

COUNCIL ON SOCIAL WORK EDUCATION

STRENGTHENING THE PROFESSION OF SOCIAL WORK

Leadership in Research, Career Advancement, and Education

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OFFICE OF THE EXECUTIVE DIRECTOR

July 2, 2009

The Honorable Charles Rangel Chairman, Committee on Ways and Means U.S. House of Representatives Washington, DC 20515

The Honorable Henry A. Waxman Chairman, Committee on Energy and Commerce U.S. House of Representatives Washington, DC 20515 The Honorable George Miller Chairman, Committee on Education and Labor U.S. House of Representatives Washington, DC 20515

Dear Chairmen Rangel, Miller, and Waxman:

On behalf of the Council on Social Work Education, I am writing in support of the *Health Equity and Accountability Act of 2009* and its full inclusion in health care reform legislation. Adopting this legislation into health care reform will help to address the very serious problem of health inequities that exist in this country by making the reduction of health disparities a national priority.

The Council on Social Work Education (CSWE) is a nonprofit national association representing more than 3,000 individual members as well as 650 graduate and undergraduate programs of professional social work education. Founded in 1952, this partnership of educational and professional institutions, social welfare agencies, and private citizens is recognized by the Council for Higher Education Accreditation (CHEA) as the sole accrediting agency for social work education in the United States. Social work education focuses students on leadership and direct practice roles helping individuals, families, groups, and communities by creating new opportunities that empower people to be productive, contributing members of society. Social work is an important component in establishing an effective health care workforce focused on eliminating health disparities in the United States.

A focus on health disparities must be embedded throughout health care reform. Despite best efforts to date, the current health care system is fraught with uneven quality and racial, ethnic, economic, location and educational disparities still persist, especially when it comes to mental health care. The Health Equity and Accountability Act of 2009, or "Tri-Caucus bill," strives to eliminate health disparities by utilizing social workers and other health professionals to help vulnerable populations navigate the health care system and gain a voice in meeting their health care needs. Meaningful health care reform requires a comprehensive approach focused on quality and access to services, as well as prevention as a trademark piece of public health for all citizens regardless of their circumstances. Social work education, training and research drive culturally competent care by helping to ensure that practitioners employ the best evidence-based practices. Current efforts to attract and retain a diverse workforce with enough specially trained social workers to meet the need of vulnerable populations have been insufficient.

Specifically, the Tri-Caucus bill would provide the resources needed to establish an effective and diverse health workforce. It is imperative that programs, such as those discussed below, are included in health care reform as part of the effort to address health inequities. This is not an exhaustive list; CSWE supports the inclusion of the entire Health Equity and Accountability Act in health care reform legislation.

While it is critical that we ensure coverage and access to care for all Americans, these efforts will be for naught unless we have a workforce that is robust, skilled, sustainable, and culturally-competent. Unfortunately, high educational debt coupled with low starting salaries deters many individuals from careers in social work and other health professions. The Health Equity and Accountability Act would help ensure access to education and training, as well as incentives for those considering a health profession as a career. For example:

- Section 3113 would establish a technical clearinghouse on health workforce diversity that would catalog scholarships, loan repayment programs, loan cancellation grants, and fellowship information for underserved populations for health professions schools.
- In addition, Section 3118 would establish a variety of targeted scholarship and loan forgiveness programs, including a program that would award grants or student loan reimbursement payments for non-research health professionals, such as social workers, who are focused on health issues affecting underserved communities.
- Section 3117 would authorize a grant program which would "expand existing opportunities for scientists and researchers and promote the inclusion of underrepresented minorities in health professions." Research, particularly on diverse populations and by a diverse cohort of researchers, is vitally important for assessing and understanding the needs of vulnerable populations, evaluating their accessibility to and the effectiveness of social services, and developing evidence-based practices. The Health Equity and Accountability Act would significantly enhance research efforts focused on and conducted by individuals representing diverse populations.
- Additionally, Section 3112 would create a national working group on workforce diversity. One
 proposed activity of the group, developing curriculum guidelines for diversity training, is extremely
 important for equipping the nation's health care workforce with the tools to provide culturallycompetent care and eliminate health inequities.

These are just a few examples of the valuable programs and initiatives within the Tri-Caucus bill that would help ensure coverage, access, and culturally-competent care to all Americans, with a specific focus on eliminating health disparities.

Thank you for your leadership and efforts in crafting meaningful health care reform legislation. We urge you to include the Health Equity and Accountability Act of 2009 in its entirety as part of that legislation. CSWE looks forward to working with you on this issue and would be happy to serve as a further resource in the future.

Sincerely,

Julia M. Watkins, Ph.D. Executive Director

Council on Social Work Education

Julia M. Nathins