

PUBLIC POLICY AND ADVOCACY
Legislative Update

Announcing CEMA's Coordinated Advocacy Campaign

by Lori Valencia Greene

Q: What do Senators Herb Kohl, (D-WI), **Tim Johnson (D-SD)**, **Dick Durbin (D-IL)**, **Arlen Specter (R-PA)**, and **Debbie Stabenow (D-MI)** and APA's Committee on Ethnic Minority Affairs (CEMA) have in common?

A: A concern about ethnic minority health disparities.



CEMA and friends at Sen. Durbin's office. L-R: Ms. Charu Thakral, Dr. Elizabeth Vera (CEMA), Michael Daley (staff); 2nd row: Dr. Suzette Speight, Dr. Karen McCurtis-Whitherspoon, and Dr. Torrey Wilson

This past November, the APA Committee on Ethnic Minority Affairs (CEMA) began an historic partnership with the Public Interest component of the Public Policy Office (PPO) by implementing Phase 1 of PPO's Coordinated Advocacy Campaign. Members of CEMA met with their Senators' staff to express concern over the new minority health disparity legislation, the "Health Care Equality and Accountability Act" (H.R. 3459, S.1833). This 432-page bill mentions psychology once.

In 2000, PPO, in conjunction with many APA members, worked hard to get behavioral health, and specifically psychology, included in the

Minority Health and Health Disparities Research and Education Act. That bill was passed by the House and Senate and signed by President Bill Clinton, with APA CEO **Raymond Fowler, PhD** as one of a handful of organization CEOs invited to the Oval Office for the signing ceremony. Dr. Fowler was the only one representing a predominantly white organization. It is disconcerting that once again, legislation has been introduced by our friends in Congress that is not inclusive of behavioral health. Senators **Tom Daschle (D-SD)** and **Ted Kennedy (D-MA)** on the Senate side and the chairs of the ethnic minority caucuses on the House side, Representatives **Elijah Cummings (D-MD)**, **David Wu (D-OR)**, **Ciro Rodriguez (D-TX)**, and **Dale Kildee (D-MI)** introduced the bill last month.

The new health disparity bill has eight titles covering a broad range of issues, such as specific diseases and conditions (including HIV/AIDS, infant mortality, heart disease, diabetes, and fetal alcohol syndrome), workforce diversity, culturally and linguistically appropriate healthcare, family care, data collection and reporting, the strengthening of health institutions that serve minority populations, accountability, and loan guarantees. The legislation has a provision requiring the Substance Abuse and Mental Health Services Administration to formulate a strategic plan for implementing the 2001 report by the Surgeon General entitled *Mental Health: Culture, Race, and Ethnicity A Supplement to Mental Health: A Report of the Surgeon General* and the 2003 report by the President's

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New Freedom Commission on Mental Health and to submit the report to Congress within six months. There are no specific provisions on implementation, nor funds authorized to implement the recommendations. The legislation establishes five new scholarship and fellowship programs, and psychologists are only eligible for one, the David Satcher Public Health and Health Services Corps.

PPO does not have the resources to bring APA members to Washington, DC, to advocate on Capitol Hill. Therefore, we have to be creative in devising methods that are user-friendly for our members, as well as economically feasible for our office. PPO's new campaign uses digital organizing and mobilization to grow and sustain advocacy efforts at the local level and targets Public Interest governance committees. During CEMA's spring meeting, PPO staff proposed organizing a series of lobby meetings over a specified period of time for CEMA members. They immediately stepped up to the plate, and Phase One of the campaign was born. This involved CEMA members recruiting at least three of their colleagues in their states to a lobby meeting, and serving as the campaign contact in that state. The primary goal in this instance was to achieve the inclusion of language related to behavioral and mental health throughout the minority health disparities legislation. Secondary goals were 1) to establish a relationship between CEMA members and their Senators, and 2) to provide a safe, enjoyable, productive encounter for all. To that end, the following CEMA members hosted meetings with their respective U.S. Senators and/or staff: (1) **Tawa M. Witko, PsyD** with **Tim Johnson (D-SD)**; (2) **Elizabeth M. Vera, PhD** with **Dick Durbin (D-IL)**; (3) **Stephen M. Quintana, PhD** with **Herb Kohl (D-WI)**; and (4) **Karen H.C. Huang, PhD** with **Arlen Specter (R. PA)**. By all accounts, the meetings were successful and the goals were met (For photos, visit the PPO website at:

<http://www.apa.org/ppo/issues/pethnic.html#Health%20Disparities>

This concerted effort is critical because PPO staff face yet another uphill battle to ensure that behavioral health is included in this new legislation. However, the challenges are greater this time than in 2000. Shrinking budgets and the wars in Afghanistan and Iraq continue to distract members of Congress. In addition, this is simply not a front-burner issue for the current administration as it was for the former one. However, PPO staff are excited about the campaign and regard it as a critical tool in our advocacy toolbox.

“My meeting with the Senator went well... They brought in the tribal liaison [staff] person ... We went over the main points [regarding inclusion of behavioral/mental health in proposed health disparities legislation] and then talked extensively about our state and services for Indian people.”

— APA member **Tawa M. Witko, PsyD**, of Kyle, South Dakota, on her meeting with Senator Tim Johnson's Office as part of CEMA's Coordinated Advocacy Campaign.

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For more information on APA's ethnic minority advocacy activities, go to:
<http://www.apa.org/ppo/issues/pethnic.html>