

# **MOVILIZADONOS POR NUESTRO FUTURO: Strategic Development of a Mental Health Workforce for Latinos**

**National Council for La Raza  
San Antonio, Texas**

**July 13, 2010**

**Presented by Members of the  
Alliance for Latino Behavioral Health Workforce Development**

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**WHAT IS...**

**MOVILIZANDONOS**  
**POR NUESTRO FUTURO:**

**Strategic Development of a Mental  
Health Workforce for Latinos Initiative?**

# **MOVILIZANDONOS INITIATIVE**

**Established by the Office of Minority Health in 2009 to Eliminate Mental Health Disparities by:**

- Targeting the behavioral workforce crisis and low Latino presence that exists for Latinos.
- Taking leadership by organizing small committee for 1-year prior, in response to national concerns to address meaningful access to culturally and linguistic mental health services for Latinos.
- Convening MOVILIZANDONOS Consensus Meeting, July 9-10, 2009, in San Francisco, CA.

# **Why Focus on Building a Mental Health Workforce for Latinos?**

## **Largest Minority Group in the US- Poorest Access to Care**

Hispanics comprise over 50 million people, or 15% of the U.S. population and are the largest minority group in the country.

- More than one in five children in the United States are Hispanic - more than doubling since 1980.
- According to the U.S. Census, racial/ethnic minority populations will be more than half of the U.S. population by the year 2042.

Sources: U.S. Census Bureau,

<http://www.census.gov/PressRelease/www/releases/archives/population/010048.html>

Pew Hispanic Center, May 28, 2009, <http://pewhispanic.org/files/reports/110.pdf>

