

# Behavioral Health Disparities by Latinos & Other Ethnic Communities

**“Proactive actions will save  
the state \$\$\$\$”**

National Latino Behavioral Health  
Association

President

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EXHIBIT C MentalHealth

Document consists of 42 pages.

- ☒ Entire document provided.
- ☐ Due to size limitations, pages \_\_\_\_\_ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail [library@lcb.state.nv.us](mailto:library@lcb.state.nv.us).

Meeting Date 11/4/03

# Overview of Presentation

- Who is NLBHA?
  - Latino population growth in Nevada and USA.
  - What is cultural competency?
  - What is driving the need for cultural competency in behavioral health?
  - What are some ways the State of Nevada can provide cost-effective care to growing diverse communities?
  - Overall recommendations for your consideration.
  - Q & A.
- 

# NLBHA

## *Mission:*

*Provides national leadership for the advancement of culturally and linguistically competent Latino behavioral health services.*

- **The National Latino Behavioral Health Association (NLBHA)** was established in September 2000 . . .
- To address and influence national, state, and organizational policies to effectively serve the Latino community and . . .
- To bring attention to the great disparities that exist in areas of access to services.
- Disparities in utilization of behavioral health services.
- Disparities in Latino-focused, practice-based research.
- The need for increased bilingual and bicultural workforce.
- The need for focused training to increase cultural and linguistics competencies in the existing workforce.

# The Context

**Access to health care  
is an economic and  
social issue**

*Vega & Meindhardt  
Romero, 1980*

# The Context

## The Human Capital Equation

**Healthy  
People**

+

**Educated  
People**

=

A necessary basis for enhanced welfare, reduced poverty, and sustainable growth

# The Context



**Timely access to all levels  
of health and behavioral  
health care is cost-effective  
and ethical**

*Vega & Meindhardt  
Romero, 1980*


# The Context

## Importance of Mental Health



# The Context

Mental health issues often  
come last on the list of  
priorities for policy makers  
... however,  
this is changing





# World Health Organization



“There can be no doubt: mental health has to be given increased attention by health authorities, politicians, policy makers and decision makers.”

Dr. Gro Harlem Brundtland  
China, November 11, 1999

# World Health Organization

“WHO is making a simple statement: mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies, and countries and must be universally regarded in new light.”

Dr. Gro Harlem Brundtland

The World Health Report 2001

Mental Health: New Understanding, New Hope

# The Context

Among the ten top main causes of disability,  
five are mental disorders:

- major depression
- schizophrenia
- bipolar disorders
- alcohol use
- obsessive-compulsive disorders

# Latino Demographics



# Top seven states with the largest Latino growth in 2000 Census

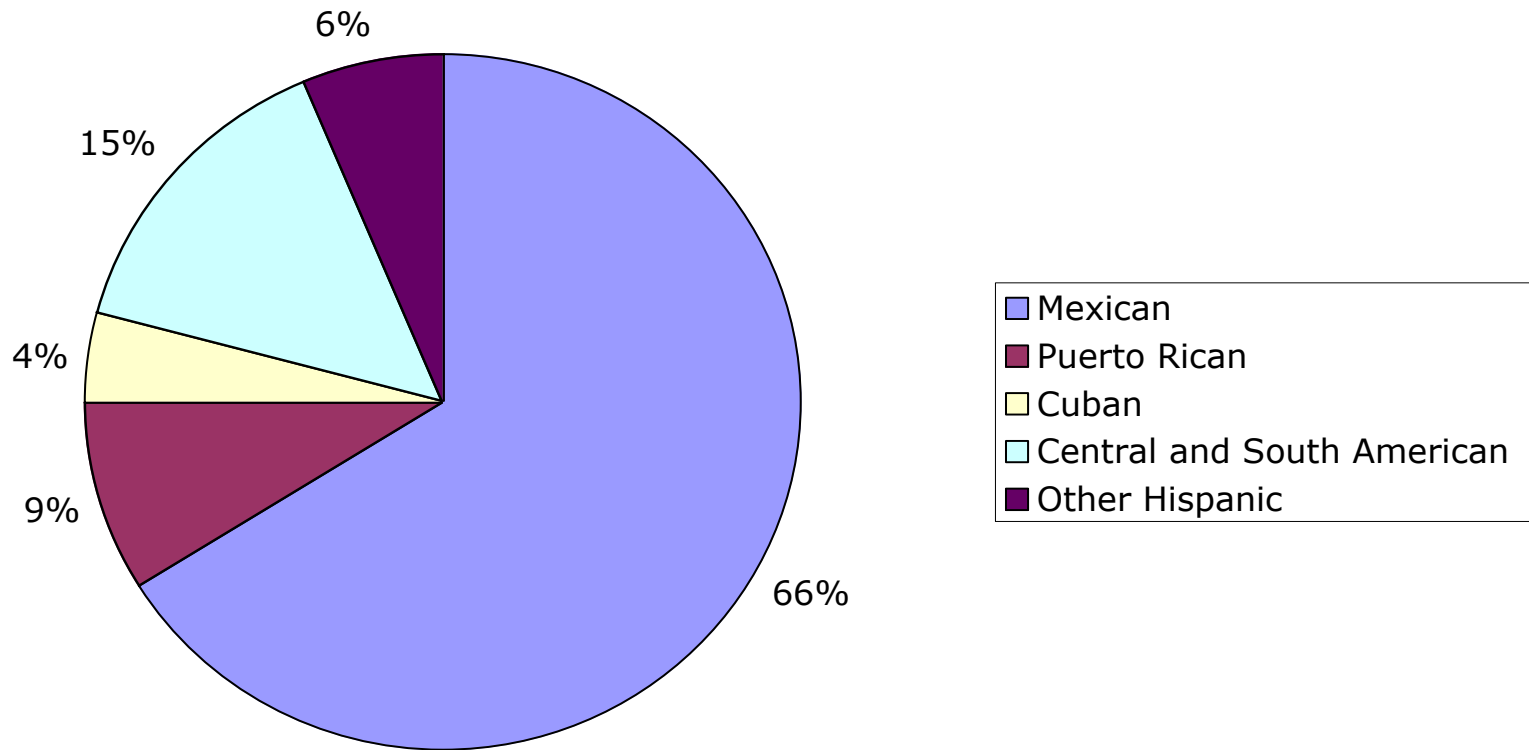
- Georgia
- North Carolina
- Nevada
- Tennessee
- Arkansas
- Oregon
- Washington



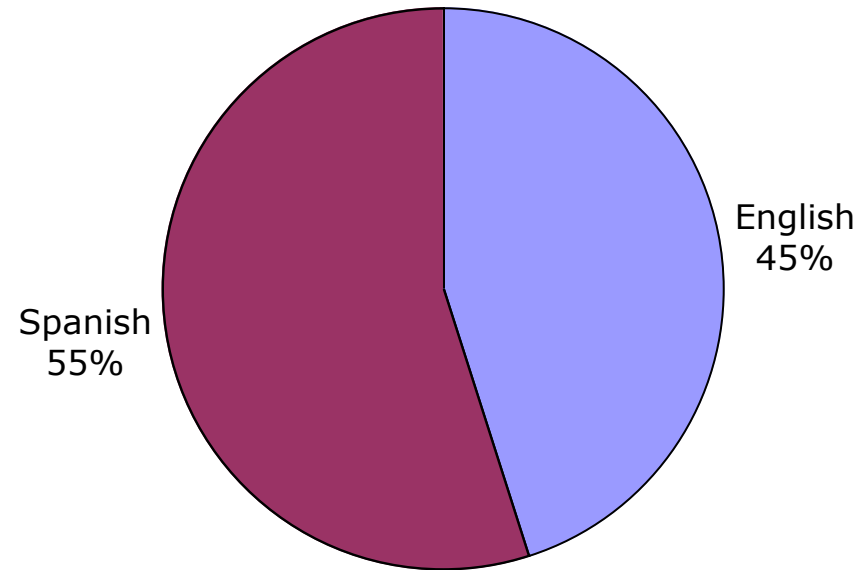
# “Hypergrowth” New Latino Destinations, 2003

