

US Department of Health and Human Services
Behavioral Health Equity
Asian Americans, Native Hawaiians and Pacific Islanders
September 17, 2012

Workforce Development As an Essential Element to Improving the Quality of Health and Healthcare for Asian Americans, Native Hawaiians and Pacific Islanders

Issues:

- ⇒ Asian Americans, Native Hawaiians and Pacific Islanders continue to experience health disparities.
- ⇒ There is a critical lack of properly trained providers who have the language, cultural and clinical skills to meet the diverse healthcare needs of AANHPIs.
- ⇒ The definition of healthcare must be broadened to take a public health approach that places equal emphasis on physical health, mental health, substance use and social determinants of health.
- ⇒ The workforce must be expanded to include trained paraprofessionals who are culturally and linguistically competent to increase both access to the community and services in a timely and cost efficient manner.
- ⇒ The current service delivery system separates the disciplines in terms of training, implementation, reimbursement and data collection resulting in poor coordination, failure to make accurate assessment and diagnosis, and implementation of costly, inappropriate or unnecessary duplication of services.
- ⇒ AANHPIs are often either missing from research on effective practices altogether or are seen as a homogeneous population that fails to take into consideration the considerable diversity between groups within the AANHPI population.
- ⇒ There is little information on effective or best practices models of integrated care that are culturally and linguistically competent for AANHPIs.

Increasing access to care is frequently cited as key to improving health outcomes for diverse populations, including Asian Americans, Native Hawaiians and Pacific Islanders. The real challenge, however, is insuring that they have access to quality care that recognizes the role of culture, language and health literacy. The need to take a more integrated approach that brings together physical health, mental health and substance use as well as social determinants of health has been gaining momentum over the past decade and was addressed in the Affordable Care Act, 2010. This approach is consistent with AANHPI cultural health beliefs and practices that do not separate the mind, spirit and body.

Core to the discussion on improved health care is the need to address workforce development. This topic was raised most recently in two summits that brought together leading experts on

AANHPI health, mental health, substance use and disabilities. These included providers, consumers, policy makers, researchers, students, administrators and community leaders. The first was held in San Francisco on August 15-16, 2011, which was funded by the Office of Minority Health and facilitated by the National Asian American Pacific Islander Mental Health Association. Recommendations from the summit represented the input from all the national health-related AANHPI organizations including: Asian Pacific Islander American Health Forum, the Association of Asian Pacific Community Health Organizations, the National Asian American Pacific Islander Mental Health Association, the National Asian Pacific American Families Against Substance Abuse and the National Council of Asian Pacific Islander Physicians. The recommendations are summarized in the policy paper *Integrated Care for Asian Americans, Native Hawaiians and Pacific Islanders: A Blueprint for Action*. The second summit was hosted by the National Council of Asian Pacific Islander Physicians (NCAPIP) that was held May 18, 2012, in Alexandria, Virginia. In addition to highlighting the partnership between the national AANHPI health-related organizations, NCAPIP also brought the Health Resources and Services Administration (HRSA), the Association of American Medical Colleges (AAMC), and the Asian Pacific American Medical Student Association (APAMSA) to the table.

Specific recommendations on workforce from the *Integrated Care: Blueprint for Action* are not only directed towards the field in general, but are also designed to provide guidance to our Federal partners on key strategies to improve the current workforce. They include:

- Increase the number of culturally and linguistically competent AANHPIs entering graduate programs in various health-related fields including primary care, nursing, pharmacy, public health, psychology, social work, counseling and psychiatry.
- Develop a National AANHPI Training Center that includes on-going supervision and support to trainees. The Center can be a virtual center using technology to access expertise from around the country to train and provide supervision and consultation.
- Support the development and administration of credentialing for peer specialists and paraprofessionals, including interpreters.
- Develop career ladders to support the continued education of peer specialists and paraprofessionals, including interpreters.
- Fund the development of training models across disciplines, including peer specialists, paraprofessionals and traditional healers, at AANHPI integrated care facilities (for example, the Center for Integrated Health Solutions model of training).
- Create job descriptions and reimbursement schedules for culturally and linguistically competent care providers, community health providers, and care coordinators; and create job ladders for these workers. Include mentoring and support with professional development opportunities