# Total Hispanic Population by State, 2007



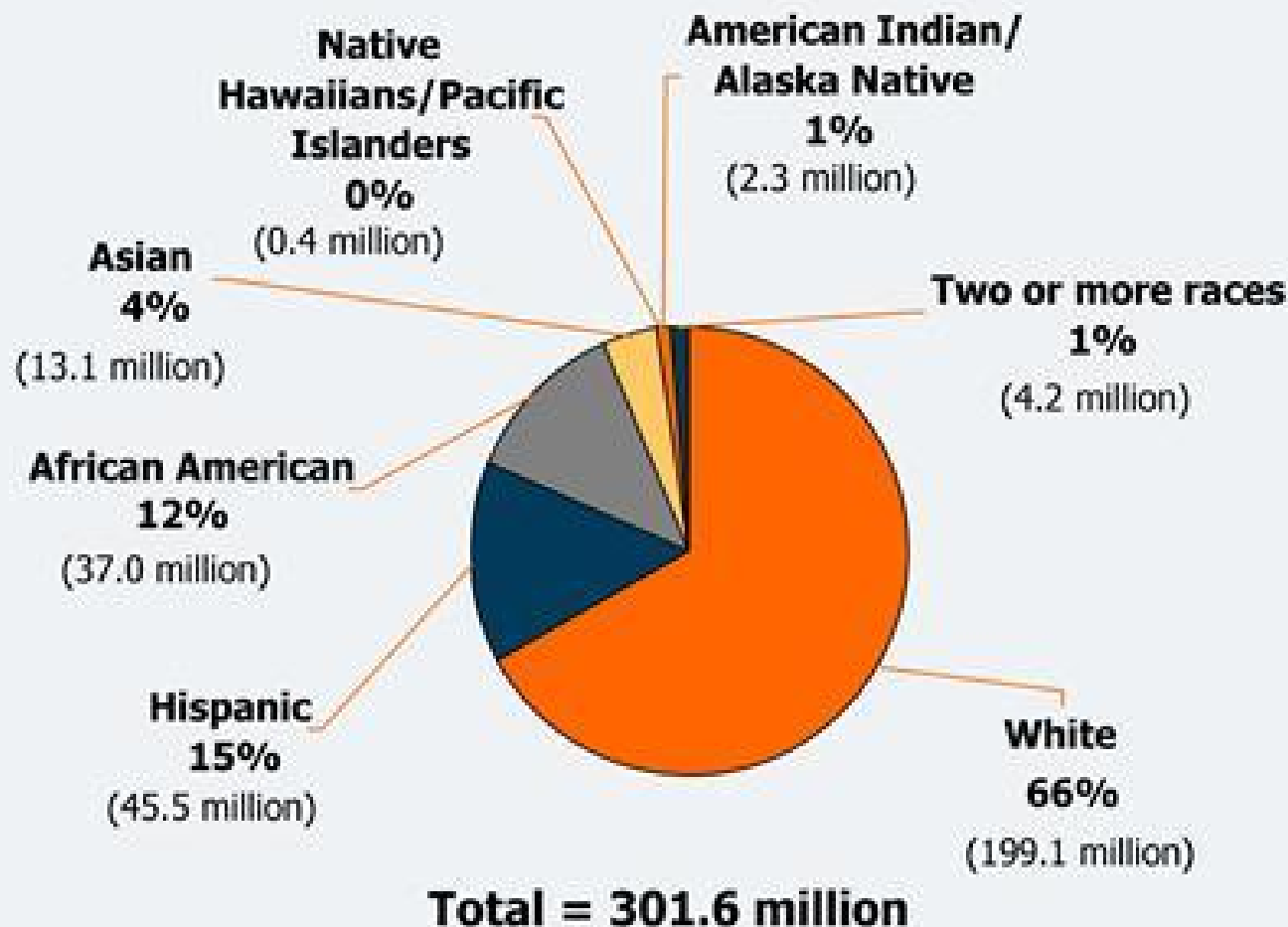
0.0% - 3.2%

3.6% - 6.8%

6.9% - 10.6%

11.7% - 40.7%

# Distribution of U.S. Population by Race/Ethnicity, 2007

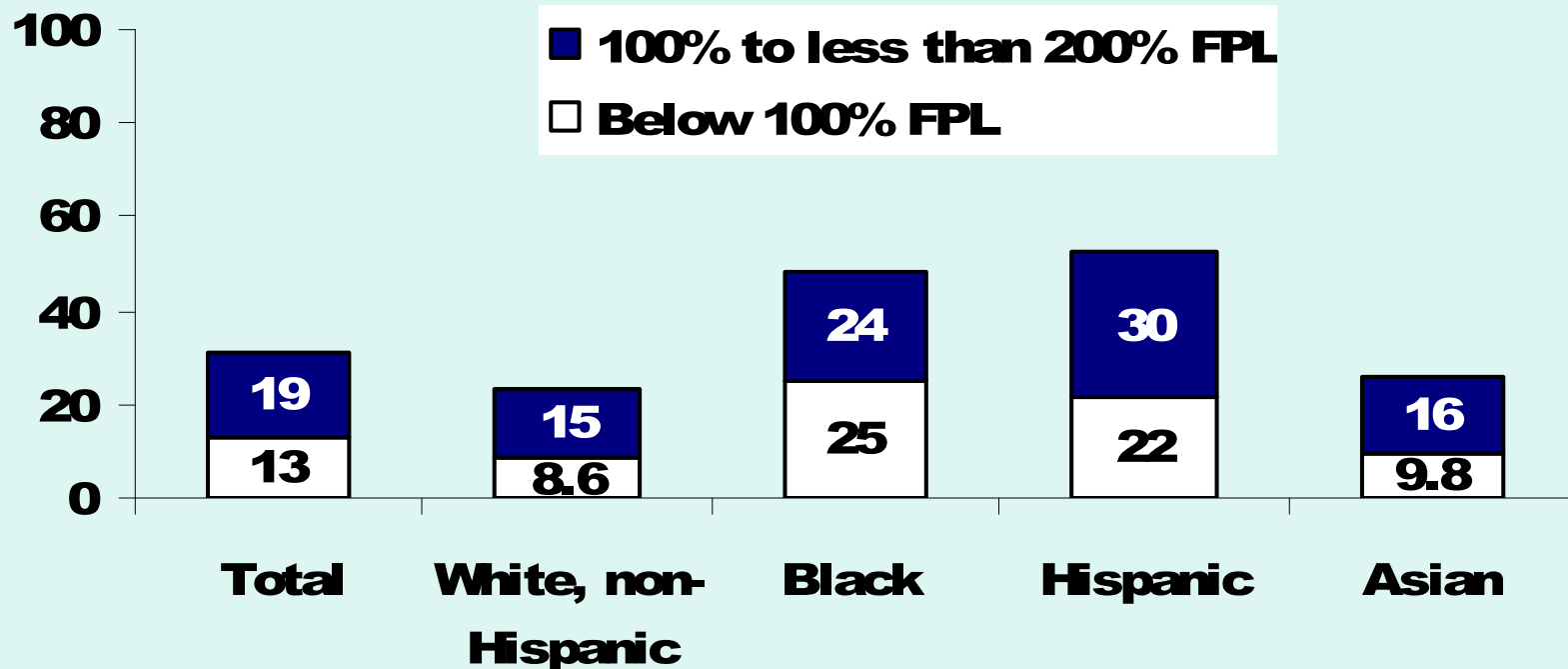


NOTES: Data do not include residents of Puerto Rico, American Samoa, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands. Totals may not add to 100% due to rounding. All racial groups and individuals reporting "two or more races" non-Hispanic.

SOURCE: Kaiser Family Foundation, based on Table 3: Annual Estimates of the Population by Sex, Race and Hispanic Origin for the United States: April 1, 2000 to July 1, 2007 (NC-EST2007-03). Population Division, U.S. Census Bureau.

# Hispanics Have Family Incomes Below the Poverty Level

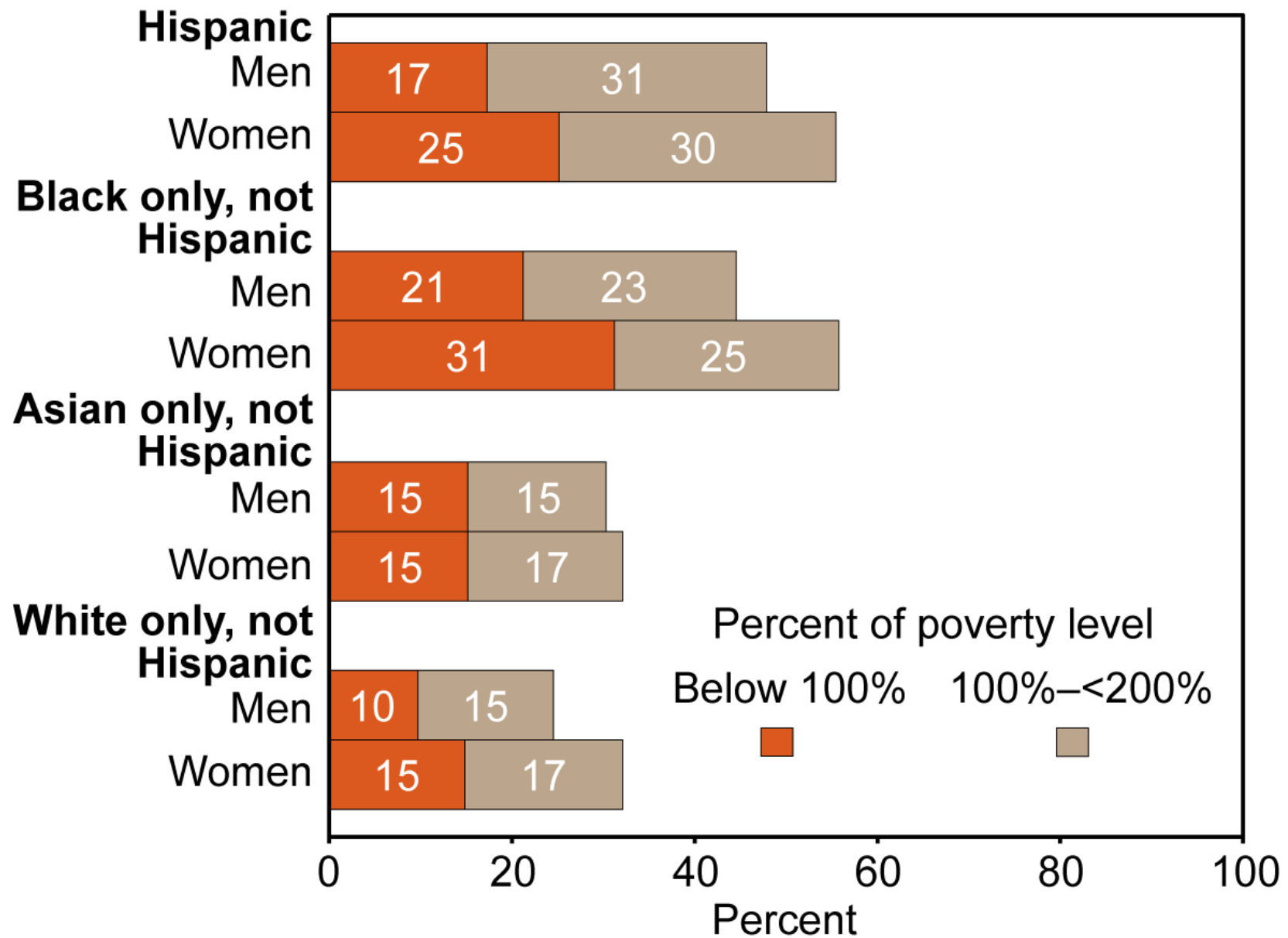
Percentage of population by federal poverty level, 2004



Federal Poverty Level (FPL) is based on family income and family size and composition. In 2004, FPL was \$18,850 for a family of four. Source: Federal Register. 2004;69(30):7336-38.

Source: National Center for Health Statistics. *Health, United States, 2006: With Chartbook on Trends in the Health of Americans*. 2006.