	Number of Latinos	Percent of Total Population	Latino Growth, 1980-2000
Raleigh	72,580	6%	1180%
Atlanta	268,851	7%	995%
Greensboro	62,210	5%	962%
Charlotte	77,092	5%	932%
Orlando	271,627	17%	859%
Las Vegas	322,038	21%	735%
Nashville	40,139	3%	630%
Fort Lauderdale	271,652	17%	578%
Sarasota	38,682	7%	538%
Portland	142,444	7%	437%
Greenville	26,167	3%	397%
West Palm Beach	140,675	12%	397%
Washington, DC	432,003	9%	346%
Indianapolis	42,994	3%	338%
Minneapolis-St. Paul	99,121	3%	331%
Fort Worth	309,851	18%	328%
Providence	93,868	8%	325%
Tulsa	38,570	5%	303%
Total	2,750,564	9%	505%

# Percent Distribution of Latinos by Type: 2000

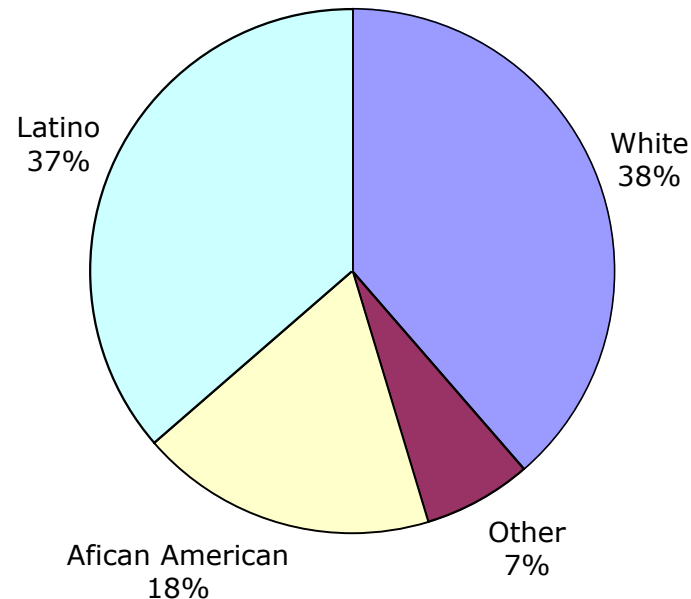


## Languages





# Uninsured Children by Ethnicity in 2001



# Top 4 Barriers to Care

1. Lack of knowledge about where to receive treatment,
2. The location of treatment centers near one's place of residence,
3. Having transportation to obtain help or treatment, and
4. The availability of Spanish-speaking providers.