AANHPI Behavioral Health Workforce Recommendations for the Affordable Care Act

The Affordable Care Act emphasizes the importance of a well-trained workforce as a key component to improving the quality of healthcare for individuals living in the United States. NAAPIMHA fully supports the Affordable Care Act which strengthens the Mental Health Parity and Addiction Equity Act by applying parity to new individuals and small employer plans. The Affordable Care Act also requires all health plans in the insurance exchanges to offer essential benefits which include mental health and addiction services. In addition, it establishes a Primary Care Extension program which will educate primary care providers about chronic diseases including mental health and substance use disorder prevention and treatment.

Cover Missouri, a project of the Missouri Foundation for Health, identified fifty seven sections within the Affordable Care Act that discuss workforce development. The full document can be found at <http://www.covermissouri.org/ACATopics/ACA-Workforce.pdf>. The workforce provisions provided in the Affordable Care Act offer a comprehensive overview of how to improve the current workforce. One concern, however, is the limited inclusion of the behavioral health workforce. This is critical given the direct correlation between depression, cardiovascular disease, obesity, diabetes, substance use and other health-related conditions and the need for behavioral health specialty services. Research shows that individuals with serious mental health problems die on average 25 years earlier than the general population. This is primarily due to medical conditions that could have been treated more effectively had they received proper mental health and substance abuse care in collaboration with their overall health care.

The following is a summary of a few of the key provision that have direct implications for AANHPI behavioral health with recommendations following each section. All recommendations in this document support an integrated public health approach that provides equal emphasis on medical care, mental health and substance use care, and addresses social determinants of health as it relates to the culturally and linguistically appropriate services for AANHPIs, consistent with the CLAS Standards of the Office of Minority Health.

Section 5101: Establish a 15 member National Health Care Workforce Commission

- Review current and projected workforce needs and provide guidance to Congress, the White House and States to align Federal policies with national needs.
- Coordinates various federal departments on workforce issues.
- Evaluates education and training activities to see if demand for health care workers is being met.
- Identify and recommend ways to address barriers to coordination at Federal, State, or local levels.
- Encourage innovations to address population needs, changes in technology and other environmental factors.

Recommendations for Sec 5101:

- Insure representation of AANHPIs on the National Health Care Workforce Commission.
- Assess gaps in current workforce education and training efforts that use an integrated care approach that includes culturally and linguistically appropriate behavioral health.
- Insure that all workforce trainings include culturally and linguistically appropriate services that address the special needs of LEP individuals. Approximately one out of three Asian Americans are LEP and experience some difficulty communicating in English.
- Address barriers to culturally and linguistically appropriate behavioral health workforce issues at the Federal, State and local levels.
- Include AANHPIs on the development of innovative health care strategies that include technology and other environmental factors.

Section 5102 State Health Workforce Development Grants

- Analyze State labor market information and identify current and projected high demand health care sectors.
- Describe State education and training policies, modes or practices for health care sector.
- Identify Federal or State policies or rules for developing a comprehensive health care workforce development strategy analyzing barriers and a plan to overcome barriers.

Recommendations for Sec 5102

- Include disaggregated data on AANHPIs and behavioral health workforce in labor market analysis.
- Assess to what extent State education and training policies address both behavioral health and cultural and linguistic competence standards for diverse communities, including the LEP population and paraprofessionals and peer specialists.
- Assess to what extent Federal or State policies or rules address both behavioral health and cultural and linguistic competence standards for diverse populations, including the LEP population and paraprofessionals and peer specialists.

Section 5103 Establish a National Center for Health Workforce Analysis that will carry out activities that were previously done solely through grants and contracts.