# Young adults 18–29 years: Low income, 2004–2006

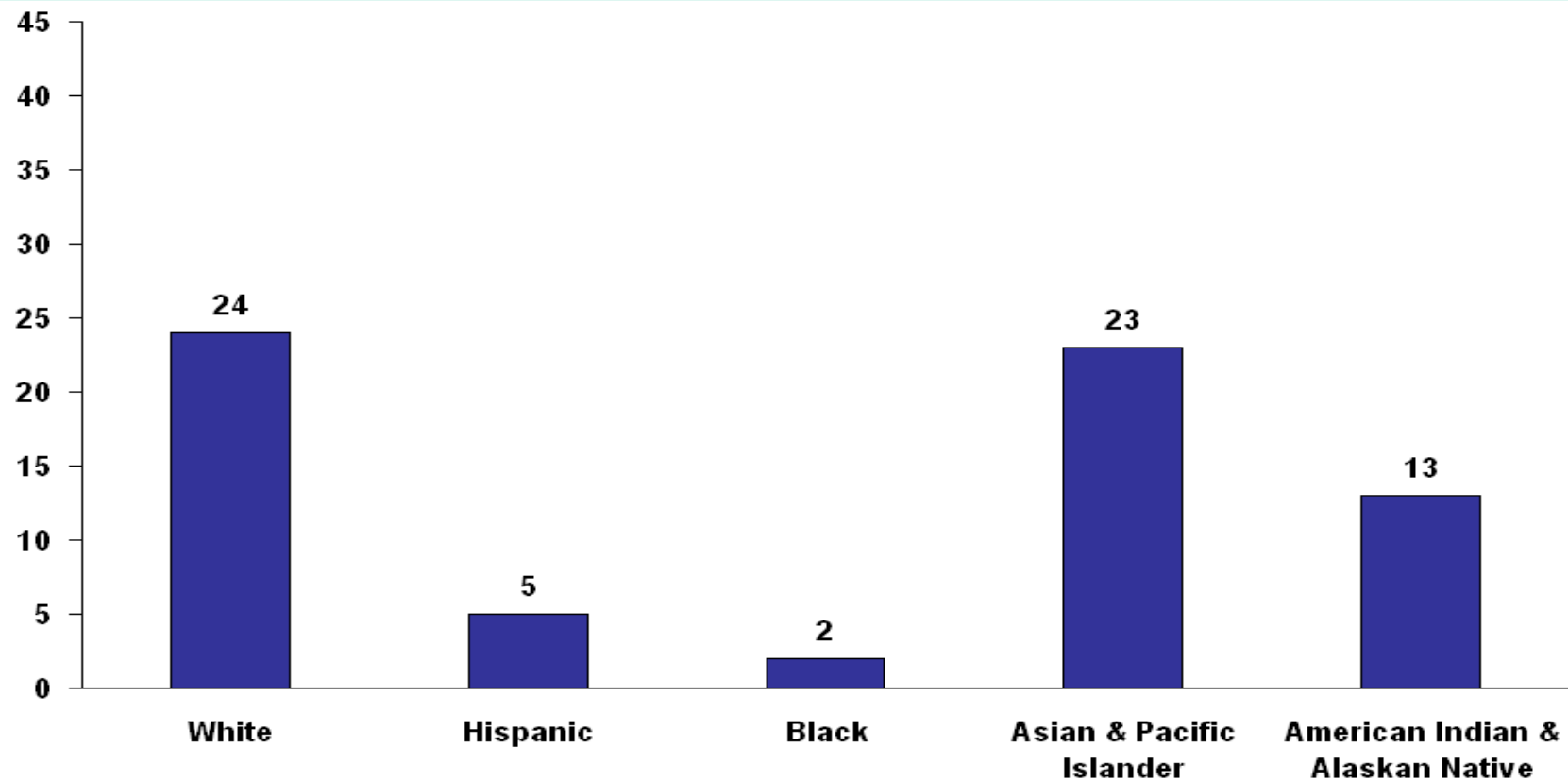


SOURCES: CDC/NCHS, *Health, United States, 2008*, *Health, United States, 2008*, Figure 29. Data from the U.S. Census Bureau.



# Smaller shares of racial and ethnic groups are proficient in science by 12th grade

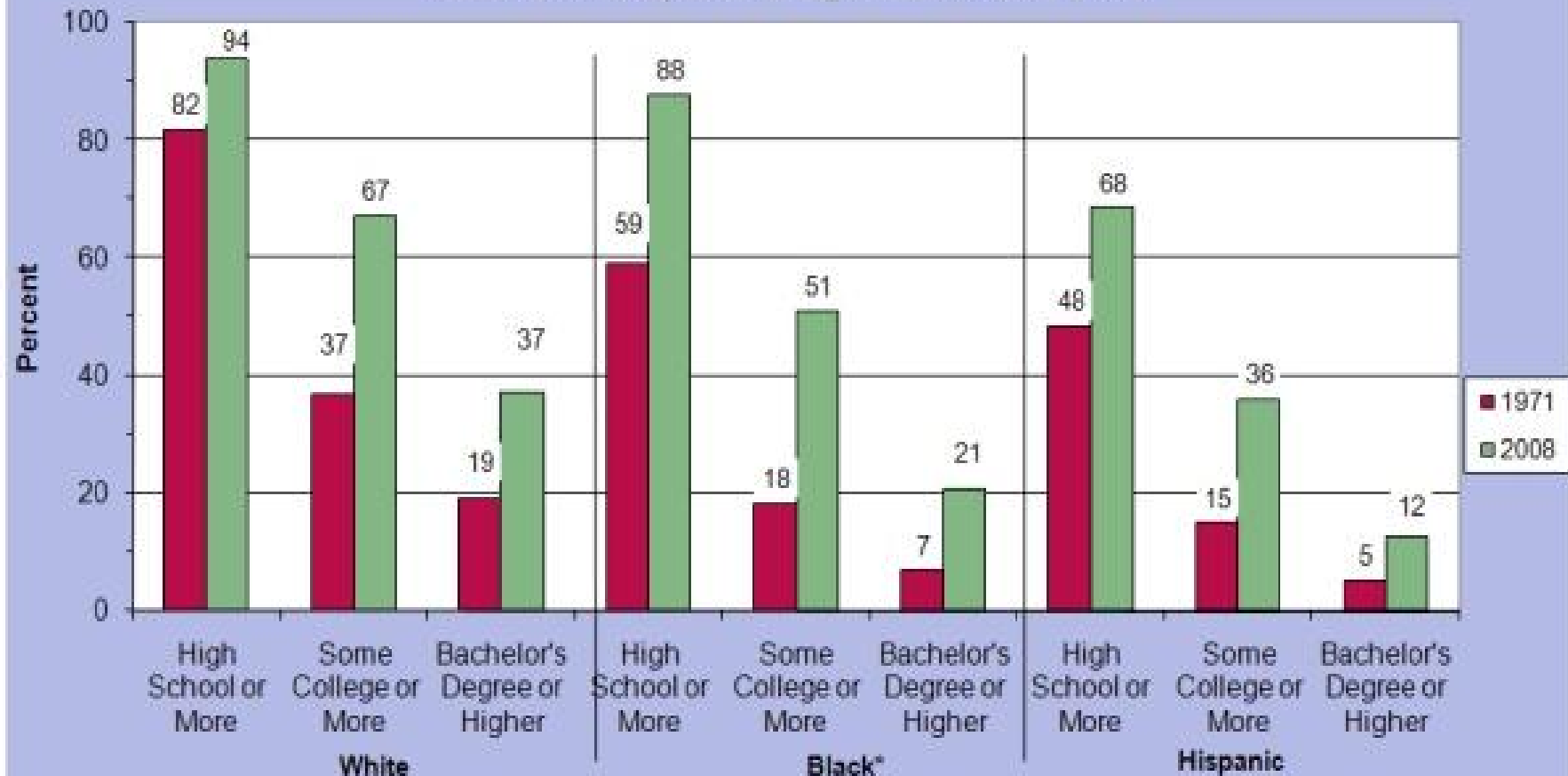
Percent of 12th grade students who are proficient in science, 2005



Source: U.S. Department of Education, National Center for Education Statistics, 2005 report from National Assessment of Educational Progress (NAEP).