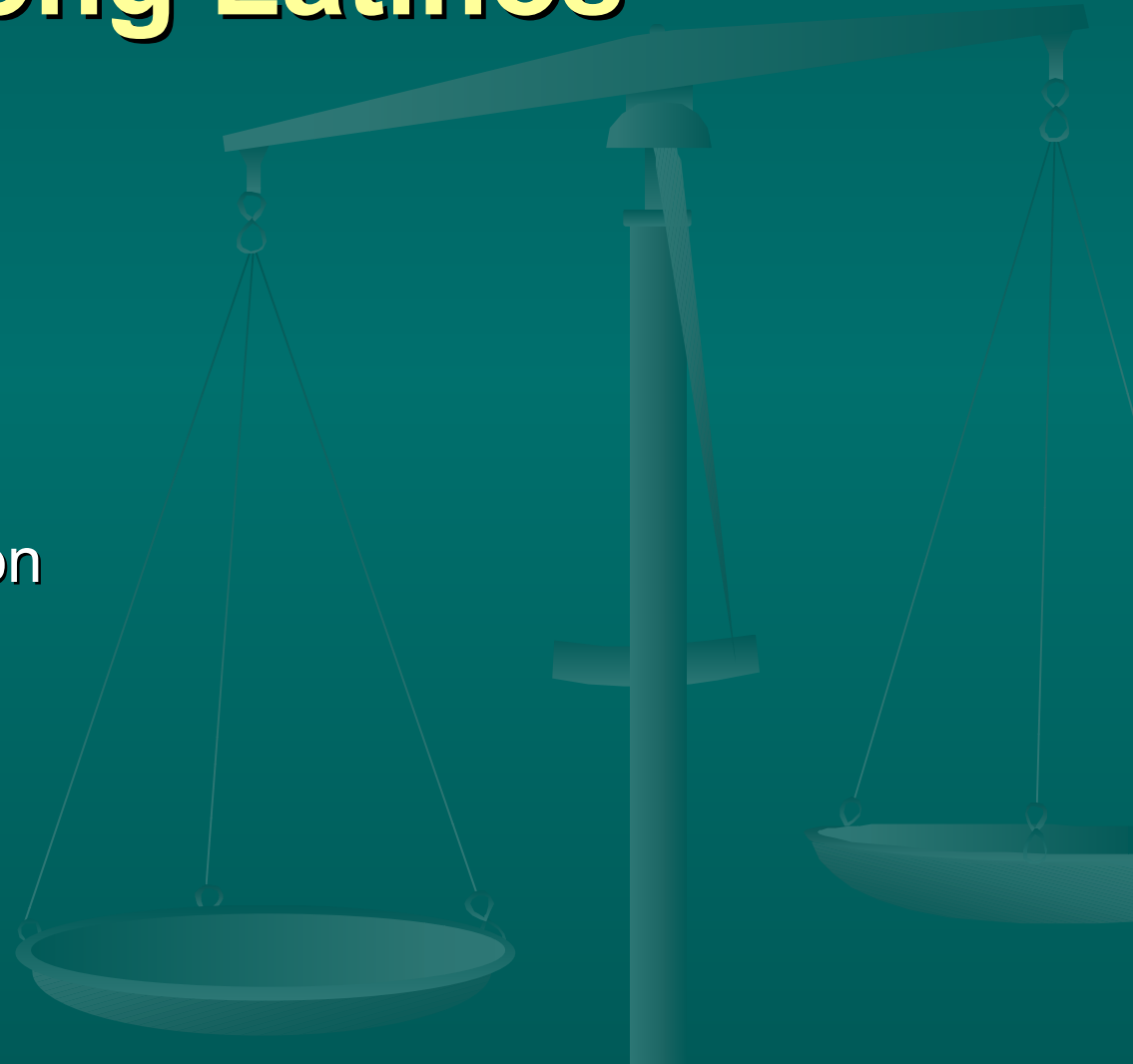


# Language

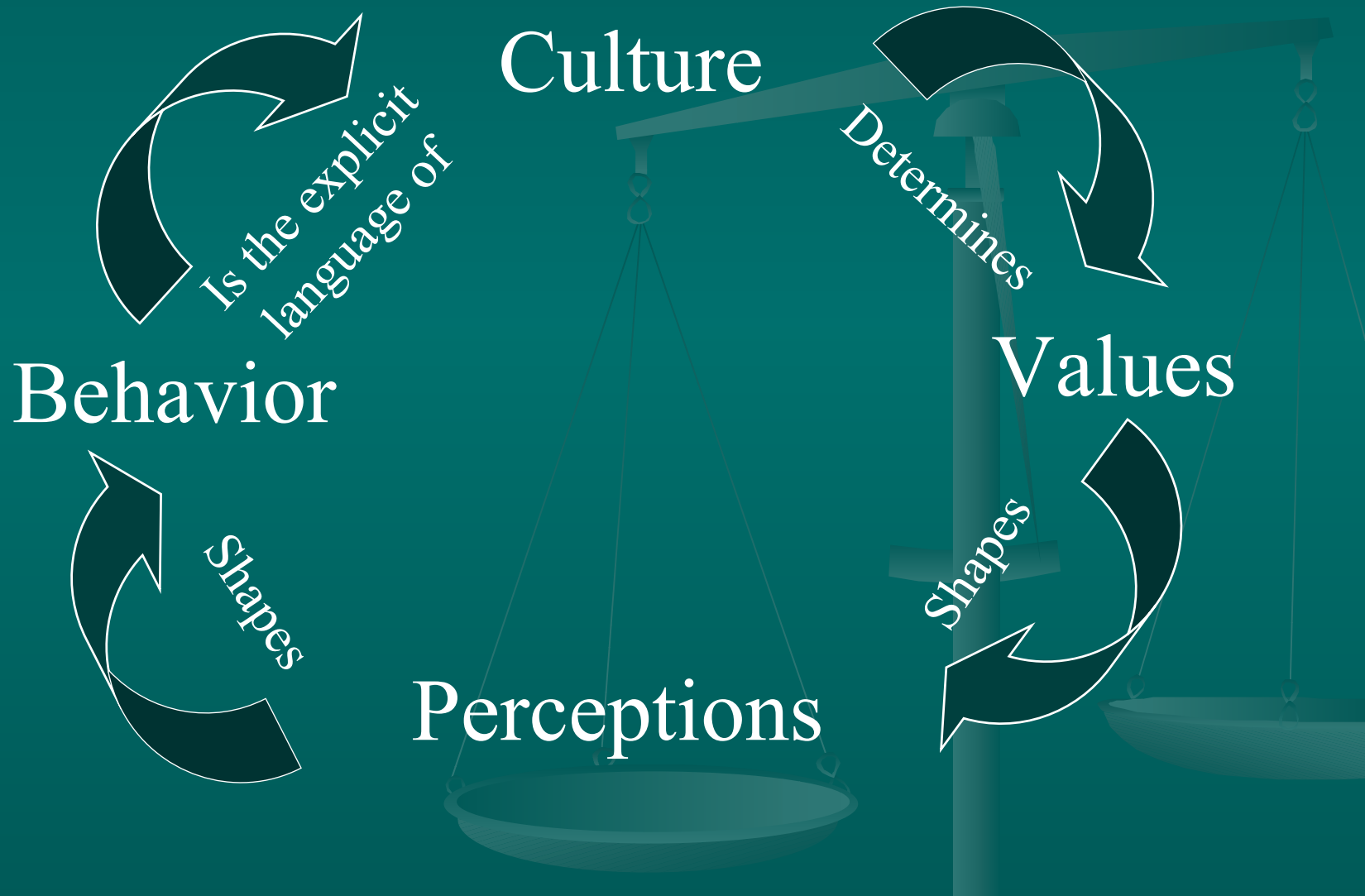
is the most essential tool in the provision of effective services.

# Common core values and beliefs among Latinos

- Family Focus
- Relationships
- Respect
- Trust
- Spirituality/faith
- Language/communication
- Dignity
- Work



# Relationship Between Culture and Behavior



# What is Cultural Competency ?



How can the fundamentals of CC  
help bridge the disparities in  
access and quality of care and  
reduce costs?

# Cultural Competency

- Cultural Competency is a set of behaviors and attitudes and a culture with the business or operation of a system that respects and takes into account the person's ( consumer's) cultural background, cultural beliefs, and values and incorporates them into the way health care services are delivered to that individual.

# Cultural Competency

- Embedding cultural competency principles in organizational policy increases the system's effectiveness.
- It holds the leadership accountable for equitable outcomes across consumers served.
- It provides essential support and direction to providers to move from a one-size-fits-all model and to use flexible consumer-/ family- driven meaningful interventions.

