduce Health Disparities and Promote Health Equity among People in Need of Behavioral Health Services

Meaghan Hunt¹, MPP; Ashley Palmer¹, PhD; Alina Ghobadi¹, BS; Karen Matsuoka², PhD

OBJECTIVES:

- Identify promising practices to address health disparities and inequities among people in need of behavioral health services.
- Assess and summarize initial evidence base of practices which the Center for Medicaid and CHIP Services (CMCS) can consider to improve behavioral health services and address disparities in the Medicaid population.

METHODS: We conducted a systematic review of evidence-based practices to identify and treat select behavioral health conditions in priority populations—such as racial and ethnic minorities, people with limited English proficiency, people experiencing a disability, rural populations, sexual and gender minorities—who have Medicaid coverage, or are part of the safety net population. This review was framed in the context of the adult and child core set quality measures related to depression, tobacco, SUD and AUD. Studies were sourced via PubMed, using consensus search terms. They were then screened for eligibility and rated on strength of evidence, using a scale of study quality developed by AHRQ.

FINDINGS:

Tobacco Use: 7 out of 15 studies reported statistically significant, positive impacts on: cessation-related treatment engagement, sustained abstinence from smoking, and/or volume of cigarettes smoked. Many interventions (n=10) utilized *smoking cessation counseling* and *nicotine replacement therapy*. *Health education* and *motivational interviewing* were also used.

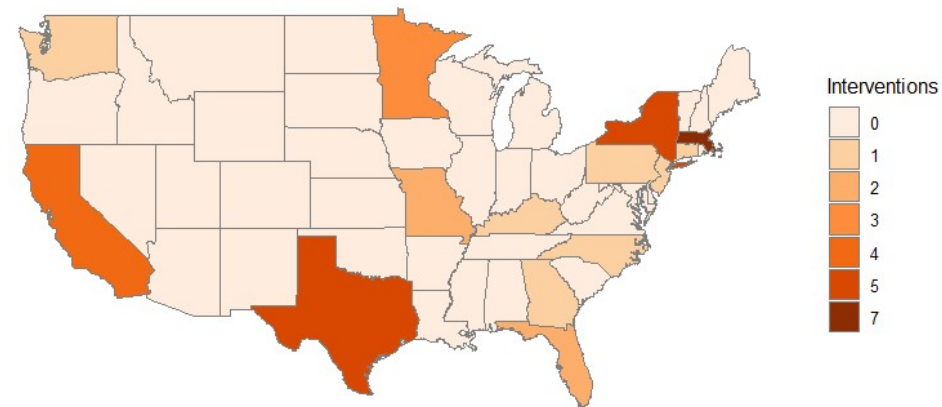
Depression: 9 out of 10 reported statistically significant, positive impacts on: depression symptoms and/or symptom severity, depression treatment receipt and/or retention in treatment, coping skills, anxiety symptoms, stress reactions, and/or patient perceptions of care (including overall quality and shared decision-making). Six interventions included *health education* components. Other frequently used interventions were *cognitive behavioral therapy*, *pharmacotherapy*, and *shared decision-making*.

Substance Use Disorder: 6 out of 7 studies reported statistically significant, positive impacts on: substance use frequency (including sustained abstinence), substance use cravings, mental health symptomatology, and health risk behaviors. Like tobacco use, *motivational interviewing* and *counseling* were used frequently in interventions, as well as *risk screening* (n=3).

Alcohol Use Disorder: 3 out of 3 studies reported statistically significant, positive impacts on a variety of outcomes, including alcohol abstinence, heavy drinking days (HDD), and frequency of alcohol-related negative consequences. A majority (2 out of 3) studies utilized *counseling*, *motivational interviewing*, and *brief intervention*.

HEALTH EQUITY IMPLICATIONS: The following types of interventions were effective for priority populations:

- Culturally and linguistically adapted interventions (including outreach materials, health education resources, and therapeutic modules) for racial/ethnic minorities and individuals with limited English proficiency
- Outreach strategies that leverage community stakeholders and existing social networks to identify individuals in need of services
- Integrating risk screening, referral and treatment into existing care management protocols for other health needs (i.e., chronic disease, STI/HIV)



Intervention Focus	Corresponding Measure	# Articles Found	Suggested Level of Evidence
Tobacco Use Disorder and/or Smoking	Medication Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	15	Strong
Depression	Screening for Depression and Follow-up Plan (CDF-CH, CDF-AD)	10	Strong
Substance Misuse and Use Disorder	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)	7	Moderate
Alcohol Misuse and Use Disorder	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)	3	Moderate

¹ = NORC at the University of Chicago (NORC); ² = Centers for Medicare & Medicaid Services (CMS)