Figure 2

## Level of Education Completed by Young Adults Ages 25 to 29 by Race and Hispanic Origin, 1971 and 2008

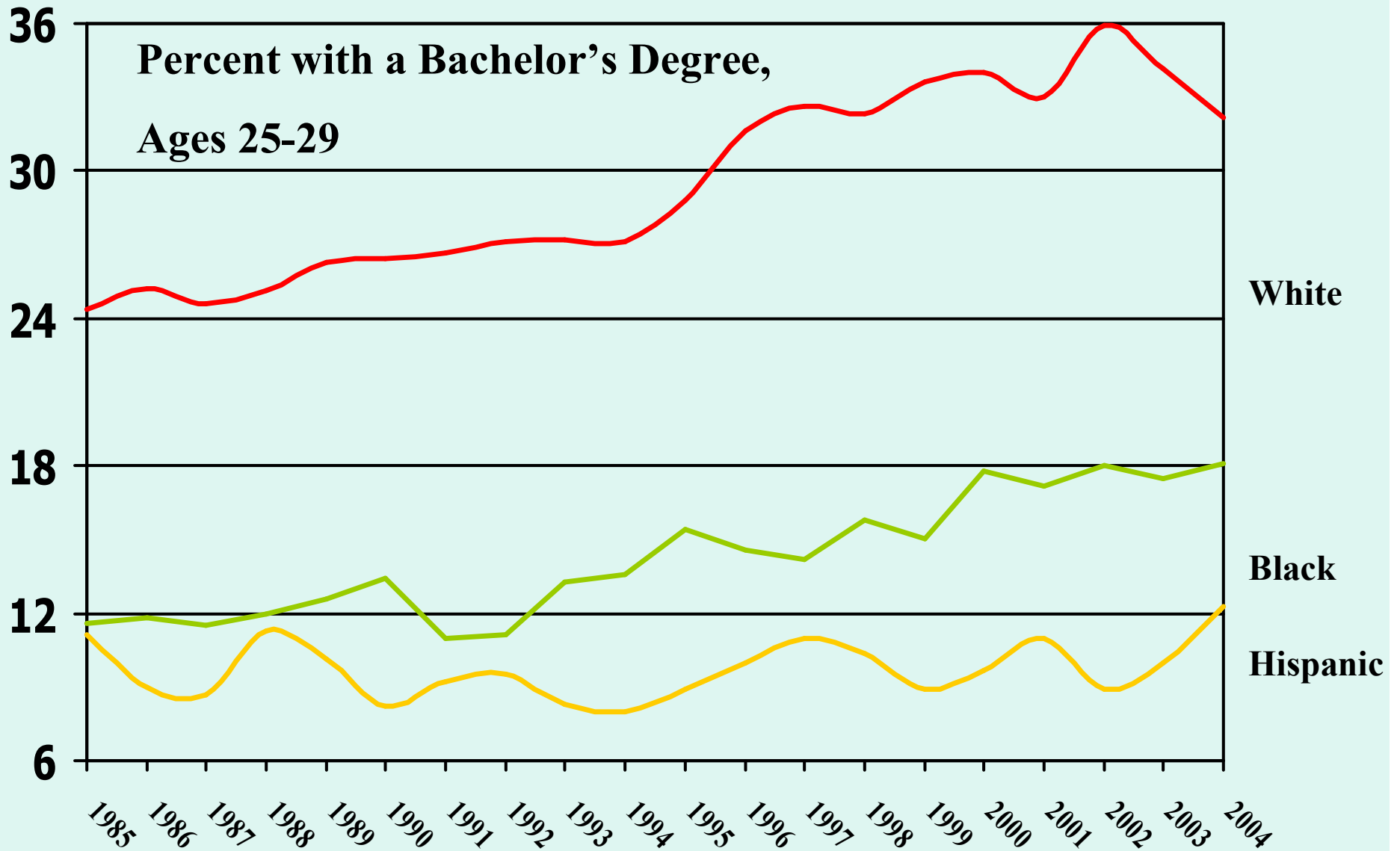


Estimates for 1971 are for the category "non-Hispanic black" and estimates for 2007 are for the category "black alone". The two categories are not strictly comparable. Estimates for 2002-2004 reflect the new Office of Management and Budget race definitions, and include only those who are identified with a single race. Hispanics may be of any race.

Data for 1971: U.S. Department of Education, National Center for Education Statistics, *The Condition of Education 2002*, NCES 2002-025, Washington, DC: U.S. Government Printing Office, 2002. Tables 25-1, 25-2, 25-3. Data for 2008: Child Trends calculations using U.S. Census Bureau, *Educational Attainment in the United States: March Current Population Survey 2008*. Detailed Table 1. Available at: <http://www.census.gov/population/www/socdemo/education/cps2008.html>



# College Graduation Indicator



"Measuring Social Disparities" (2008) by Donald J. Hernandez and Suzanne Macartney; University at Albany, SUNY.

# **Majority of Latinos Attend Two-Year Institutions**

- The majority of Latinos in higher education are enrolled in two-year institutions, while the majority of white, black and Asian/Pacific Islander students are enrolled in four-year institutions.
- In conjunction with community colleges, a higher percentage of Latino students are enrolled in higher education as part-time students compared to other students.

# Educational Attainment & Income Level

## 2008 Median Weekly Earnings



Source: U.S. Dept of Labor, Bureau of Labor Statistics

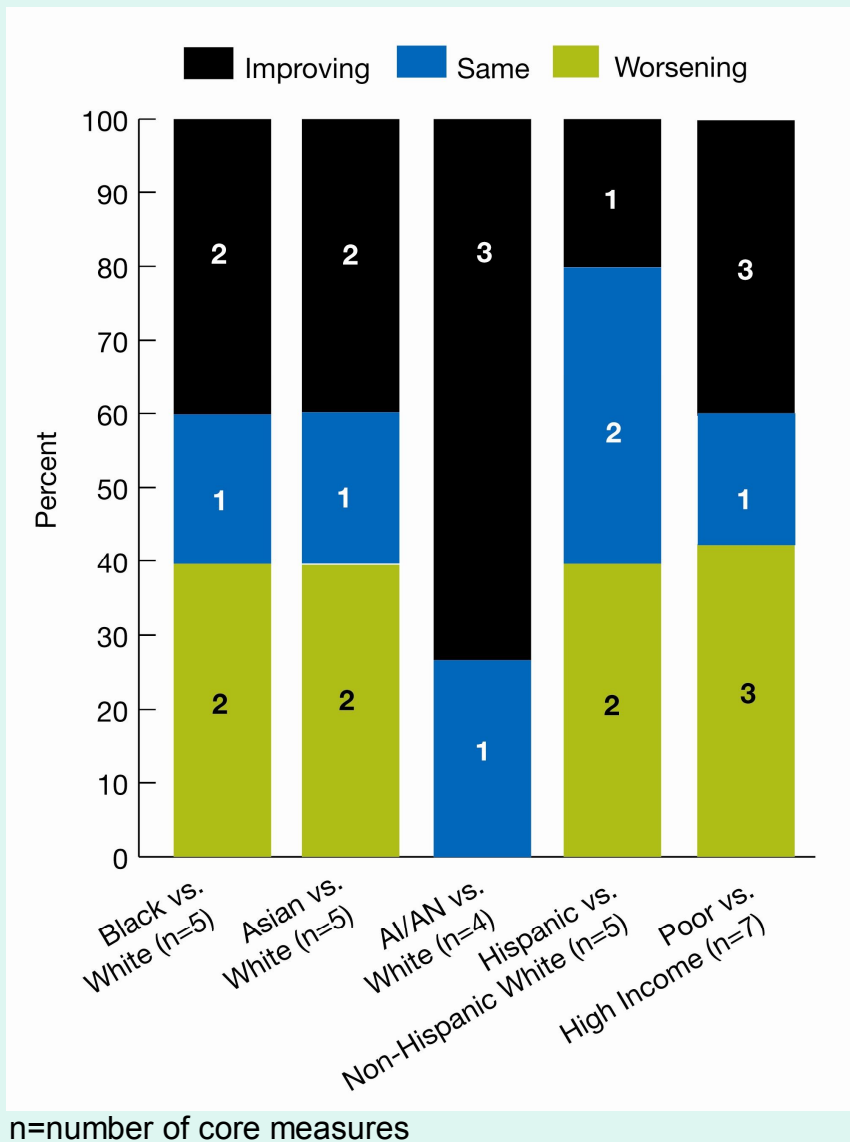
# **Latinos in the US: A Call to Service**