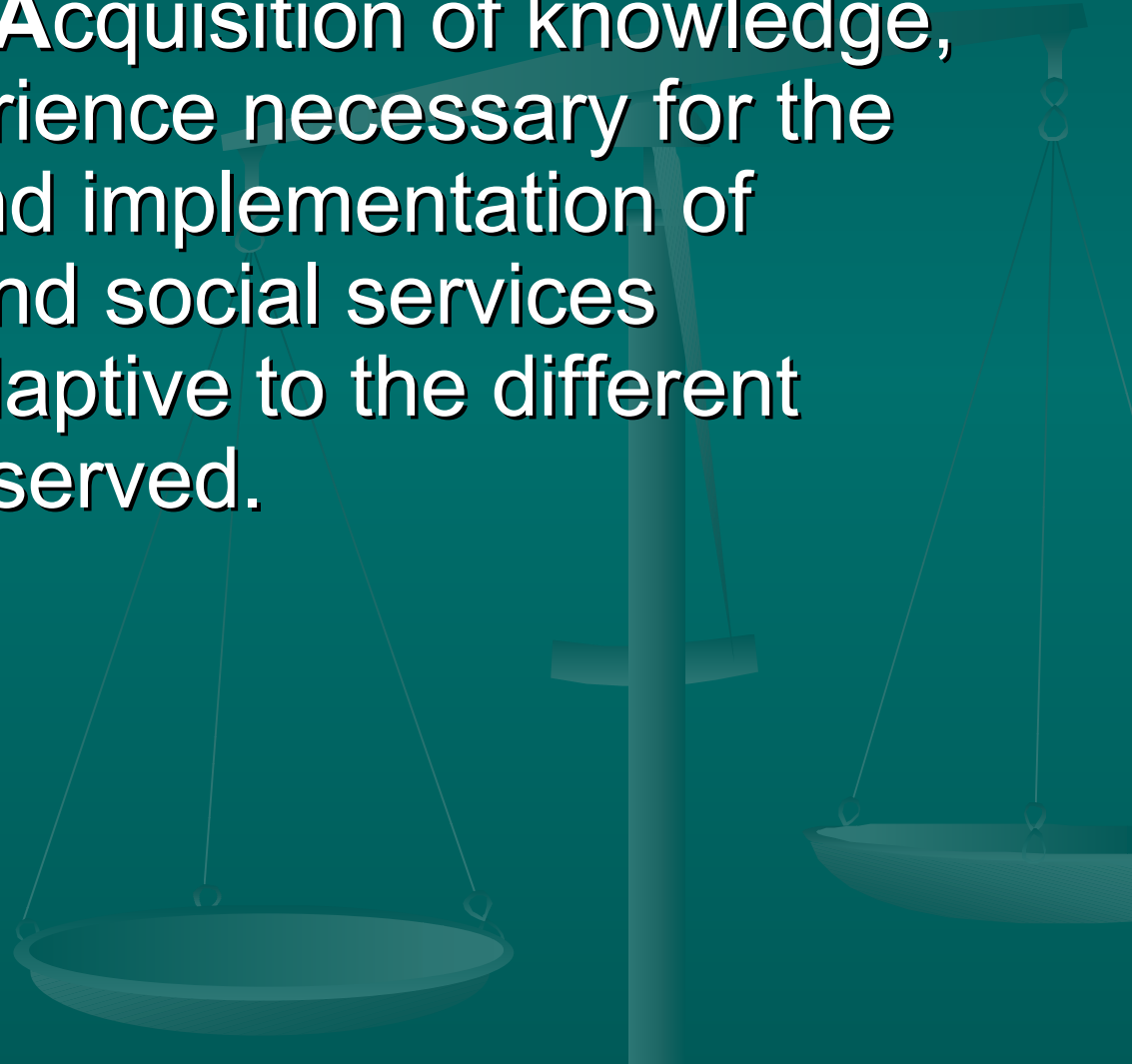
Josie T. Romero LCSW

NLBHA 2003

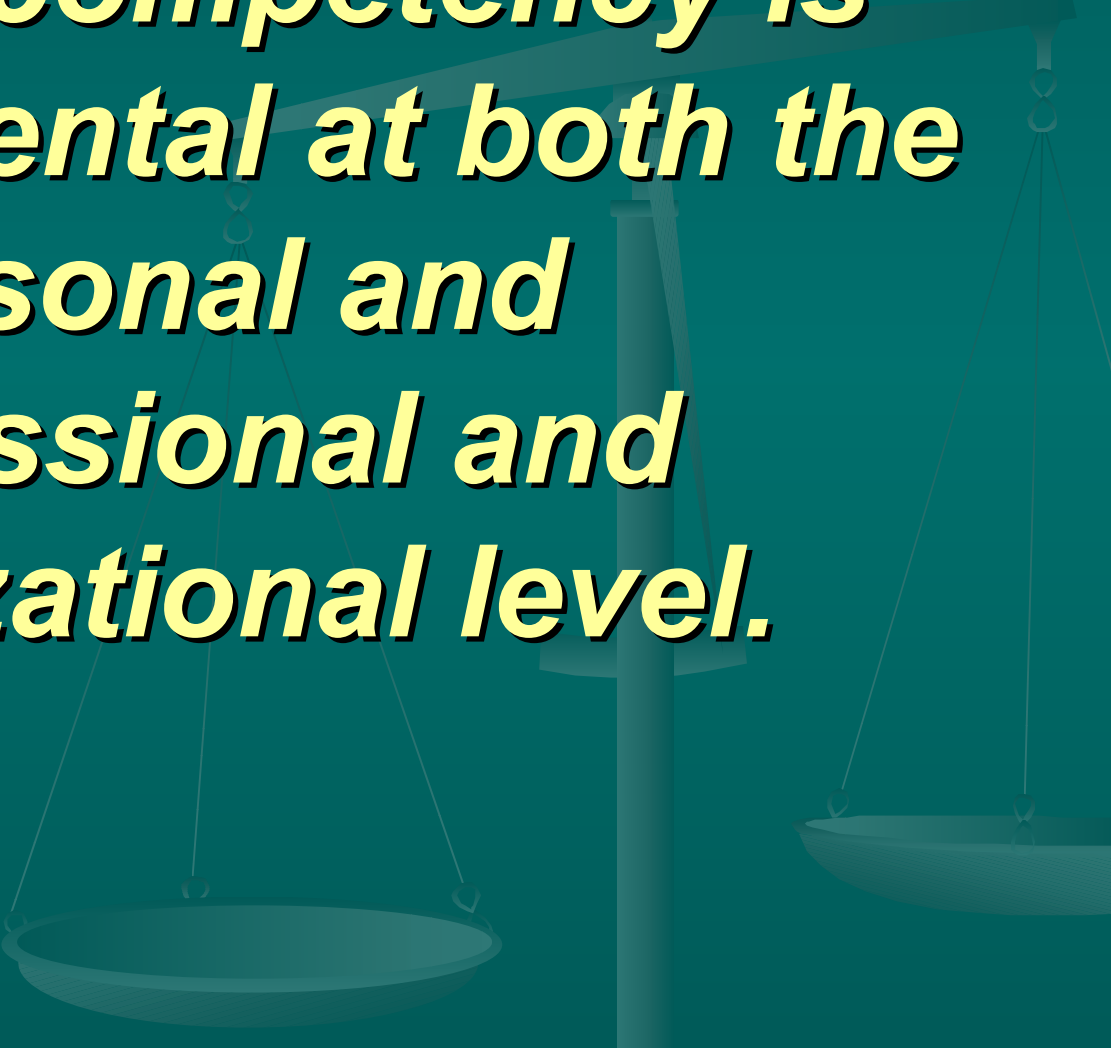


# Competence

- **Competence:** Acquisition of knowledge, skills, and experience necessary for the development and implementation of mental health and social services interventions adaptive to the different cultural groups served.



***Cultural competency is  
developmental at both the  
personal and  
professional and  
organizational level.***



# Disparities in mental health



are costly to all - consumers,  
families, the system, and the  
taxpayer!

# National Initiatives to Reduce Disparities in Health

- Presidential Initiative on Health Disparities in Racial and Ethnic Groups
- Surgeon General's report on Mental Health in the United States and the recently released Supplemental Report
- Senate (S. 1880) and Congressional initiatives (H. 3259)
- DHHS and APHA initiative to eliminate racial and ethnic health disparities
- Healthy People 2010 (eliminate health disparities including those related to gender, race, ethnicity, education, income, disability, living in rural localities, and sexual orientation)
- SAMHSA National Congress for Hispanic Mental Health
- NIMH Strategic Action Plan of Investigation
- Eliminating health disparities: a NIDA Strategic Plan

# National Initiatives to Reduce Disparities in Care

- “Striking disparities in access, quality, and availability of mental health services exist for racial and ethnic minority Americans . . . .”
- “. . . racial and ethnic minorities are less likely to receive quality care than the general population. Overall, one in three Americans who need mental health services currently receives care . . . .”
- “A critical consequence of this disparity is that racial and ethnic minority communities bear a disproportionately high burden of disability from untreated or inadequately treated mental health problems and mental illnesses.”

“Culture, Race, and Ethnicity”

A Supplement to Mental Health: A Report of the Surgeon General

# Disparities in Health Care

**Inequality in American Healthcare - Microsoft Internet Explorer**

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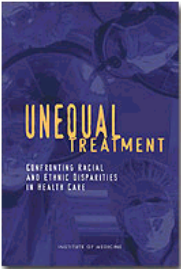
**Examining Unequal Treatment in American Health Care**

*"As soon as they look at the patient and see he's an African-American or Latino, they assume automatically that he doesn't have insurance at all."*  
-- A Hispanic physician, sharing perceptions about his colleagues

According to a [recent survey](#), some U.S. minorities believe they would receive better health care if they were of a different race or ethnicity. A new Institute of Medicine report presents compelling evidence supporting these perceptions. Minorities tend to receive lower-quality health care than whites do, even when insurance status, income, age and severity of conditions are comparable, says **Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care**. Although myriad sources contribute to these disparities, some evidence suggests that bias, prejudice, and stereotyping on the part of health care providers may contribute to differences in care.

