

Inadequate Social Support

In 2012, 22% ($\pm 1\%$) of Washington adults reported inadequate social support—that is, they reported never, rarely or only sometimes getting the social and emotional support they need on the Behavioral Risk Factor Surveillance System (BRFSS).

Among adults, self-reported inadequate social support was more prevalent among males and those adults who were Native Hawaiian or Other Pacific Islander (NHOPI), Hispanic, black, or Asian. Self-reported inadequate social support prevalence increased as levels of education and income decreased.

State agencies, along with partner agencies and providers, are working to integrate clinical physical health, mental health and substance use services.



1 in 5

Washington adults report inadequate social support



Those with a high school or less education were twice as likely to report having inadequate social support compared to those with at least a college education

Time Trends

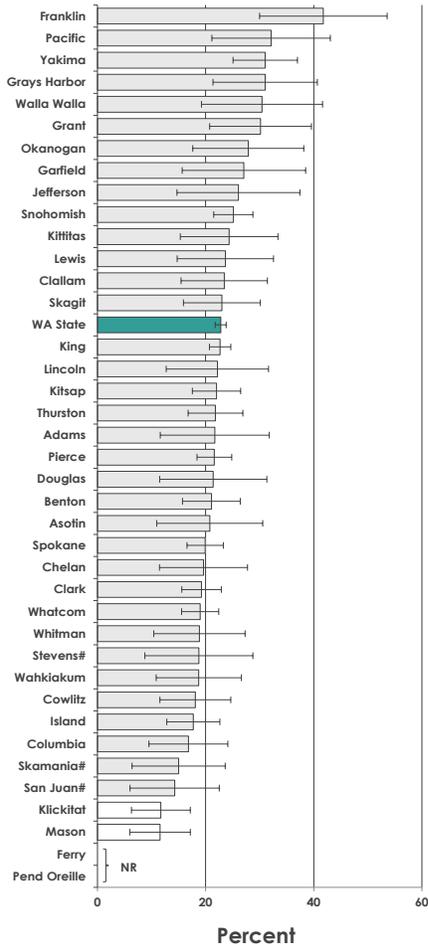
Only data from the 2012 BRFSS are available for this indicator.

- In 2012, the prevalence of inadequate social support among Washington adults was 22% (±1%).

Geographic Variation

- In the 2012 BRFSS, self-reported inadequate social support was lower in Klickitat and Mason counties compared to the state.
- The prevalence for all other counties was similar to the state prevalence.

Self-reported Inadequate Social Support Washington Counties, BRFSS, 2012



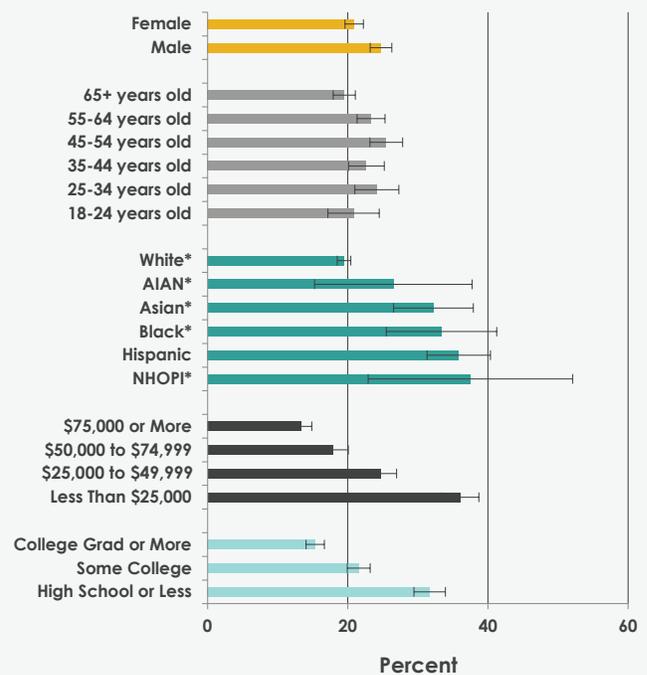
■ WA State Lower than WA State
 Same as WA State Higher than WA State

NR: Not reported if RSE ≥ 30% or to protect privacy
 #Relative standard error (RSE) is between 25% and 29%

Disparities

- In the 2012 BRFSS, self-reported inadequate social support was higher in males compared with females.
- There were no major difference based upon age group.
- NHOPI, Hispanic, black, and Asian adults reported higher prevalence of inadequate social support compared to white adults.
- The prevalence of inadequate social support increased as levels of education and income decreased.

Self-reported Inadequate Social Support Washington State, BRFSS, 2012



*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

How is Washington addressing inadequate social support?

The Health Care Authority, Department of Social and Health Services, DOH and partners including Managed Care Organizations, Accountable Communities of Health, local health, healthcare providers and others are working together to transform healthcare by integrating physical health services, mental health services and substance use services in the Medicaid (Apple Health) program.

Washington is integrating physical and behavioral health services by developing a single system that offers an integrated network of services within the Medicaid (Apple Health) program. The system will enable improved coordinated care for patients, and less fragmented access to needed services. Care will be managed through a single accountable insurance plan for the client.

See also [Mental Health](#)

Technical Notes

Confidence Intervals: Definition and examples are described in [Appendix C](#)

Race and Ethnicity: Classification described in [Appendix C](#)

Relative Standard Error: Definition and how it was used is described in [Appendix C](#)

Initiatives such as the [Practice Transformation Support Hub](#) and [Pediatric Transforming Clinical Practice Initiative](#) (pTCPi) are helping clinicians better use electronic health records to identify populations of interest, track performance improvements, put team-based care into place, and make linkages to community-based services.

The [Medicaid 1115 waiver](#) will make regional investments in integrated clinical models. Resources will support staffing and workforce development to better provide behavioral health services, development of information technology infrastructure to facilitate sharing across provider teams and increased availability of technology solutions, such as telemedicine.

Accountable Communities of Health are required to work on Medicaid Demonstration Projects related to integration of physical and behavioral health.