**A multidisciplinary, bilingual and bicultural Latino health and behavioral health workforce can eliminate health disparities by providing meaningful access to care!**

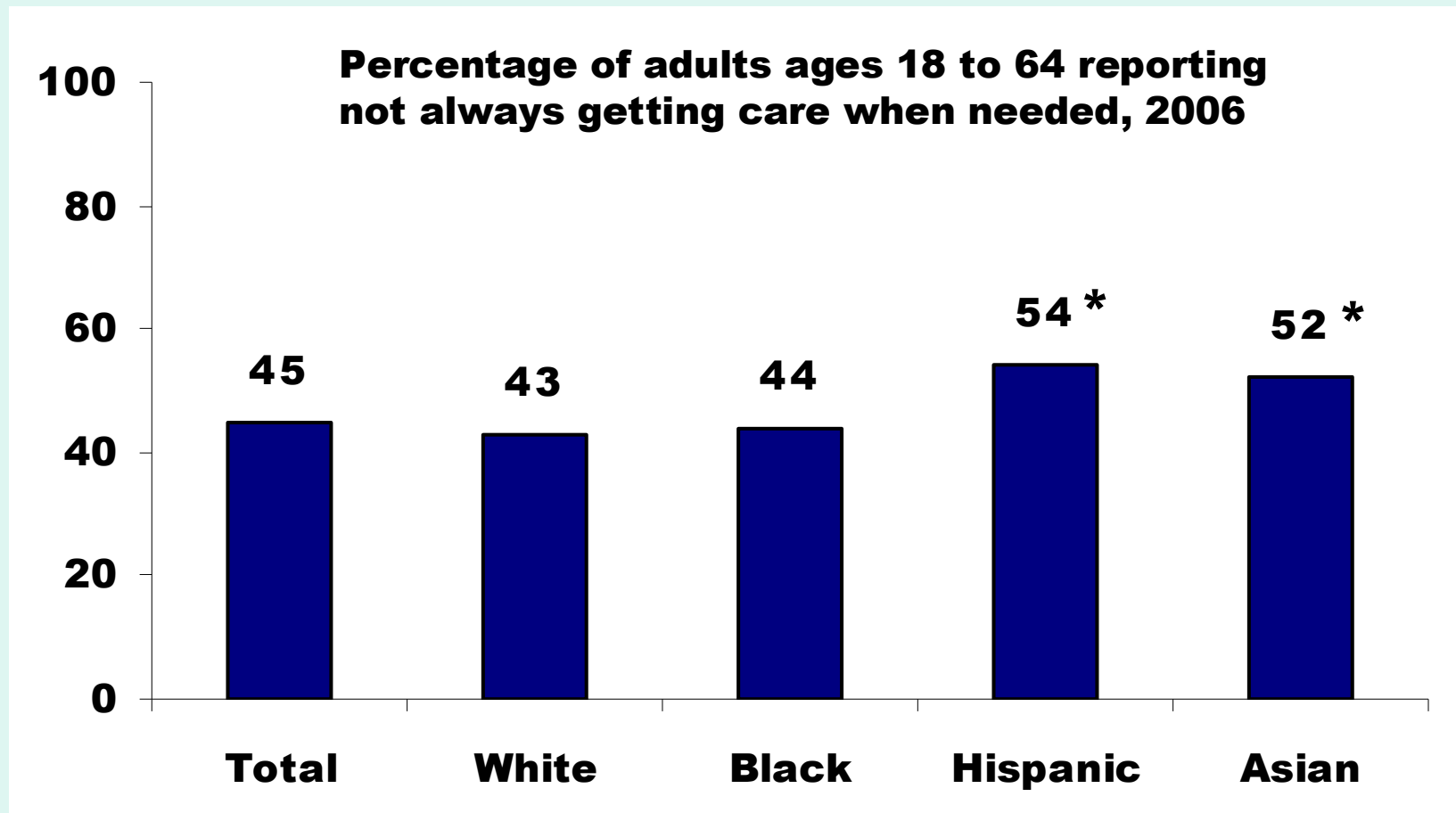
# Access to Health Care for Latinos is Not Improving

**Disparities in access to care for Latinos are staying the same or increasing**

Source: AHRQ, 2009 Health Disparities Report



# Hispanics are More Likely to Go Without Needed Care



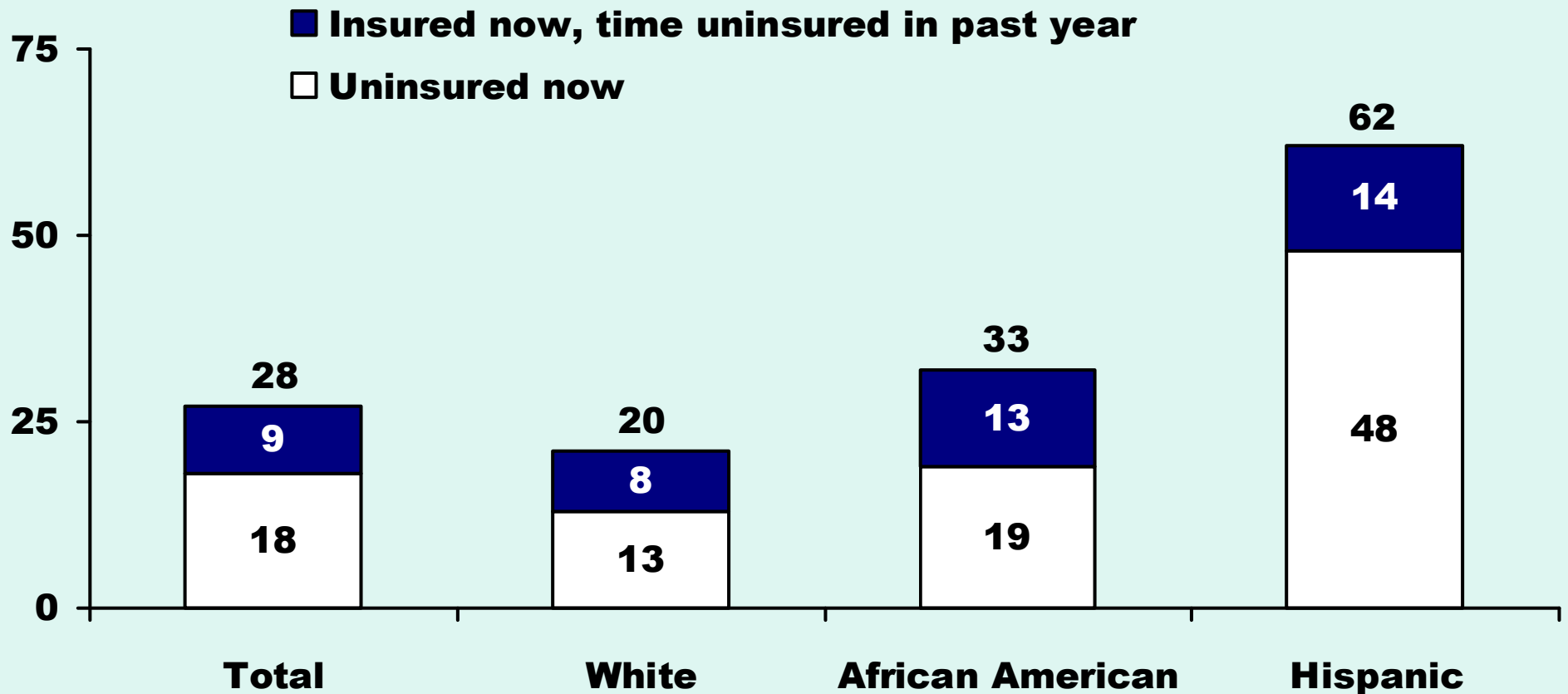
\* Compared with whites, differences remain statistically significant after adjusting for income.