[Press Release](#)  
[Full Report](#)  
[Opening Statement](#)  
[Listen to the Public Briefing](#) (requires free [RealPlayer](#))

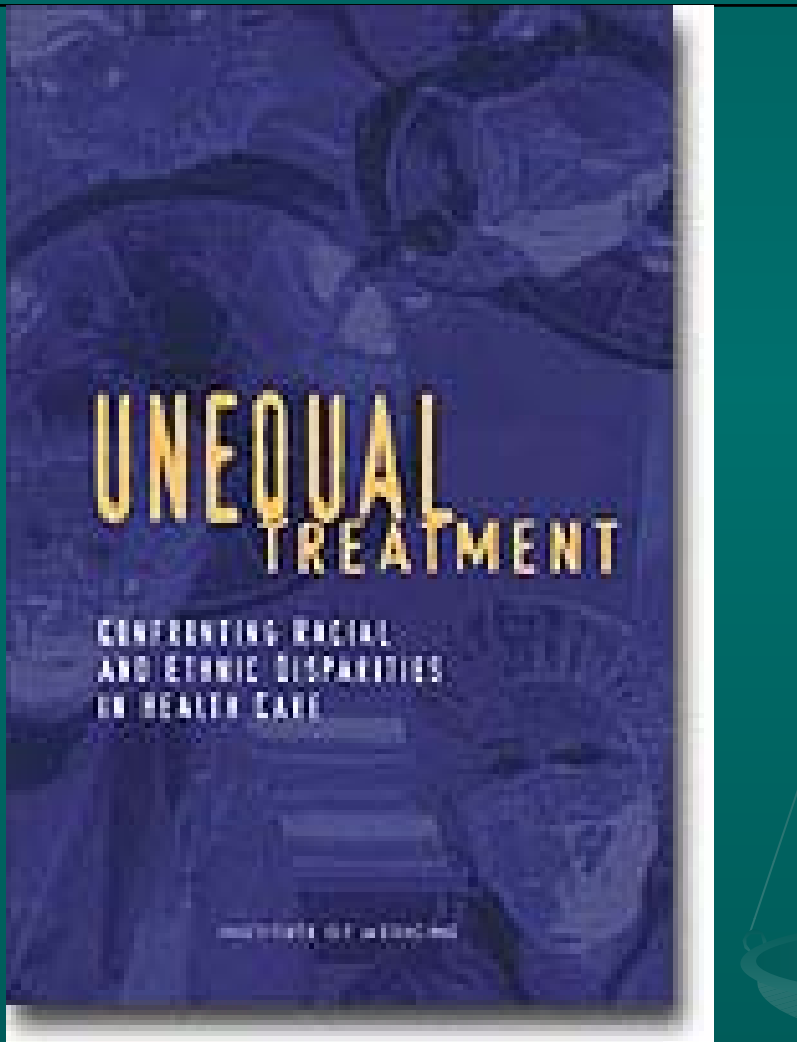
Follow the links below to learn more about 'unequal treatment' in America, and how you can help make a difference.



“Minorities tend to receive lower-quality health care than whites do, even when insurance status, income, age, and severity of conditions are comparable.”

Source: “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care”  
The National Academies' Institute of Medicine

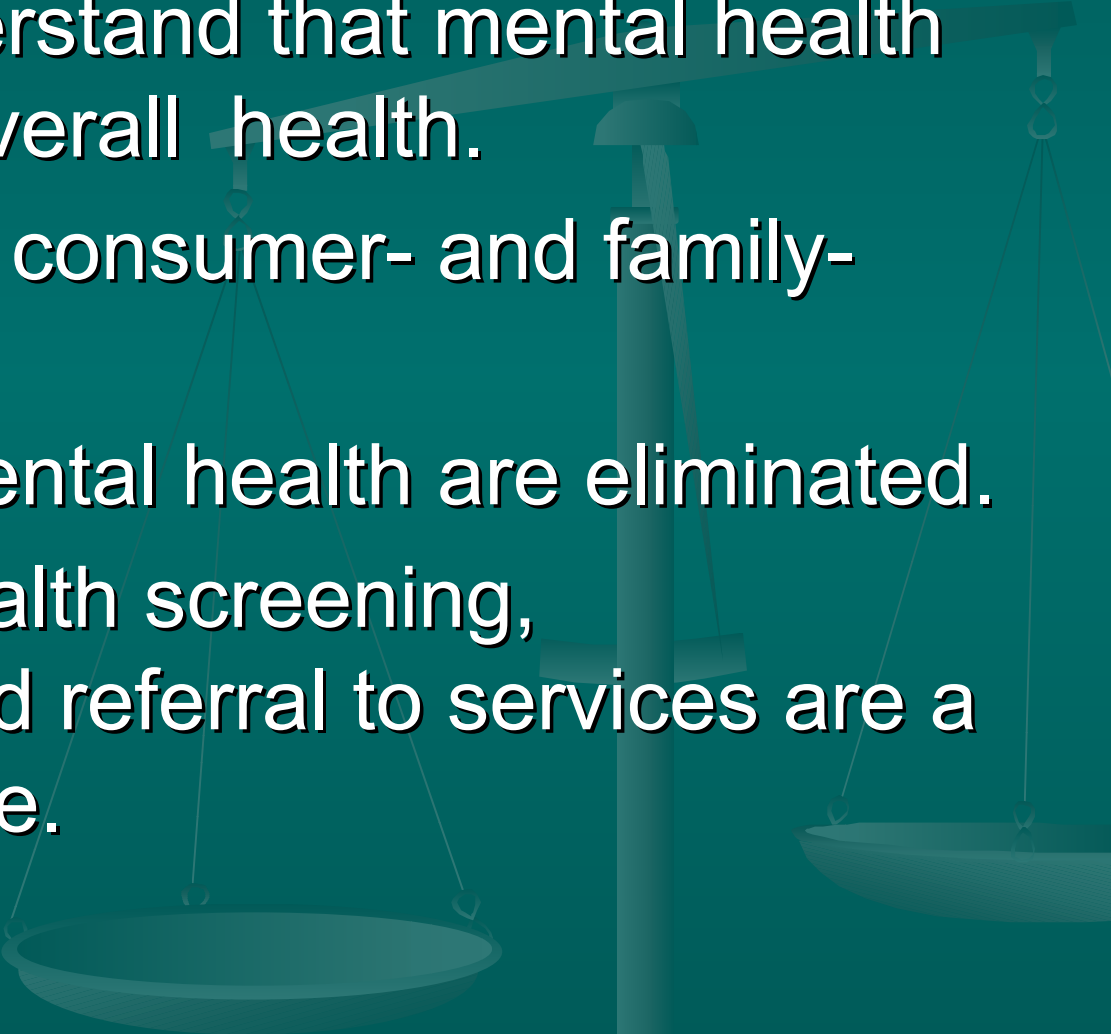
# Disparities in Health Care



“The real challenge lies not in debating whether disparities exist, because the evidence is overwhelming, but in developing and implementing strategies to reduce and eliminate them.”

