NAAPIMHA

National Asian American Pacific Islander Mental Health Association

Healthcare and Behavioral Health Disparities In Quality Care for Communities of Color A Set of Priorities

- ⇒ **There is no health without behavioral health**
- ⇒ **All care must be culturally, linguistically and developmentally appropriate**
- ⇒ **Failure to provide quality care to any segment of society has a negative impact on everyone**
- ⇒ **A reformed healthcare system must follow a holistic, public health model that also addresses historical trauma, the elimination of disparities and the impact of culture, race, ethnicity and language.**
- ⇒ **Failure to do so results in unnecessary costs that this country can ill afford**

It is imperative that any discussion of healthcare reform MUST include behavioral health as a critical component to improving the overall health and wellbeing of individuals living in the United States. Failure to do so threatens to perpetuate a system that is ineffective, costly and results in poorer quality of care for everyone. In addition, a health system that not only ignores behavioral health, but also fails to recognize the historical trauma of communities of color, the impact of colonization on indigenous people, as well as the importance of recognizing the role of culture, race, ethnicity and language in the provision of services can have dire consequences for African Americans, Asian Americans, Native Hawaiians, Pacific Islanders, Latinos/Hispanics and American Indians/Alaska Natives. A workforce that not only reflects the racial/cultural/language make up of diverse populations, but also receives proper training and support is critical to eliminating disparities and improving access to quality care.

Goal:

Redefine the healthcare system to reflect a public health model that addresses mental health, substance abuse and related social determinants:

- ° Untreated mental health conditions cost this country upwards of $94 billion a year due to excess turnover, lost productivity, absenteeism and disability.
- ° Individuals with serious mental health problems die, on average, 25 years earlier than individuals without such disabilities. This is due primarily to related medical conditions that could have been alleviated had the person received proper behavioral health care.
- ° 35% of persons with mental health problems have an undiagnosed medical condition.
- ° There is a direct correlation between depression, obesity and diabetes.
- ° People with depression are at greater risk for developing heart disease.
- ° Depression and anxiety disorders may affect heart rhythms, increase blood pressure, and alter blood clotting.
- ° Individuals who are depressed as twice as likely to take their cardiovascular medications

- Depression can increase the use of alcohol and other substances and vice versa.
- Approximately 10 to 30 percent of individuals with a serious drinking problem have panic disorder, and about 20 percent of persons with anxiety disorders abuse alcohol.
- Poverty is a major factor contributing to poor health outcomes.
- Poverty rate for African Americans is 24%, for Hispanics/Latinos 21%, 24% for American Indians/Alaska Natives (39% of children under 5 years of age), 26% Native Hawaiians and for Hmong (53%), Cambodians (40%) and Vietnamese (27%).(2002 Census).

Goal:

Eliminate disparities in access to culturally and linguistically competent care and improve quality and positive outcomes for African American, American Indian/Alaska Natives, Asian Americans, Native Hawaiians, Pacific Islanders, and Latinos/Hispanics

- Communities of color are less likely to have access to care of any kind. When they do receive care, it is usually of lesser quality and they report less satisfaction with the services.
- Many do not receive services because of lack of affordable, equitable and quality insurance
- 62% of Hispanic adults, 33% of African American, 28% Native Americans and 12.4% of Asian/Pacific Islander do not have insurance. The information for AAPI reflects aggregated data which hides the problem in certain populations, e.g. 33% of Koreans and 24% Native Hawaiians are uninsured.
- The Institute of Medicine estimates that 18,000 deaths are due to lack of insurance which is the 6th leading cause of death nationally for those 25-64. The lack of insurance in the U.S. costs between $65-130 billion annually in increased morbidity and mortality (IOM, 2003).36% of African American adults visited an emergency room for a condition that could have been treated by a regular doctor if one had been available (Commonwealth 2006).
- Failure to provide services results in redirection into other systems. African Americans and Latinos comprise 13% and 15% of the total U. S. population respectively but African American and Latino youth and adult males comprise 55% of all jail inmates.
- Children of Color tend to receive mental health services through the juvenile justice system and child welfare systems more often than through schools or mental health settings (Alegria, 2000; Martinez, 2004).
- Hispanic/Latino and African American children are less likely to receive specialty mental health care as opposed to the white children (Kelleher, 2000).
- Hispanic/Latino and Asian American female teens have highest rates of depression (Commonwealth Fund, 1997).
- The prevalence rates of acute depression and post-traumatic stress disorder for Cambodians is 68% and 37% respectively when compared to the general population at 10% and 3%.
- The death rate from alcoholism for American Indians is 630% higher than the general public
- Up to 75% of all deaths for American Indians and Alaska Natives are due to violent causes, e.g. unintentional injury, homicide or suicide (Resnick et al, 1997).

