**Data Summary Tool Example**

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| **Issue: Mental Health – Depression** |
| **Data Source and Year(s)** |
| *List the source(s) and year(s) the information represents. For people, provide name, agency, and date interviewed.* |
| 1. Interview with Latino Behavioral Health mental health therapist Jose Garcia on 6-7-22. 2. Interview with Community Behavioral Health mental health therapist Jill Lively on 6-13-22. 3. Interview with community adult member on 6-8-22. 4. BRFSS Survey (accessed thru IBIS) (2007 thru 2021) 5. Environmental scan of available adult mental health providers in the community conducted in June 2022. |
| ***For “number” data only:* What question or issue does the data address? Does it reflect what we’re interested in knowing?** |
| *Describe what question or point the data is making. Look to the title of the data table/figure for help. If the exact question is available, provide that.* |
| 4a. "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?"  4b.The percentage of persons without health insurance coverage over the past year |
| **Who is represented in the information? Is it close enough to our focus population?** |
| *List demographic information (where they live, gender, age, etc.) to determine how well the source represents your target population.* |
| 1. LBH serves adult members (18+) throughout the community but most clientele identify as Latino. 2. CBH serves adult and youth members throughout the community. 3. Adult between 35-45 years, White, non-Hispanic, female, works full-time, married, has 3 kids (ages 4 to 10), lives in the North neighborhood. 4. Adults 18+ in the county (2007 thru 2021 for 4a) (2007 thru 2019 for 4b) 5. n/a   \*\*All sources are sufficiently similar to various populations in our city. |
| **What concerns do you have about the data?** |
| *List any concerns, such as low sample size, poor fit to your target population, old data, how a survey was sampled, biased interviewee, etc.* |
| 1. Only been in position for 1 year. Currently seeing mostly Latino males. Only reflects perspective of those that made it into care. 2. Only reflects perspective of those that made it into care. 3. Represents one person’s perspective. 4. Not specific to mental health (asks if needed to see dr but couldn’t because of cost). County level data. Most recent plan coverage data from 2019. 5. None. |
| **What does the information mean?** |
| *Summarize the data you found, focusing on what it says about your issue or knowledge gap.* |
| 1. Many have a hard time coming consistently because of work schedules. Many come because of pressure from others (family, spouse). Often hesitant to admit need help -stigma around getting help or do not recognize that they are having issues. Smaller community, so some worried about confidentiality. Thinks telehealth would be helpful but not done through the agency. 2. Hours at clinic limited to weekdays and clients have to take off work to come. Also, clinic not on bus route. Schedule very full so if miss apt can be a long time before can get in again. Often not accepting new clients. Youth often have to rely on parents to get to appointments. It’s getting better, but there is still some stigma to getting help. Add that with difficulty getting appointments, and people just don’t. 3. Very hard to find providers with openings, especially for teens. Schedules are hard to match with work. Hard to prioritize until it is a crisis. Don’t know what to do except see a professional…wondered if there are other resources. If don’t see improvement right away, less motivated to keep going. 4. Both cost and no insurance higher than the overall state level but decreasing. Overall cost = 13% but Hispanic 18% (same since 2017); non-Hispanic 10% (down from 2021). Overall, no coverage = 12% but Hispanic 20%; non-Hispanic 5%. Declining for both groups. 5. There are 5 agency providers and 50 private mental health providers serving adults. 20 of the private providers are full; the others are scheduling appointments 6+ weeks out. 3 of the agencies see youth and adults. 20 of the private providers see youth but only 3 have openings within next 2 months. Most providers take most insurances. Only 2 agencies and 10 providers offer weekend apts. All agencies and 40 providers offer apts between 8 am and 6 pm (the rest have fewer hours). |
| **Other notes** |
| *Other general thoughts or comments on the sources/data.* |
| Cost and insurance coverage seem to be less of an issue. Finding times to go around work schedules seems to be a major barrier, especially because of the limited appointments available outside of the m-f work schedule. Overall, there are too few providers for demand. There is also a stigma to getting help, and maybe some lack of awareness of other resources to help. Not clear what the stigma actually is, just that it is around getting help. Might need to get more information on this if we want to target stigma. |