Committee Chair, Alan Nelson  
The National Academies' Institute of Medicine

# President's MH Commission Goals

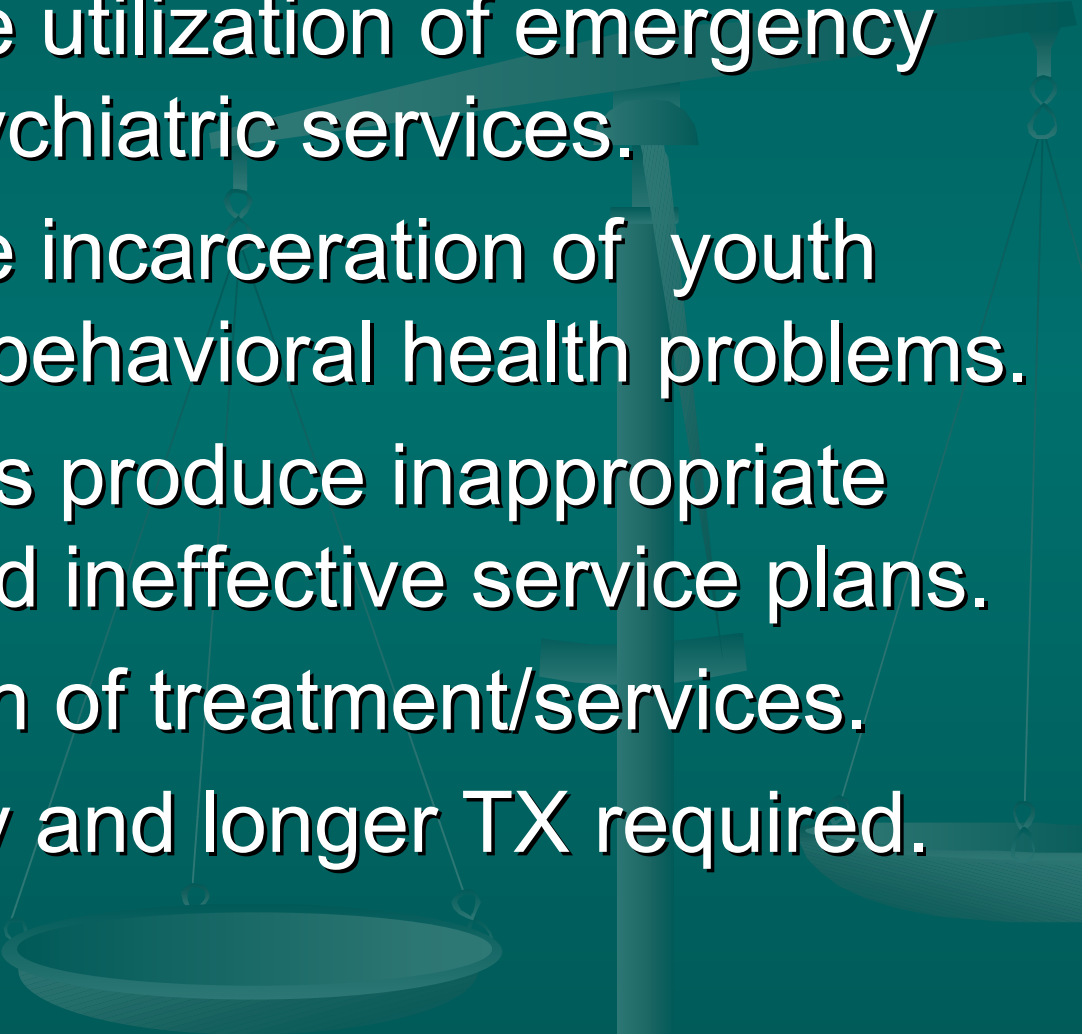
- Americans understand that mental health is essential to overall health.
  - Mental health is consumer- and family-driven.
  - Disparities in mental health are eliminated.
  - Early mental health screening, assessment, and referral to services are a common practice.
- 



# President's Commission Goals, Continued

- Excellent mental health care is delivered and research is accelerated.
- Technology is used to access mental health care and Information.

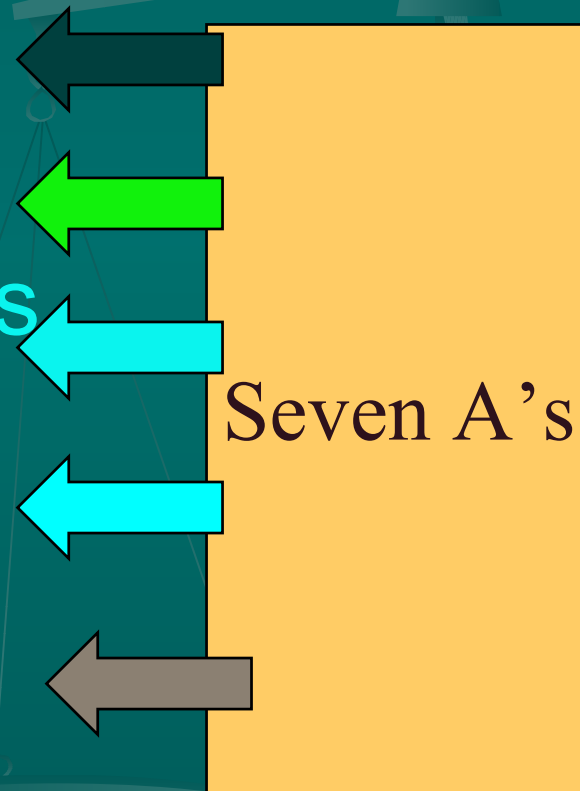
# A few examples of the cost of disparities

- Disproportionate utilization of emergency medical and psychiatric services.
  - Disproportionate incarceration of youth and adults with behavioral health problems.
  - Diagnostic errors produce inappropriate interventions and ineffective service plans.
  - Early termination of treatment/services.
  - Increased acuity and longer TX required.
- 