Source: The Commonwealth Fund. Health Care Quality Survey. 2006.



# Uninsured Rates Are Highest Among Hispanics, 2005

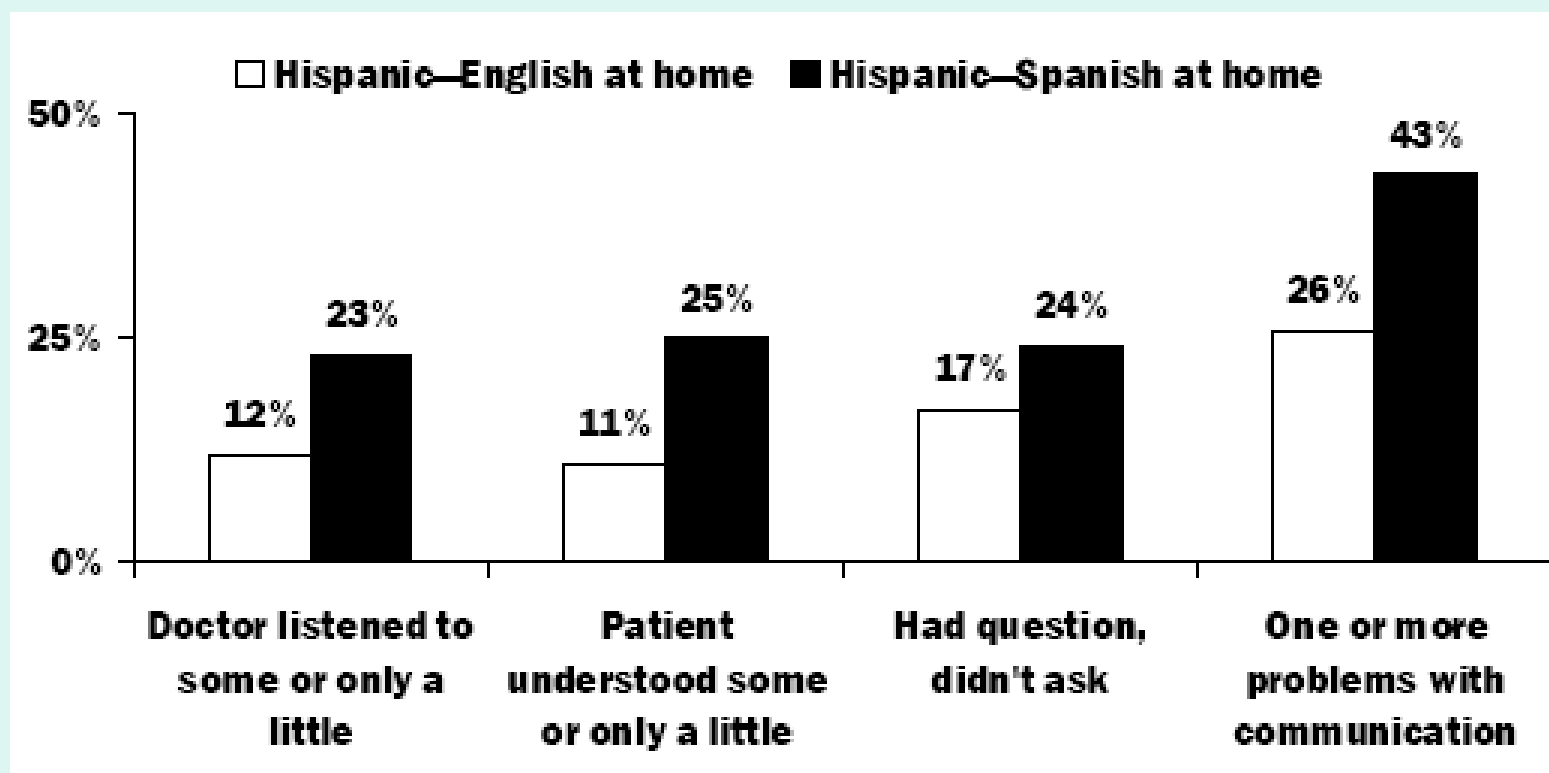
Percent of adults ages 19–64



Note: Because of rounding, totals above stacked bars may not reflect the sum of each insurance category.

Source: M. M. Doty and A. L. Holmgren, Health Care Disconnect: Gaps in Coverage and Care for Minority Adults, The Commonwealth Fund issue brief, August 2006.

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



Source: The Commonwealth Fund 2001 Health Care Quality Survey, chart 11.