- Analyze health care workforce and related issues.
- Collect, compile and analyze data on health professions personnel.
- Annually evaluate workforce programs under this title.
- Develop and publish performance measures and benchmarks for programs under this title.
- Establish, maintain and publicize a national Internet registry of grants awarded under this title.

Recommendations for Sec 5103:

- Include disaggregated data on AANHPIs in analysis of health care workforce for all professions including behavioral health.
- Annually review workforce programs to see if AANHPIs are represented in workforce development programs in all areas of health, including behavioral health.
- Include data on AANHPIs on performance measures and benchmarks for programs under this title.
- Include information on AANHPIs on the national internet registry under this title.

Section 3501 Health Care Delivery System Research: Quality Improvement Technical Assistance. Supported research from the Center for Quality Improvement and Patient Safety of AHRQ will:

- Address priorities identified in the national strategic plan.
- Identify areas lacking evidence.
- Address concerns of health care institutions and providers.
- Communicate research findings and translate into practice recommendations.
- Expand demonstration projects for improving quality of children's health care and use of HIT.

Recommendations for Sec 3501

- Include disaggregated data on AANHPIs in assessing areas lacking evidence.
- Include behavioral health when addressing concerns for health care institutions and providers, including a discussion on LEP populations and AANHPIs.
- Include behavioral health on practice recommendations.
- Include AANHPIs in demonstration projects that address behavioral health in children's health care and use of HIT.

Section 5302 Training Opportunities for Direct Care Workers

This section provides new training opportunities for direct care workers employed in long-term care settings. Funds will be used to provide financial assistance to individuals at an eligible entity who agree to work in the field of geriatrics, disability services, long-term services and supports, or chronic care management for a minimum of 2 years.

Recommendation for Section 5302

- Include behavioral health as a target area of long term care insuring that the providers can meet the needs of those with specific cultural and/or language needs.

Section 5313 Grants to Promote the Community Health Workforce

The CDC will award grants to promote positive health behaviors and outcomes through the use of community health workers. Funds will be used for community health workers to educate, guide, and provide outreach, referrals, and home visitation services to populations in medically underserved areas.

Recommendation for Section 5313

- Expand the eligibility criteria for grants to include mental health consumers and paraprofessionals trained as Peer Specialists or Wellness Coaches that are trained from a public health approach that addresses behavioral health, medical health and social determinants of health in improving the quality of care to AANHPIs.
 - ~ Use of paraprofessional and consumer Peer Specialists and Wellness Coaches can play a critical role in meeting the increased demand for culturally and linguistically appropriate services as the number of Medicaid eligible AANHPIs increase.
- Include community based organizations as collaborating entities in the use of evidence based intervention strategies.

Section 5401. Centers of Excellence

The Centers of Excellence program, which supports programs in health professions education for minorities interested in health careers, is reauthorized and allocation formulas are revised.

Recommendation for Section 5401

- Include behavioral health and integrated care health programs in the Centers of Excellence program.
- Provide resources to encourage minorities interested in behavioral health professions with an emphasis on an integrated care approach.

Section 5403. Interdisciplinary, Community-Based Linkages

The Secretary may make awards for eligible entities to initiate or continue health care workforce educational programs and make awards for eligible entities to maintain and improve the effectiveness and capabilities of an existing area health education center program. Funds will be used to:

- Develop and implement strategies to recruit underrepresented minorities into health professions.
- Develop and implement strategies to provide community-based training and education.
- Prepare individuals to more effectively provide health services to underserved areas.
- Conduct and participate in interdisciplinary training.
- Deliver and facilitate continuing education to health care professionals.
- Establish a youth public health program to expose and recruit students into health careers.

Recommendations for Sec 5403

- Include strategies to recruit minority students into behavioral health professions and health professions that include behavioral health training.
- Include behavioral health and integrated care approaches in all community based training and education efforts.
- Include cultural and linguistic competency in all interdisciplinary trainings.
- Provide continuing education to those in behavioral health to improve cultural and linguistic competence.
- Establish youth public health programs that take a holistic approach that includes behavioral health and addresses social determinants of health