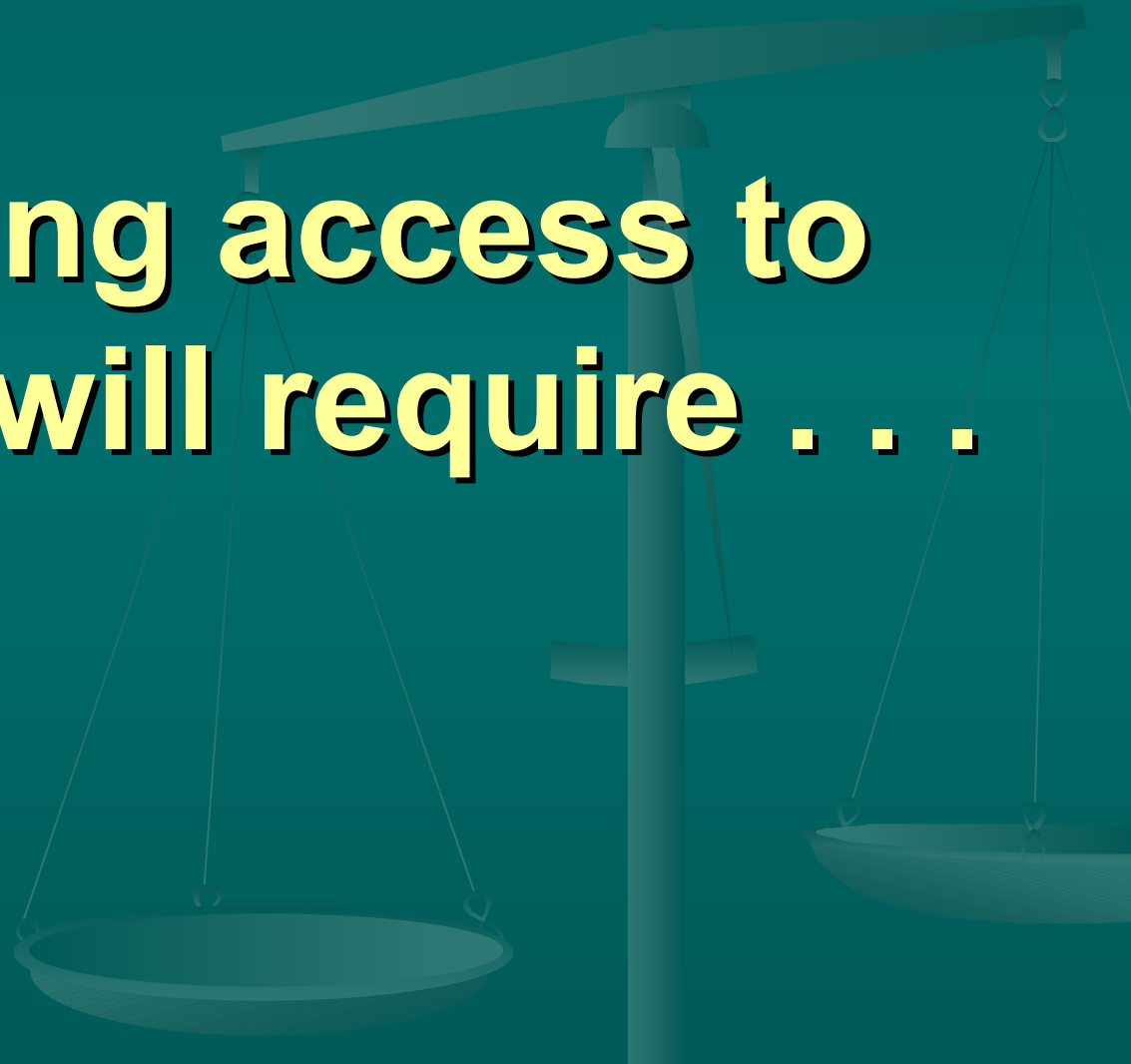
# The Gaps

Underutilization raises questions of

- Availability
- Accessibility
- Appropriateness
- Advocacy
- Affordability
- Assessment
- Accountability



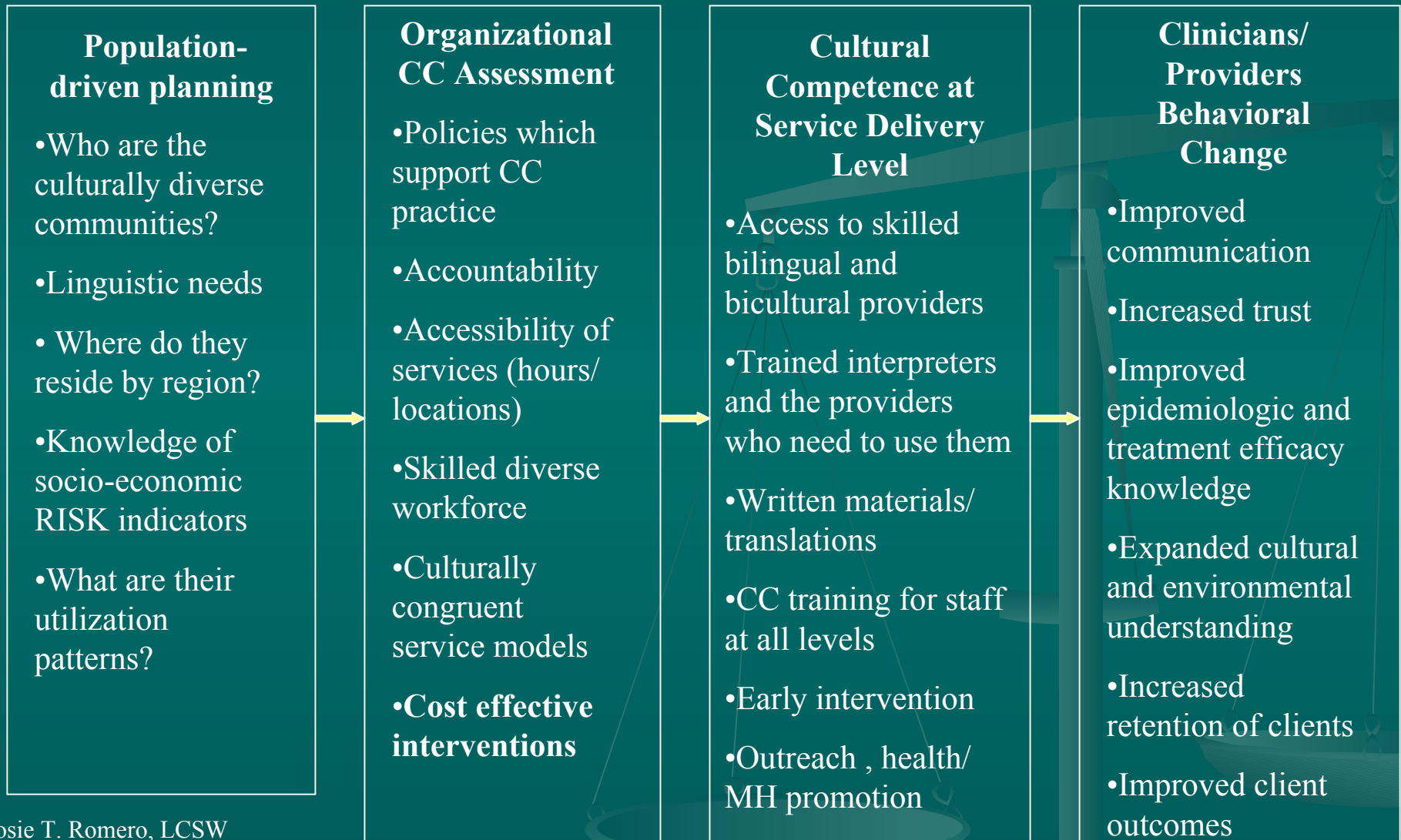
**Improving access to  
services will require . . .**



