

# Transforming mental health services to Hispanic/Latino communities through the implementation of cultural and linguistic competency

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# Presenters Disclosure

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose.

Conflict of Interests:

No relationships to disclose.

# Presentation Outline

- I. Latino bilingual and bicultural provider training, recruitment and retention.
- II. Funding for advanced education and training.
- III. Policy efforts to ensure Latino pipeline development.
- IV. Q&A

# The Challenge Before Us...

- The cultural and linguistic diversity of the U.S., *particularly the Latino population*, is increasing.
- There is a current shortage of Latino bilingual and bicultural mental health workforce (physicians, PAs, psychologists, social workers, nurses, nurse prescribers, etc.).
- There is a compelling need to establish policies and requirements by federal and state agencies, local communities, provider contracts, philanthropy, and through advocacy to build culturally responsive and linguistically competent service delivery systems.

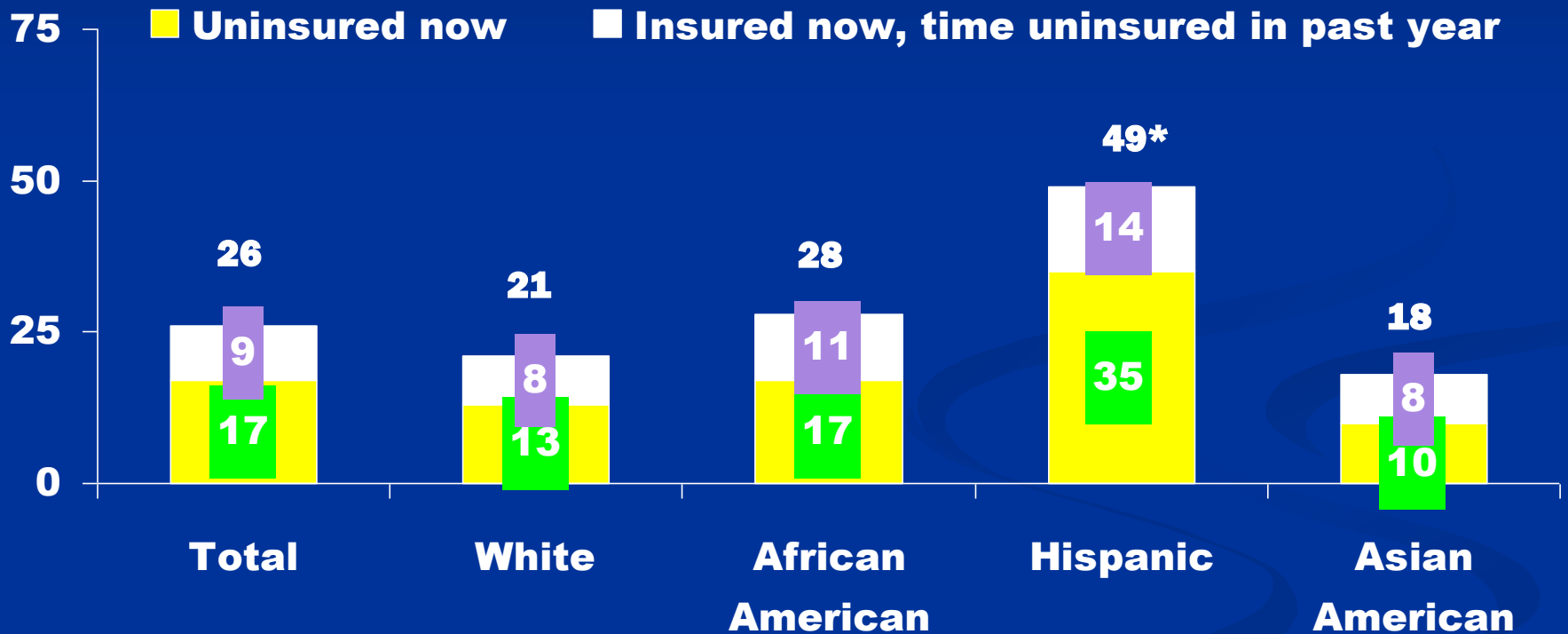
# Lack of Bicultural/Bilingual Providers

...is a barrier to care on multiple levels:

- Disparities in care related to lack of culturally and linguistically competent providers.
- Spanish speaking patients/consumers less likely to seek mental healthcare from non-Spanish speaker.
- Cultural understanding and competence of provider is correlated with patient/consumer follow through.