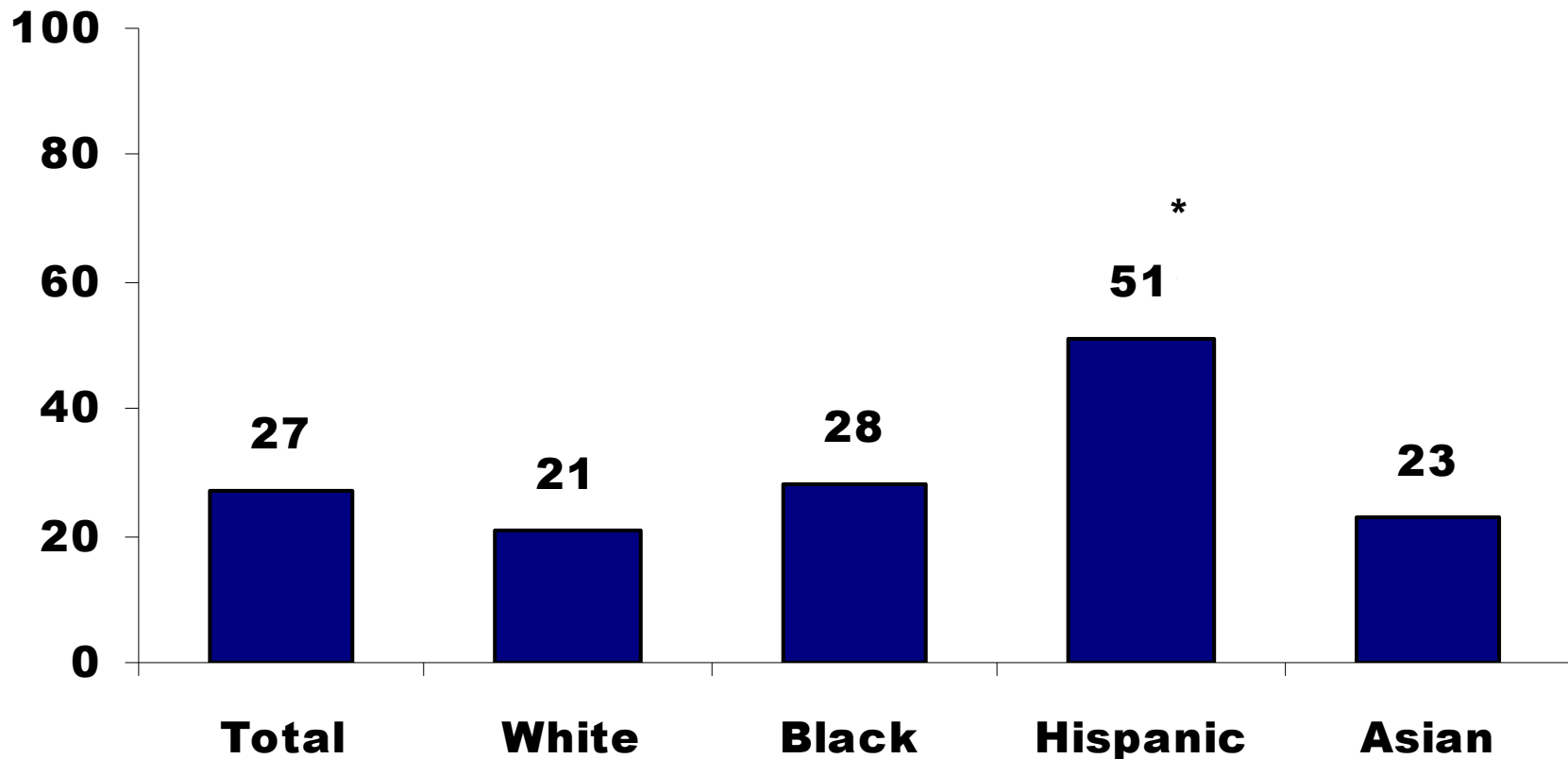
# **Lack of Hispanic Providers**

**Lack of Latino health and behavioral health providers is a barrier to care on multiple levels:**

- Disparities in care related to lack of CLC providers.
- Bilingual & bicultural providers more likely to serve Latino communities.
- 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.
- Lack of leadership and program development specific to Hispanic health and mental health needs.

# Almost 2.5 Times as Many Hispanics as Whites Report Having No Doctor

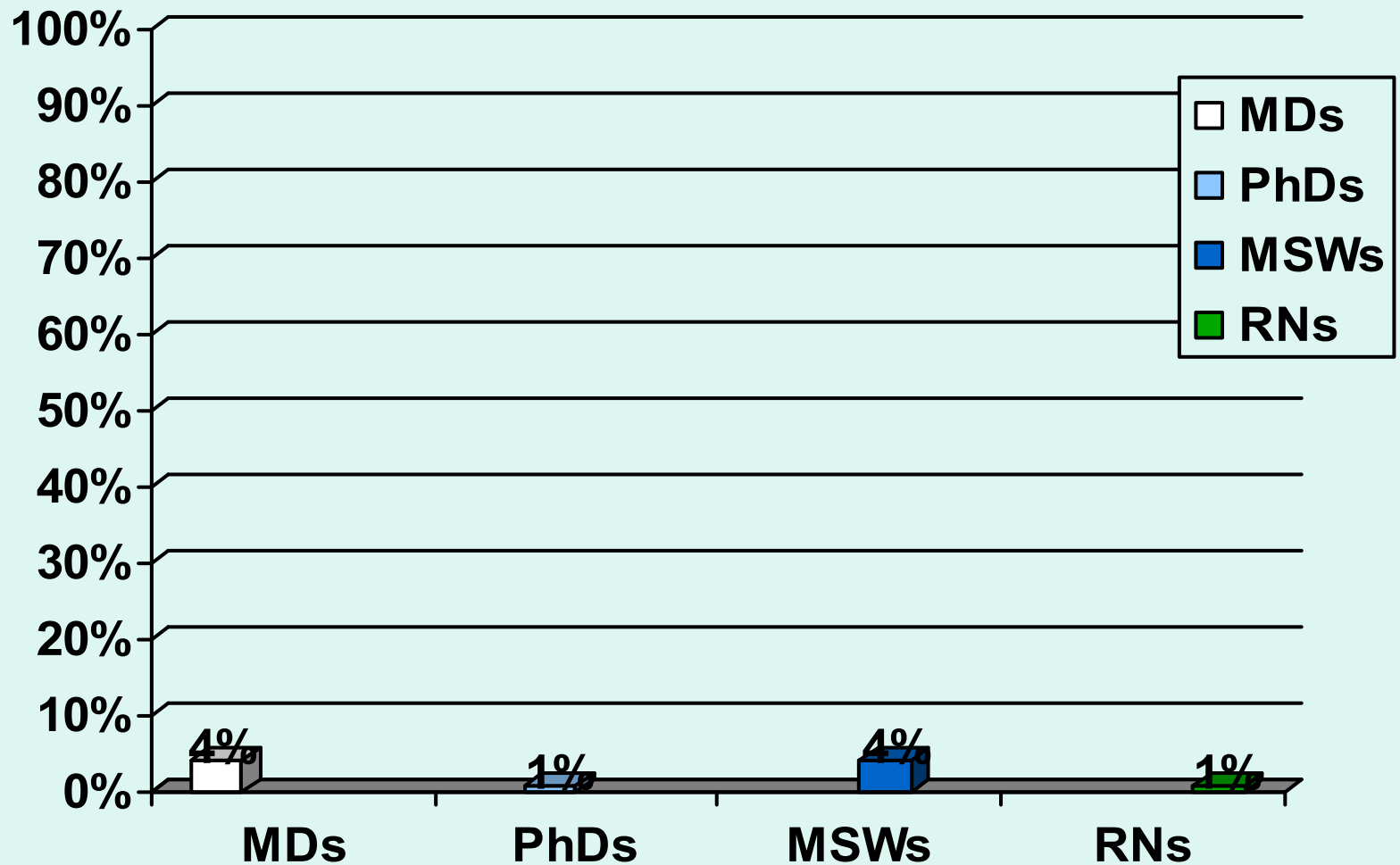
Percentage of adults ages 18 to 64 reporting no regular doctor, 2006



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

Source: The Commonwealth Fund. Health Care Quality Survey. 2006.

# Percentage of Spanish Speaking Health Care and Mental Health Providers in the US.



# Why Focus on Increasing the Behavioral Health Workforce for Latinos?

## **Barriers to Care:**

- Limited access to meaningful & quality care
- Lack of health insurance
- Poverty
- Language barriers
- Little Care Coordination
- Long waiting lists
- Over-representation of Hispanics in high-need, vulnerable populations
- Few bilingual, bicultural providers that serve Latino communities
- Lack cultural and linguistic competence
- Clinician Bias in Diagnosis and Treatment
- Missing leadership and program development specific to Hispanic behavioral health needs
- Stigma

## **Need: Secure Hispanic BH Workforce and Leadership Development**

- Train, recruit and retain Latino bilingual and bicultural BH professionals.
- Invest in efforts to ensure a Latino BH pipeline development.
- Provide culturally competent training and mentoring.
- Secure fiscal efforts like loan repayment
- Create policies that promise infrastructure.

# **Office of Minority Health Responds!**

## **Action Timeline 2009-2010**

- **Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health.** Convened Pre-Summit Meeting: Building the Latino Mental Health Workforce, Feb 24, 2009.
- Partnership with the National Resource Center for Hispanic Mental Health to sponsor a two-day roundtable discussion on July 9-10, 2009 in San Francisco, California, titled: ***Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos.***
- Development of ***Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos Steering Committee*** – 1<sup>st</sup> Meeting, November 9, 2009 - Miami, Florida.
- OMH supports the development of the **Alliance for Latino Behavioral Health Workforce Development 2010** Activities.



