

HEALTH EQUITY AND ACCOUNTABILITY ACT

Behavioral Health Disparities Are Pervasive Among Racial and Ethnic Minorities

Health disparities are differences in health status between one population of individuals in comparison to a more advantaged group. They are understood to derive from structural inequities and social determinants of health.¹ Health disparity populations are often defined in racial and ethnic terms, but can also be determined by other demographic characteristics including sex, age, socioeconomic status, geographic location, gender, disability status, and sexual orientation.

- ❖ African American men and boys are more likely to suppress emotional distress in the face of everyday experiences of racism.² This emotional restriction may result in an overall less likelihood of seeking treatment for depressive symptoms and as a result, exacerbate negative health consequences.³
- ❖ One out of every 11 Hispanic or Latino youth reported having had a major depressive episode in 2013, but Hispanic and Latino youth were also less likely to access mental health care than White youth.⁴
- ❖ While Asian Americans have lower overall rates of mental disorders compared with the general population,⁵ depression and anxiety disorders are high among some subgroups and Asians Americans are less likely to access mental health treatment compared to White individuals.⁶
- ❖ American Indian and Alaska Native (AI/AN) young adults have the highest rates of suicide in the United States at nearly 3 to 10 times prevalence compared with other racial and ethnic groups.⁷ Despite these numbers, culturally appropriate mental health care is a rarity in the tribal nations and access to a range of services to treat concurrent problems such as trauma and substance abuse remains limited.⁸
- ❖ Among sexual minorities, especially the transgender population, there is a higher prevalence of suicidal and self-harm behaviors compared with heterosexual individuals.⁹⁻¹⁰ However, individuals who identify as LGBT may be afraid to seek help due to fear of stigmatization from the mental health community.



This infographic by the American Psychological Association (2015) shows other behavioral and physical health disparities among racial and ethnic minorities the HEAA of 2016 would tackle.

The Health Equity and Accountability Act

The *Health Equity and Accountability Act* (HEAA) is expected to be reintroduced in 2018 by the Congressional Tri-Caucus (encompassing Congressional Black Caucus, Congressional Hispanic Caucus, and Congressional Asian Pacific American Caucus). Sponsored by Representative Robin Kelly (D-IL), HEAA is a comprehensive health bill that addresses issues of parity in both mental and behavioral health services in order to eliminate racial and ethnic health disparities in access to treatment services. Its provisions include:

- ❖ Expansion of mental health care access to racial and ethnic minorities
- ❖ Engagement in culturally competent practices and services in health care delivery
- ❖ Attention to the health care needs of women, children, and families
- ❖ Supporting evidence-based practices in HIV/AIDS research and practice
- ❖ Reduction of health disparities using health information technology
- ❖ Strengthening civil rights enforcement and funding for disparities research and programs
- ❖ Incentivizing further research on the social determinants of health

APA supports the HEAA. The bill recognizes that mental and physical health are not separate from one another, and often psychological problems may manifest as physical symptoms, especially among racial and ethnic minority populations. APA applauds Rep. Kelly and the Congressional Tri-Caucus for this timely and important legislation.

To learn more, please contact Leo Rennie (lrennie@apa.org) or 202.682.5110.

¹ American Psychological Association. Fact Sheet: Health Disparities Defined.

<http://www.apa.org/topics/health-disparities/fact-sheet.aspx> accessed on 6/14/15.

² Hammond, W. P. (2012). "Taking it like a man!": Masculine role norms as moderators of the racial discrimination-depressive symptoms association among African American men. *American Journal of Public Health, 102*(S2), S232-S241.

³ Clay, R. A. (2015). Boys and men of color. *Monitor on Psychology, 46*(5), 44. Retrieved from <http://www.apa.org/monitor/2015/05/boys-men-color.aspx> on March 15, 2016.

⁴ Office of Disease Prevention and Health Promotion. (2015). *Healthy People 2020: Mental Health*. Retrieved from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/data#MHMD-4.1> on March 1, 2016.

⁵ Centers for Disease Control and Prevention (CDC). (2009). *Health, United States, 2008*. Retrieved from [http://www.cdc.gov/nchs/data/08.pdf](http://www.cdc.gov/nchs/data/hus/08.pdf) on March 15, 2016.

⁶ Yang, L. H., & WonPat-Borja, A. J. (2006). Psychopathology among Asian-Americans. In F. T. Leung, A. Inman, A. Ebreo, L. H. Yang, L. Kinoshita, & M. Fu (Eds.), *Handbook of Asian-American psychology* (pp. 379 – 404). San Francisco, CA: Sage.

⁷ Horowitz, S. (2014). The hard lives – and high suicide rate – of Native American children on reservations. The Washington Post. Retrieved from https://www.washingtonpost.com/world/national-security/the-hard-lives--and-high-suicide-rate--of-native-american-children/2014/03/09/6e0ad9b2-9f03-11e3-b8d8-94577ff66b28_story.html on March 1, 2016.

⁸ Levinson, D. R. (2011). Access to mental health services at Indian health service and tribal facilities. Department of Health and Human Services. Report OEI-09-08-00580. Retrieved from <http://oig.hhs.gov/oei/reports/oei-09-08-00580.pdf> on March 1, 2016.

⁹ American Psychological Association. (2015). LGBT health disparities. Retrieved from <http://www.apa.org/about/gr/issues/lgbt/disparities-brief.pdf> on March 15, 2016.

¹⁰ Office of Disease Prevention and Health Promotion. (2015). *Healthy People 2020: Lesbian, Gay, Bisexual, and Transgender Health*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health> on March 15, 2016.