# Nearly Half of Hispanics and One of Four African Americans Were Uninsured for All or Part of 2006

Percent of adults 18–64

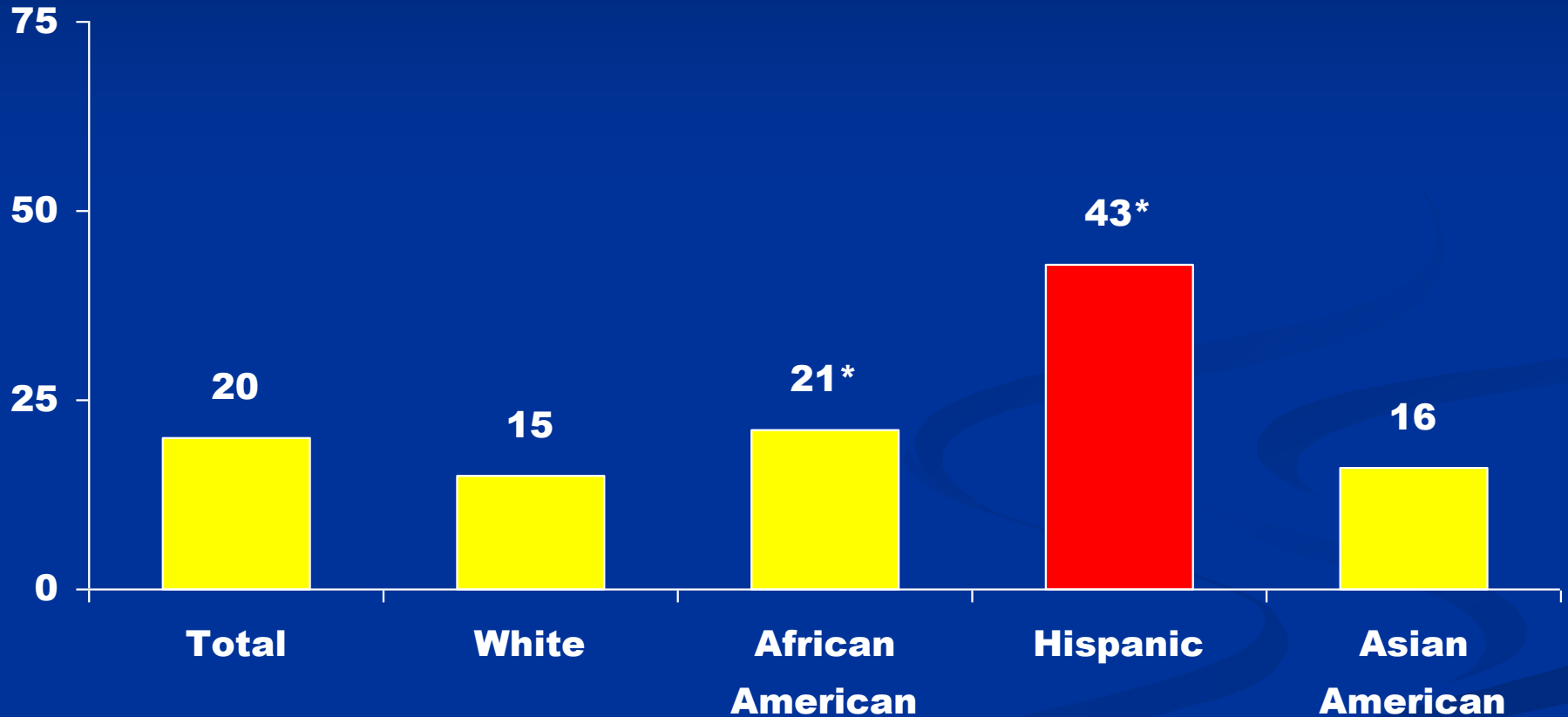


\* Compared with whites, differences remain statistically significant after adjusting for income.