- 88% of US born Latino children/youth have unmet mental health needs (Kataoka, Zhang, Wells, 2002).
- Approximately 13% of Latino high school students have attempted suicide, compared with 6.7 percent of whites; 18.9 percent of Latinas in high school attempted at least one suicide within a year's period. Death from homicide is almost five times higher for Latino youth (28%) than their white peers (5.8%) (CDC Youth Risk Behavior Surveillance, 2000).
- Native Hawaiian youth have significantly higher rates of suicide attempts than other adolescents in Hawaii (Yuen, 2002).
- African Americans are over-represented in high-need populations that are particularly at risk for mental illnesses. African American children/youth constitute about 45% of children in public foster care (SAMHSA).
- Over 25% of African American youth exposed to violence met diagnostic criteria for post-traumatic stress disorder (PTSD) (SAMHSA).
- There continues to be a serious lack of service providers reflecting the cultural/language composition of communities of color
- Current training programs fail to adequately address a public health model and the disparities issues.
- Data collecting efforts, including the use of appropriate demographic questions, used to ascertain an accurate picture of the behavioral health needs of communities of color are woefully inadequate.
- Research efforts continue to ignore issues of race/ethnicity/language in assessing outcomes and determining best practices models that are culturally relevant to communities of color.

Recommendations

- Hold local, state, federal and tribal entities accountable for implementing policies that eliminate disparities in access to and quality of care for diverse populations.
- Increase resources to support community health centers and community based organizations that provide culturally and linguistically competent services to underserved populations
- Develop a national public/private strategy that incorporates funding for training of culturally and linguistically competent professionals and para-professionals in health, mental health and substance abuse as well as in health/mental health promotion, prevention, early intervention and intervention.
- Within the Substance Abuse and Mental Health Services Administration (SAMHSA), create and fund an Office of Cultural and Linguistic Competence and Disparity Elimination to support a national behavioral health focus on disparities, culture, race, ethnicity to eliminate disparities in behavioral health.
- Support the Center for Disease Control and Prevention's (CDC) efforts to include behavioral health as part of chronic health care services, treatment and public health care education.
- Fund universities and community college tuition scholarships, grants, fellowships, internships and pre-professional behavioral health programs at the undergraduate and

graduate levels, to also include funding for fees, books and loan forgiveness programs for students of color to pursue degrees in behavioral health.

- Fund quantitative and qualitative research that includes family members, consumers, youth and the community as well as participatory action research methodologies to discover study and develop practices that work in behavioral health for populations of color. This includes funding for community defined evidence that brings forward new grassroots practices that have worked in communities of color.
- Within the next four years, research funding agencies should demonstrate increase budget allocations for relevant and culturally and linguistically competent behavioral health research by researchers of color that reflects the proportion of people of color in the United States.
- Fund new innovative research designs and studies that include collaboration with other human service and related disciplines to design research approaches that are more culturally competent and that go beyond the medical model research design for purposes of studying the impact of race, ethnicity and behavioral health. This would include studies on cultural protective factors and the role that historical trauma and discrimination play in wellness, resiliency and mental illness.
- Require disaggregated data for all HHS data collection instruments, research and evaluation efforts.
- Increase culturally appropriate and relevant research that looks specifically at the behavioral health needs of African Americans, American Indians/Native Alaskans, Asian Americans, Native Hawaiians, Pacific Islanders, Latino/Hispanic communities.
- Support the expansion of a public health model that takes into consideration the impact of historical trauma, colonization, poverty, racism, language, and anti-immigrant sentiment.
- Support health information technology that also includes access to information in languages other than English.
- Fully implement Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency and Title VI of the Civil Rights Act of 1964.
- Provide reimbursement and funding for language interpretation and translation in healthcare systems.