## The MOVILIZANDONOS Consensus Meeting

- ~50 interdisciplinary experts and key stakeholders.
- ***Served as the foundation for energizing and mobilizing national behavioral health leaders to address the behavioral workforce crisis that exists for Latinos.***
- Discussed best practices in behavioral workforce development.
- Shared & promoted new and emerging concepts and practices in Latino behavioral health workforce development.
- Formulated recommendations and consensus statements on best & promising practices to be utilized for improving the nation's behavioral health workforce crisis.

# **MOVILIZANDONOS Meeting Highlights**

- Plenary Sessions by U.S. Department of Health and Human Services Senior Leadership:

**Drs. Garth Graham, Westley Clark, and Kenneth Thompson and Teresa Chapa.**

- Three Expert Panel Presentations:
  - Best Practices of Educational Models
  - Best Practices of Latino Recruitment and Retention
  - The Role of National Organizations and Foundations in Developing the Mental Health Workforce

# **MOVILIZANDONOS Meeting**

## **Focus Groups**

**Energetic and committed participation in four break-out groups:**

- Best Practices in Education and Training
- Recruitment and Retention
- Developing Pathways for Leadership
- Fiscal Development, Support and Sustainability

# **MOVILIZANDONOS Consensus Statements**

- 1. The Latino population in the U.S. is facing a public health crisis due to poor or unmet behavioral health needs.**
- 2. The lack of a bilingual and bicultural behavioral health workforce plays a significant role in disparities across all three key areas of behavioral health care service delivery.**
- 3. Meaningful access to behavioral healthcare for Latinos in the U.S. is a social justice issue.**
- 4. Latinos deserve a diverse, multidisciplinary, bilingual, and bicultural behavioral health workforce. This is critical in order to experience better treatment outcomes, patient satisfaction, and overall improved quality of care.**
- 5. The time for action is NOW! Latinos can no longer afford the negative impacts of a fragmented and culturally irrelevant and insensitive behavioral health care system.**

# **MOVILIZANDONOS Recommendations**

## **Developed at Consensus Meeting:**

- 1. Engage Federal Agencies to Advance a Latino Mental Health Workforce Development Agenda.**
- 2. Expand Public and Private Partnerships.**
- 3. Implement National Cultural and Linguistic Competency Standards in Behavioral Health Training Program.**
- 4. Invest in Educational Initiatives at Local, State, and National Levels.**
- 5. Invest in Sustaining Current and New Innovative Workforce Programs.**

## **Recommendations Continued**

**6. Create Website on Workforce Development Resources – [www.nrchmh.org](http://www.nrchmh.org)**

**7. National Dissemination efforts to:**

- Behavioral health agencies
- Academic Institutions
- Advocacy groups
- Behavioral Health Media & Publications
- Public and private agency administrators
- Appointed and elected officials

## **Suggested Action Steps**

- Support national agency to provide resources on Latino mental health workforce issues.
- Request that HHS establish a TA Center to support Latino behavioral health organizations.
- Improve Latino representation on public, private and foundation governing boards and committees.
- Promote Latinos for political appointments and other positions of leadership.

# Bilingual and Bicultural Latinos Must be Trained, Recruited and Retained into Behavioral Health Professions

- Promote policies that ensure for Latino BH pipeline development.
- Establish mentorship and leadership training opportunities to sustain and improve Latino Behavioral health workforce.
- Provide resources for students seeking education and training in behavioral health field.
- Ensure for academic preparedness, K-16.
- Incorporate model High School Health and Human Service Academies.
- Create meaningful opportunities such as loan repayment, sponsored internships, scholarships.
- **Pass the baton!**



## **Expand Public and Private Partnerships**

**Consensus Participants requested that OMH utilize partnerships for improved workforce outcomes:**

- Cultivate, nurture and work with Federal and non-federal partners.
- White House Initiative on Educational Excellence for Hispanic Americans.
- Commonwealth Fund/Harvard University Fellowship in Minority Health Policy.
- Hispanic Association of Colleges and Universities.

# **Implement National CLC Standards in Behavioral Health Training Programs**

- US DHHS and Dept. of Education require the implementation of national standards for CLC accreditation and credentialing in all BH training and certification programs for working with Spanish-speaking populations.
- Standardize a national licensure certification program for BH professionals.
- Revamp accreditation for institutions of higher education to include coursework in CLC in health and BH services.
- Incorporate Promotores de Salud Mental into care protocols.

# **Develop a National Steering Committee for MOVILIZANDONOS**

**To consist of Latino behavioral health leaders representing national entities and expertise in Latino workforce development:**

- Serve as the lead in identifying and promoting the expansion and replication of best, emerging and promising practices in Latino behavioral health workforce development.
- Identify and engage committed professionals and community leaders who will share their expertise.
- Provide leadership, direction, action, accountability.

# **National Latino Health/Behavioral Health Organizations Represented**

- National Resource Center for Hispanic Mental Health
- National Latino Behavioral Health Association
- National Latina/o Psychological Association
- National Association of Puerto Rican and Hispanic Social Workers
- National Council of La Raza
- National Hispanic Nurses Association
- American Society of Hispanic Psychiatry

# **The MOVILIZANDONOS Steering Committee Becomes the Alliance for Latino Behavioral Health Workforce Development**

**Latino behavioral health leaders representing national entities and/or expertise in Latino mental health workforce development:**

- Provide leadership, direction, action, accountability.
- Identify and promote the expansion and replication of Latino Mental Health workforce development best practices and emerging & promising practices.
- Engage other professionals and community leaders who will share their expertise in sub-committees.

## **June 2010 Alliance Actions**

- 1. Conducted strategic planning meeting.**
- 2. Established an infrastructure and cabinet of leadership.**
- 3. Created Vision and Mission Statements**
- 4. Nominated Alliance Member to newly forming National Health Care Workforce Commission.**

## **June 2010 Alliance Actions, continued**

- 5. Hosted Congressional Briefing in Partnership with United States Representatives Grace F. Napolitano and Lucille Roybal-Allard**
  - Informed Members on the crisis facing Latinos in need of behavioral health services and shortages in behavioral health workforce and leadership
  - Announced and Requested support for nomination of Dr. Eduardo Morales to newly forming HHS, National Health Care Workforce Commission
  - Urged members to meet and partner with Alliance Leadership and members over next weeks, months and years in order to address the crisis

**Alliance for Latino Behavioral Health**  
**Workforce Development**  
**Vision Statement**

**Our vision is to lead and engage a dynamic strategic partnership and national force that is a catalyst for institutional change in developing, mobilizing and advancing leadership and workforce development in Latino behavioral health.**



# **Alliance for Latino Behavioral Health**

## **Workforce Development**

### **Mission Statement**

**The mission of the Alliance is to ensure that the recommendations contained in Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos Consensus Statements and Recommendations Report are widely disseminated and seriously considered by the array of stakeholders who are needed to successfully address this critically important issue.**

# **Alliance for Latino Behavioral Health Workforce Development Objective**

**The Alliance will lead and implement the consensus recommendations, and be charged with creating a process for developing and monitoring an action-oriented, educational awareness and advocacy plan, while engaging multiple stakeholders from across the nation.**

**Website on**  
**Workforce Development Resources**

**National Resource Center for  
Hispanic Mental Health**

**[www.nrchmh.org](http://www.nrchmh.org)**

**or**

**The Office of Minority Health**

**<http://minorityhealth.hhs.gov/>**

# Contact Information

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