Source: Commonwealth Fund 2006 Health Care Quality Survey.

# Hispanics Are Most Likely to Be Without a Regular Doctor or Source of Care

Percent of adults 18–64 with no regular doctor or source of care



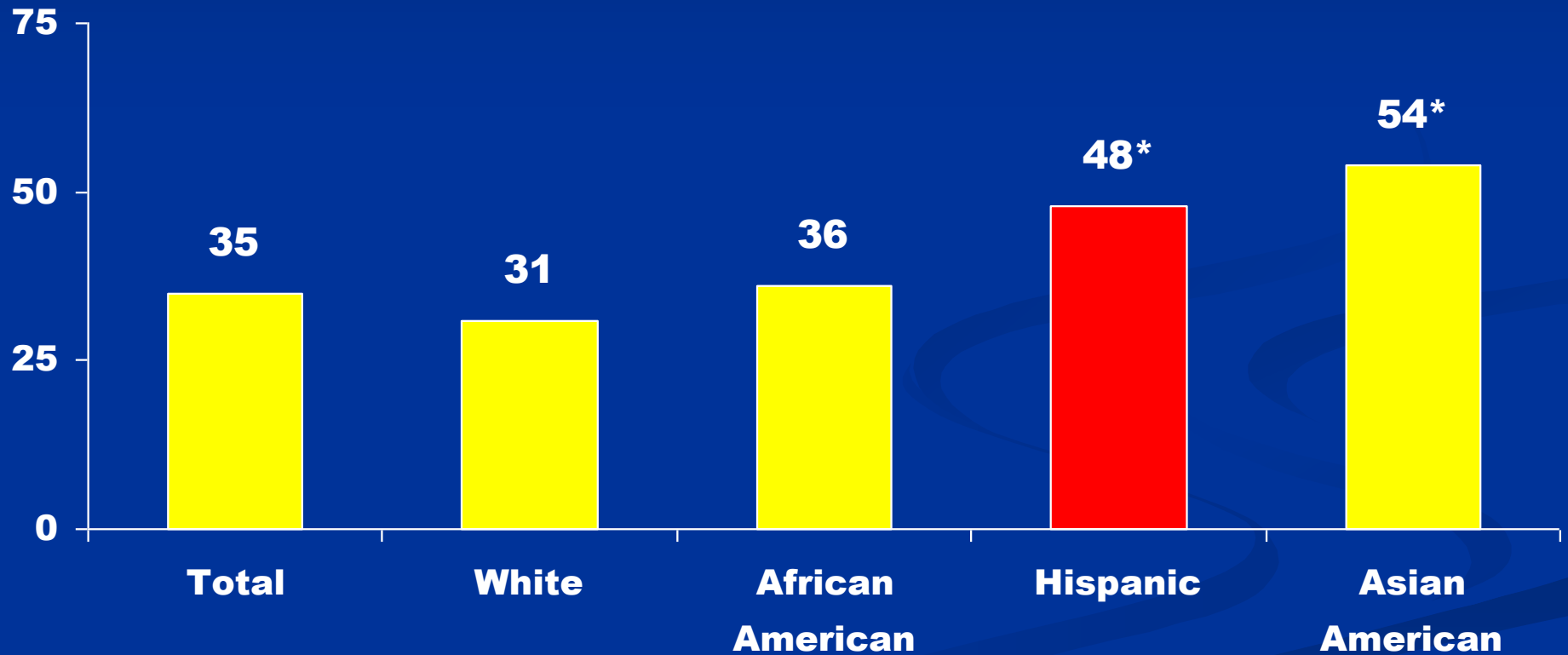
\* Compared with whites, differences remain statistically significant after adjusting for income.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



# About Half or More of Hispanics and Asian Americans with Chronic Conditions Were Not Given Plans to Manage Their Condition at Home

