Mental Health America Multi State Initiative:
Eliminating Behavioral Health Disparities among
Racial and Ethnic Minority Populations in Rural Communities

The 2001 U.S. Surgeon General's Supplemental report: Mental Health: Culture, Race and Ethnicity, clearly articulated that mental health disparities[1] exist within the African American, Asian American, Pacific Islander, Hispanic/Latinos, Native American and Alaska Native populations. [2] Mental Health America acknowledges that minority and other underserved populations continue to be over represented in nation's most vulnerable populations: persons who are homeless, incarcerated, uninsured, children, and the poor.

Current research demonstrates that the problems of rural America are unique and distinct from those of more urban and metropolitan parts of the United States.[3] Rural areas report levels of serious mental and behavioral health problems at rates equal to or greater than urban areas. Yet, despite this, there continues to be insufficient services available to treat behavioral health problems in these localities. Not only is there a shortage of behavioral health professionals and specialized behavioral health services, but also a significant turnover rate for service providers. These conditions become more complicated in geographical areas with higher concentrations of poverty and migrant and/or seasonal farm workers.

The unique geographical and cultural challenges to service delivery in rural America hamper the effectiveness of current delivery models. Rural behavioral health needs remain constant with the lack of available professional staff, a lack of cultural and linguistically competent providers, social stigma, fear of lack of confidentiality, financing and reimbursement issues (i.e. lack of funding and uninsured), lack of integration of behavioral (mental and substance use) with physical health, little prevention efforts, transportation difficulties (i.e. long distances and/or lack thereof), and low numbers of providers.[4]

In an effort to better understand and address mental health disparities, The New Freedom Commission[5] made two recommendations: 1) Improve access to quality care that is culturally competent; 2) Improve access to quality care in rural and geographically remote areas. Mental Health America acknowledges the negative impacts of mental health disparities and the role of cultural competency[6]and is sponsoring a number of innovative activities, such as this Multi

---

[1] Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States, 2006 National Healthcare Disparities Report. Agency for Healthcare Quality and Research, U.S. Department of Health and Human Services, Washington, D.C.

[2] U.S. Department of Health and Human Services (2001), Culture, Race and Ethnicity. A Supplement to Mental Health, a Report of the Surgeon General", U.S. Department of Health and Human Services, Washington, D.C.

[3] Rural and Frontier Mental and Behavioral Healthcare: Barriers, Effective Policy Strategies, and Best Practices. Sawyer, Gayle and Lambert, 2006.

[4] IBID

[5] President's New Freedom Commission on Mental Health (2003), "Achieving the Promise: Transforming Health Care in America", Washington, D.C., United States

[6] Mental Health America Policy Statement, March 2006

State Initiative focused on Eliminating Behavioral Health Disparities among Racial and Ethnic Minority Populations in Rural Communities

A review of current treatment models and policies directed toward rural communities is needed, along with innovative approaches and models that will foster more effective delivery of services, and continuity of care for rural minority populations.
Research focusing on strategies to eliminate racial and ethnic disparities in access to and quality of care are additionally crucial component of efforts to reduce mental health disparities. The existing evidence provides the following insights for developing strategies to reduce disparities[7]:

- Systemic strategies to foster continuity of care.
- Strategies that focus on promoting utilization of services and/or promoting new models of care for and by minority populations.
- Initiatives by care providers to provide culturally and linguistically appropriate services might reduce the access barriers experienced by minority populations.
- Increased adherence by providers to evidence-based guidelines.
- Need for improved data collection and evaluation processes that will determine effectiveness.

Goal:

Regional MHA affiliates will develop a national collaboration of significance to address mental health disparities among racial and ethnic minority populations living in rural and underserved communities. This collaboration will consist of a set number of affiliates with a central coordinating center.

The strategic framework for the collaboration will include short-term and long-term actions aimed at improving access to mental health care through four critical targets: 1) Elimination of mental health disparities among racial/ethnic minority populations; 2) Rural and underserved communities; 3) Implementing a framework that is culturally and linguistically competent; 4) Working with community level leadership and representation to develop efforts to establish continuity of mental health care.

The proposed collaboration will consist of two phases:

Phase 1:
Mental Health America will sponsor March 2008 Multi-State Policy Meeting. This meeting will consist of experts to provide necessary tools to each participant regarding Eliminating Behavioral Health Disparities among Racial and Ethnic Minority Populations in Rural Communities. The desired outcome is that each participant will leave with a set of tools they can implement in their home states. MHA will provide ongoing technical assistance following this meeting.

Phase 2:
Implement an innovative model in their target area and target populations.
Each participant can add questions that are more relevant to their areas specifically, so that at the end of the day they may create a really viable project/model will work.
And this will/may make them eligible to apply for a national grant.

[7] THE SYNTHESIS PROJECT: New Insights from research results. Policy Brief No. 12. September 2007

Center will have to contract with an evaluator

Main Stakeholders and Participants:
The multi state meeting will highlight key concerns and barriers to mental health treatment, as well as to promote and foster innovative strategies. Stakeholder affiliates will consist of a team of individuals that represent and consist of the targeted population for this multi state meeting and the eventual formation of the National collaboration effort. Current states that may apply include:

Colorado
New Mexico
Utah
North Dakota
Nevada
Montana

Target Populations:

Racial and Ethnic Minority Populations in Rural Communities, including American Indian and Alaska Native, African American, Asian American/Pacific Islander, Hispanic/Latino and linguistically isolated populations residing in rural and frontier communities.

Each applicant group must submit an outline for the following:

- Population demographics
- Health disparities for target population
- Key mental health concerns
- Language
- Workforce
- Cultural and linguistic competence
- Proposed strategies for change

Barriers to care and solutions to eliminating disparities in mental health care vary widely by region and culture. **Therefore, applicant must:**

- Tailor interventions to the community's specific needs
- Understand the social determinants of health particular to your community (i.e. poverty, poor housing, long distances between social centers, poor access, etc.)
- Utilize interventions that reflect the community's demographic and socioeconomic make up, cultural values, infrastructure and supports.
- Strategies must engage the broader public through community-based activities, indigenous leadership, programs and evaluation.
- Utilize evidence based interventions or best practices (i.e. health promoters)

Please take a moment to review and complete the following Request for Consideration Document. If you have any questions please contact Julio Fonseca at jfonseca@mentalhealthamerica.net.

Julio J. Fonseca

Director of Training, Healthcare Reform