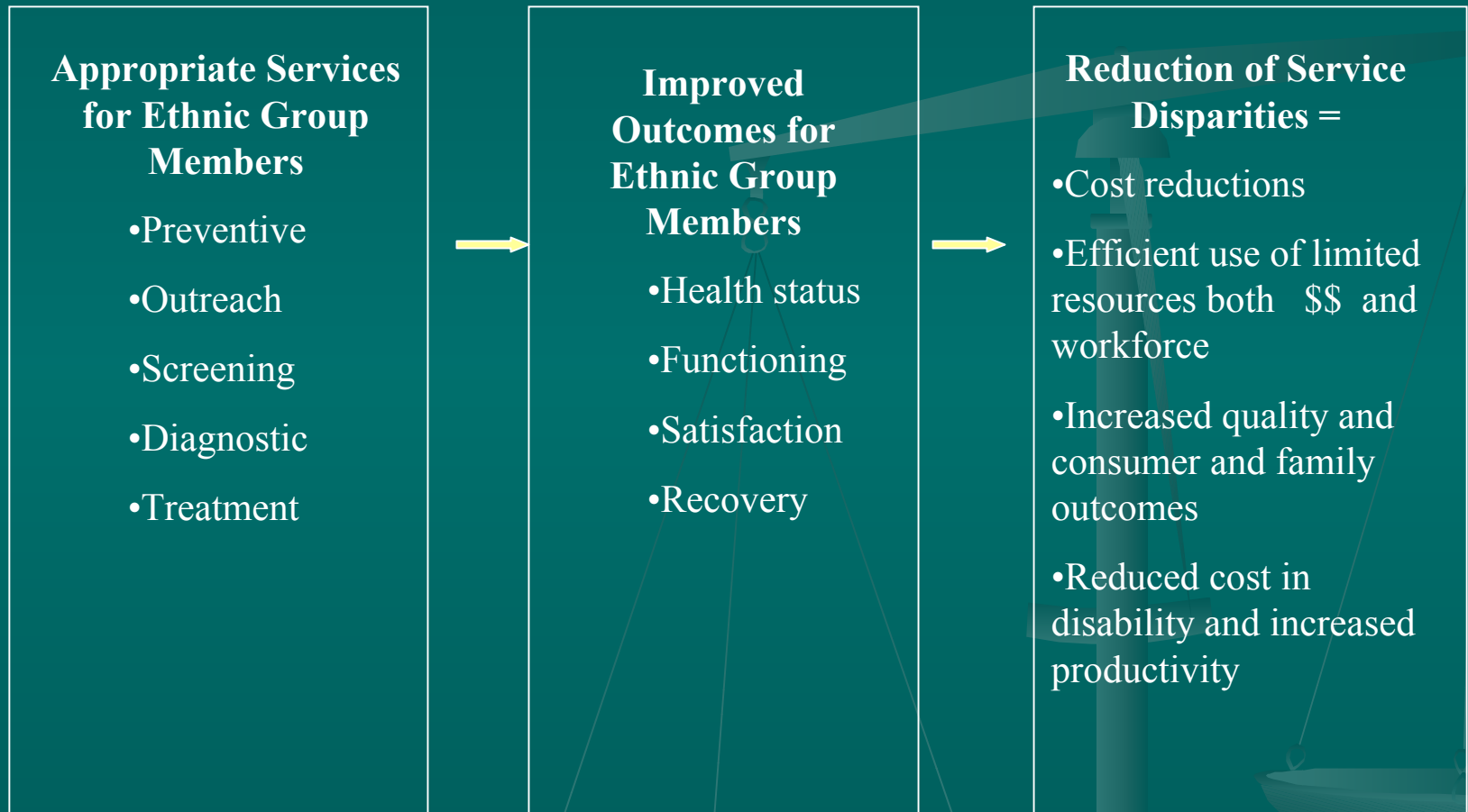
# Policy is essential in the following domains

- Strategic Cultural Competence Plan to integrate monitor progress in reduction of disparities.
- Appropriate data systems.
- Workforce training in cultural competency across the system.
- Recruitment and retention of a culturally and linguistically skilled workforce.
- Access to safe and effective new generation psychotropic medications tested with and in Latino and other diverse communities.

# Elimination of Disparities Through Strategic, Culturally Competent Interventions at All Levels of the Organization



# Reducing Access Disparities through Cultural Competency Interventions at All Levels of the Organization



Source: Brach and Fraser

Josie T. Romero, LCSW

Modified 2/2003

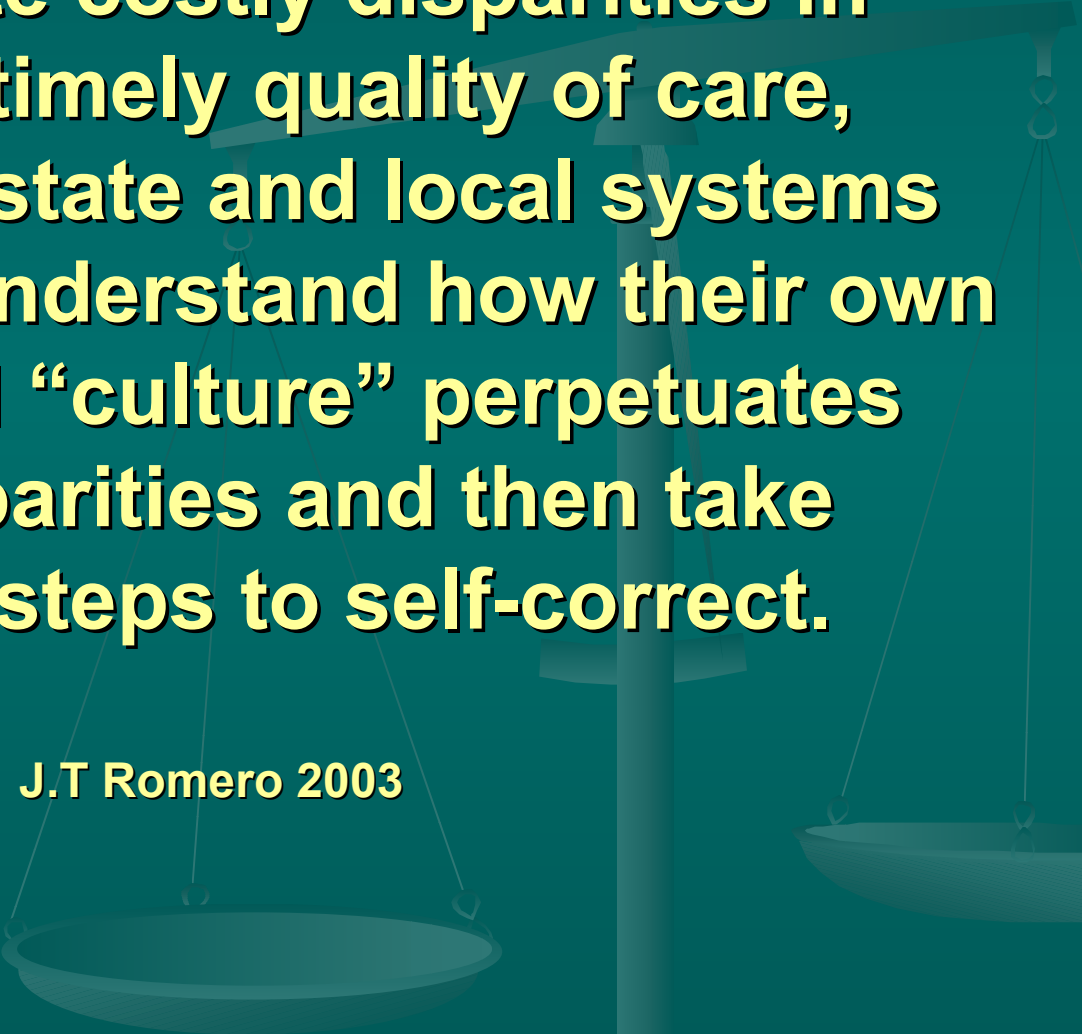
# Policy and Practice



There is no practice which is not  
impacted by policy or the lack  
thereof!

Josie T. Romero LCSW  
2003





**To eliminate costly disparities in access to timely quality of care, responsible state and local systems need to first understand how their own institutional “culture” perpetuates these disparities and then take proactive steps to self-correct.**

J.T Romero 2003

**Obstacles are those frightful  
things we see when we take  
our eyes off our goal!**