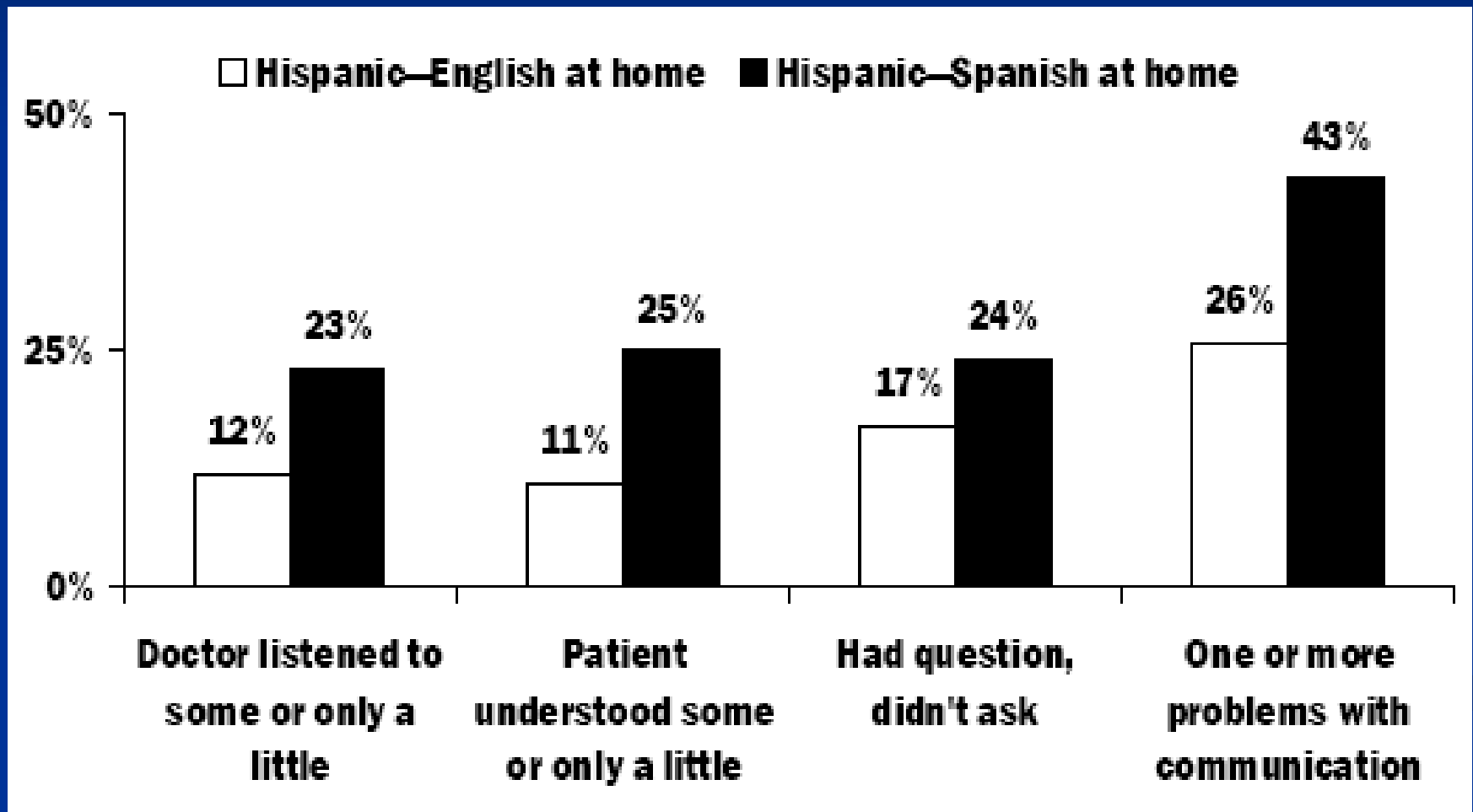
Percent of adults ages 18–64 with any chronic condition who were *not* given a plan from a doctor or nurse to manage condition at home



\* Compared with whites, differences remain statistically significant after adjusting for income.

