

SNAPSHOT

Underserved Rural, Racial and Ethnic Communities

People with mental health conditions often struggle to find and/or afford care in their area, with certain [historically marginalized populations](#) shouldering the heaviest burden. Access to health care services, including behavioral health services, varies greatly across populations in the United States and continues to be one source of the health system's greatest disparities.

5 Things to Know About Behavioral Health in Underserved Rural, Racial and Ethnic Communities

1

Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. There are five categories: [economic stability](#), [educational access and quality](#), [health care access and quality](#), [neighborhood and built environment](#) and [social and community context](#).

2

Rural communities are at a disadvantage when providing care, as they face behavioral health workforce shortages, transportation barriers and social stigma to a [greater extent](#) than urban areas.

3

Research shows people of color and other minority groups not only lack access to mental health services but also are less likely to receive high-quality services when accessing care.

4

Broadband can facilitate telehealth, allowing individuals to connect with a culturally competent specialist, reduce travel costs, and access care more quickly and regularly.

5

Culturally responsive engagement, such as incorporating cultural competence into treatment, and culturally responsive practices can [increase patient participation](#), [improve organizational sustainability](#) and [allow service providers to offer higher-quality services](#).



5 State Approaches to Behavioral Health in Underserved Rural, Racial and Ethnic Communities



Massachusetts

Massachusetts called for an assessment of the availability of culturally competent behavioral health providers.



Kentucky

Kentucky created the Commission on Race and Access to Opportunity to address, among other things, disparities in health, and to identify ways to improve services and opportunities for minority communities.



Arkansas

Arkansas ensured reimbursement in the state Medicaid program for behavioral and mental health services provided via telemedicine. The state also established the Arkansas State Broadband Office (ARConnect) to address residents' critical need for affordable, reliable high-speed internet. The Arkansas Rural Connect Grant Program funds broadband infrastructure deployment in unserved areas of the state.



Illinois

Illinois recognized and addressed the historic and systemic barriers preventing proportional representation by, among other things, race and disability status in the health care provider community. The bill addressed access to health care and health disparities by prioritizing scholarship and loan repayment programs for people from underrepresented communities pursuing health care careers. These scholarships and loans repayment programs encourage providers to locate in areas of greatest need, as determined by provider shortage area data or health disparity data.



Oregon

Oregon required the Oregon Health Authority to establish peer- and community-driven programs that provide culturally specific and responsive behavioral health services to people of color, tribal communities and among other populations.