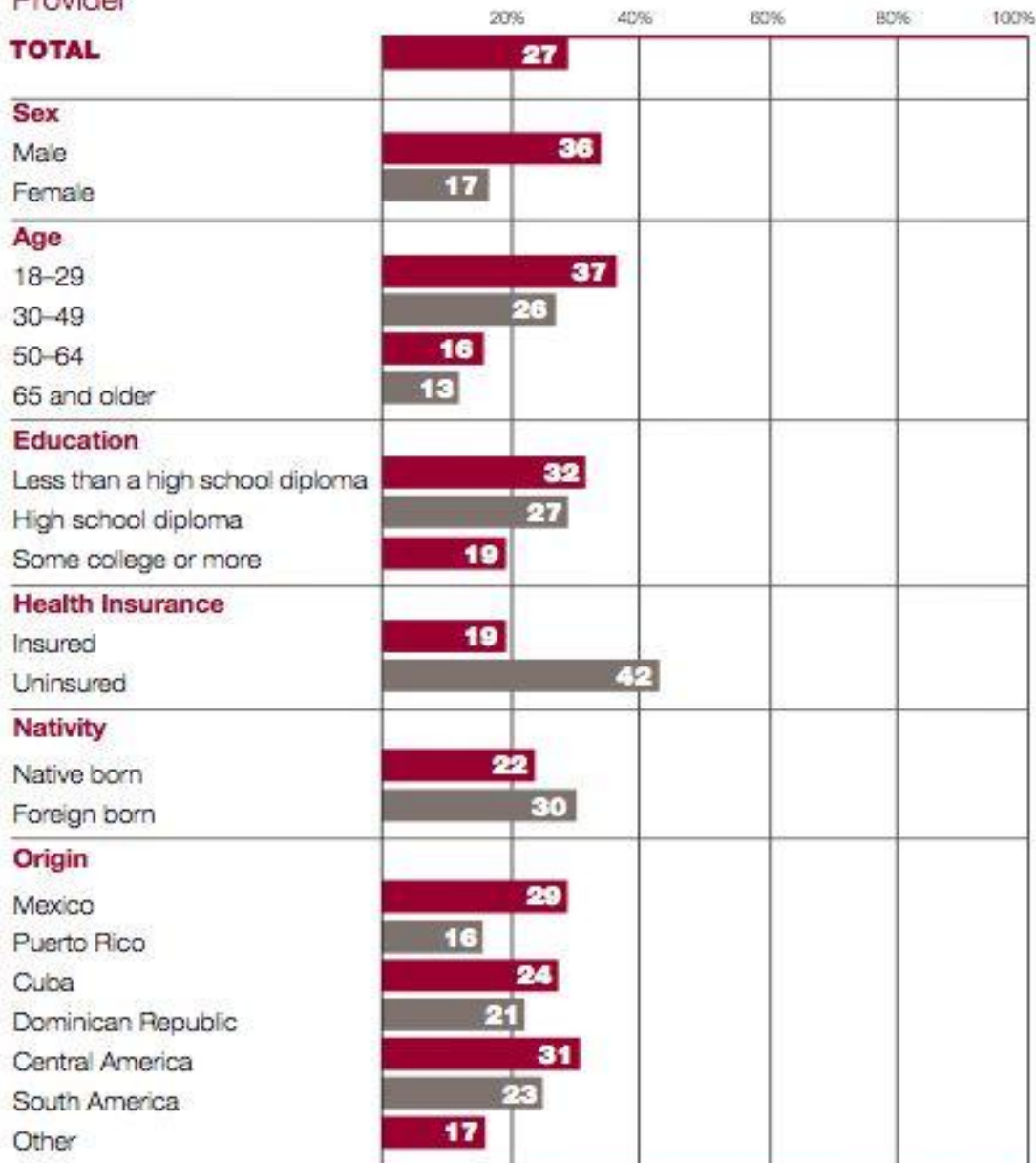
Source: Commonwealth Fund 2006 Health Care Quality Survey.

## Patients Who Do Not Speak English as Their Primary Language Have Greater Communication Problems with Provider



# Who is at risk?

Figure 4: Hispanic Adults' Likelihood of Lacking a Usual Health Care Provider



➤ Male

➤ Young

➤ Less than HS ed

➤ Uninsured

➤ Foreign born vs US

➤ Spanish speaker

Source: Pew Hispanic Center / RWJ Latino Health Survey, 2009

# Workforce: The data is clear...

TABLE 3. Percentage of U.S. Mental Health Care Workforce According to Race

Race	Total U.S. Population <sup>a</sup>	Physicians <sup>b</sup>	Psychiatrists <sup>c</sup>	Psychologists <sup>c</sup>	Social Workers <sup>c</sup>
White	67.0	77.0	81.0	93.0	92.0
Hispanic	14.0	4.0	5.0	3.0	3.0
Black	13.0	5.0	3.0	2.0	4.0
Asian	5.0	14.0	11.0	2.0	1.0
American Indian/Alaskan Native	1.5	0.1	0.1	0.3	0.2

<sup>a</sup> 2005 U.S. population data from U.S. Census Bureau.

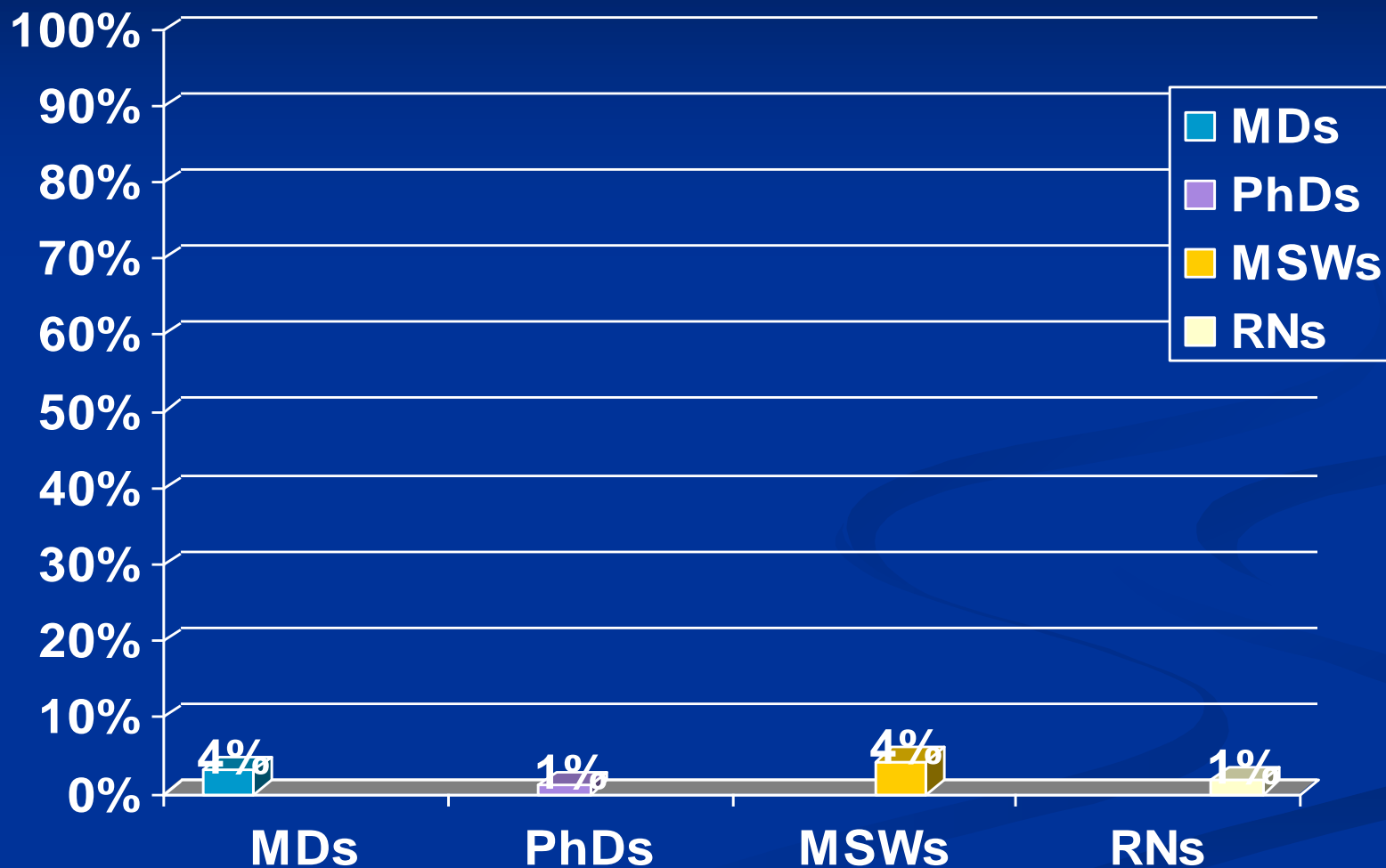
<sup>b</sup> 2005 physician data from the American Medical Association. Percentages are for those with a designated race.

<sup>c</sup> 2002 psychiatrist, 2004 psychologist, and 2004 social worker data from the Substance Abuse and Mental Health Services Administration. Percentages are for those with a designated race.

Source: Miranda, J., et al. (2008). Mental Health in the Context of Health Disparities. *American Journal of Psychiatry*, 165: 1102-1108.

<http://ajp.psychiatryonline.org/cgi/content/full/165/9/1102#T3>

# Percentage of Latino Health Care and Mental Health Providers in the U.S.



NOTE: Data not collected on languages spoken; language capability unknown

Source: Teresa Chapa, Ph.D., MPA, Office of Minority Health

# I. Training, Recruitment and Retention

## I. Training

- a. CLC training
- b. Supervision
- c. CE/Conferences

## II. Recruitment

- a. Posting for preferred qualifications
- b. Targeted recruitment
- c. Tuition remission/reimbursement

## III. Retention

- a. Incentives for certifications/language fluency
- b. Loan repayment; tuition paid – pay back with time
- c. Grow your own

# II. Funding Examples: Advanced Education/Training

- I. Academic Training
  - UT @ Austin Graduate Psychology Education Program (GPEP) HRSA grant
  
- II. Scholarships/Fellowships
  - Hogg Foundation Bilingual/Multilingual Scholarships
  
- III. Internships
  - Hogg Foundation APA internship program

# III. Policy Efforts to Ensure Pipeline Development

- State Efforts
  - New Jersey's Laws Concerning Mandatory Training in CC (6hrs) by all Licensed Physicians (N.J.A.C. 13:35-6.25) and CEU Requirements for all Health and Mental Health Professionals.
  - Arizona OBHL Licensure CC Requirements (3hrs): R4-6-804
- Hogg Foundation: CAI; IHC; Texas HB 2196
- Hogg Foundation IHC-CLC project – grant from Office of Minority Health



# Public Policy

Influencing systems change through advocacy to impact rule making, certification or licensing requirements and/or legislation.

- Is cultural and linguistic competency (CLC) a core value of your organization, provider network, agency? Reflected in mission/vision statement? Part of strategic plan?
- Does your organization have policies that promote CLC?
- Who should you partner with to promote advocacy to impact public policy?

# Background Resources

- U.S. Surgeon General's Report on Mental Health, *Mental Health: A Report of the Surgeon General* (1999)  
<http://www.surgeongeneral.gov/library/mentalhealth/home.html>
- U.S. Surgeon General supplemental report, *Mental Health: Culture, Race, and Ethnicity* (2001)  
<http://www.mentalhealth.samhsa.gov/cre/default.asp>
- Institute of Medicine Report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (2002)  
<http://www.iom.edu/report.asp?id=4475>
- President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America* (2003)  
<http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html>

# Resources

- Alliance for Latino Behavioral Health Workforce Development  
<http://www.nrchmh.org/images/AllianceSnapshot.pdf>
- Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos  
[http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/MOVILIZANDONOS\\_POR\\_NUESTRO\\_FUTURO\\_CONSENSUS\\_REPORT2010.pdf](http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/MOVILIZANDONOS_POR_NUESTRO_FUTURO_CONSENSUS_REPORT2010.pdf)
- National Alliance of Multicultural Behavioral Health Associations <http://www.nambha.org/>
- National Network for the Elimination of Disparities in Behavioral Health <http://www.samsha.gov/nned>

# Contact Information

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# Q&A