

# NATIONAL COMMITTEE ON RACIAL & ETHNIC DIVERSITY

NCORED Network News WITH A VOICE FROM...

American Indian Caucus

Asian Pacific Islander Caucus

Black Caucus

Latino Caucus

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*The content of the articles are the views of the authors and do not necessarily represent the position of the National Association of Social Workers.*

## NCORED CHAIR UPDATES AND THOUGHTS

*By Rita Takahashi, PhD, MSW*

Since NASW published its *Standards for Cultural Competence in Social Work Practice* (2001), social workers and social work organizations have utilized the multicultural framework to promote respect for, and appreciation of, diversity. NCORED committee members wrote, revised, and finalized the *Standards*, which were approved by the NASW National Board of Directors in June 2001.

Following the approval of the *Standards*, NCORED committee members and NASW staff have delivered numerous educational sessions related to the *Standards*. Further, NCORED has been working continuously on measures for, and indicators of, each of the 10 cultural competence standards. At NCORED's March 2004 meeting, the group worked on its previous drafts and developed a final draft version, which will be presented to the NASW membership and National Board of Directors for review, comment, and input.

NCORED encourages all people to participate in the review process, as these measures and indicators are important to the actual implementation of the *Standards*. In summary, the 10 standards for cultural competence for which indicators have been specified include:

1. Ethics and Values
2. Self-Awareness
3. Cross-Cultural Knowledge
4. Cross-Cultural Skills
5. Service Delivery
6. Empowerment and Advocacy
7. Diverse Workforce
8. Professional Education
9. Language Diversity
10. Cross-Cultural Leadership



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The 2005 NASW Delegate Assembly will bring members from across the country together in August 2005. NCORED has taken the lead (by serving as principal authors) in drafting revisions to three equity and diversity policies:

- *Affirmative Action*
- *Cultural Competence in the Social Work Profession*
- *Racism*

In addition, the Committee will review and make comments on draft revisions to other diversity related policies.

Beyond highlighting diversity related issues and promoting diversity within the United States, social workers have been focusing on the international context within which they practice. Events and developments around the world impinge on social service needs and civil rights in the United States. Because social workers are ever mindful of these interconnections, it is essential that they are increasingly involved in all steps of policy-making processes—from agenda creation and articulation through initiation and implementation.

World tensions, international conflicts, and domestic turmoil compel social workers and the social work profession to be ever-stronger advocates and activists for social justice. From past experience, we know that individual liberties and civil rights have been compromised in the name of “national security” and “military necessity.” We also know that rights have been infringed upon because of sweeping generalizations about an entire ethnic/cultural group, rather than focusing on the actions of individuals. The challenge is to utilize such knowledge and mindfulness, to press forward with progressive social action agendas, and to achieve substantial results.

*Rita Takahashi, PhD, MSW, is the former chair of NCORED and professor of social work at San Francisco State University. She is an activist and lobbyist for civil rights legislation, and has researched and written on this subject for more than 25 years. ■*

## NATIONAL HERITAGE OBSERVANCE MONTHS

**February**  
Black History Month

**May**  
Asian Pacific American  
Heritage Month

**September 15 -  
October 15**  
Hispanic Heritage Month

**November**  
Native American Heritage  
Month

## NOTES FROM THE STAFF

*By Leticia Diaz, MS, senior policy associate, Human Rights and International Affairs*

It has been an eventful year since the last issue of *NCORED Network News* was published. On July 1, 2003, the beginning of the NASW fiscal year, the Department of Human Rights and International Affairs was created in the Executive Office. The new department’s responsibilities include equity issues on a fairly broad scale, including oversight of the three equity committees mandated by the NASW by-laws: the National Committee on Racial and Ethnic Diversity (NCORED); the National Committee on Women’s Issues (NCOWI); and the National Committee on Lesbian, Gay, and Bisexual Issues (NCLGBI). The Department also includes NASW’s Affirmative Action Program, the National Committee on Leadership Identification (NCNLI), and the International Committee.

Housing the equity committees in the Executive Office is not new; however, this organizational placement offers the exciting potential to take a fresh look at the way the committees work to address their responsibilities. It also facilitates working across organizational lines on complex, multidisciplinary issues.

The decision to create the department was timely. We all know that equity issues are affected by public policy, judicial actions, the economy, the national political climate, and by polarization in the political arena. The way we experience these factors often makes us feel as though social work itself is under attack. What social workers sometimes fail to remember, however, is that the linkages and pressures under which we function frequently have national/international geneses or interactions. Fortunately, our committee members are knowledgeable individuals with broad-based experiences in the areas for which they are responsible. Their rich mix of knowledge and dedication frequently helps them produce work that makes the entire Association proud.

Added to the mix are staff members whose collaborative expertise and willingness to help each other when the situation warrants make this new department an interesting and enjoyable place to work. We are striving to develop cross-sectional

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knowledge about all of our areas of responsibility. Meanwhile, we are also coalescing as members of the unit, and are looking forward to strengthening the department's character and identity.

Luisa López, MSW, department manager, possesses prior experience in behavioral health, homelessness, aging, immigrant services, and administration. She is also NASW's Affirmative Action Officer and staffs NCNLI.

Rita Webb, MS, DCSW, senior policy associate, has extensive experience in social work education, health and health disparities, mental health, child welfare, and academic administration. Rita is the staff liaison for NCOWI and NCLGBI, and supports NASW's evolving initiative on health disparities.

Denise Melville, administrative assistant for the department, is a treasure in that she is extremely helpful in facilitating the organizational tasks which reminds us we are part of a group, and not solo agents.

I, myself, have lived and worked in many regions of the world, and my experience in education and training, health, rural development, and science and technology make me feel right at home working with a multidisciplinary team. I am the Association's liaison to NCORED and the International Committee, and am also responsible for international issues.

Each member of this new department brings with her a vast knowledge of, and appreciation for, diversity issues, cultural competence, and working across generational lines.

Together, based on our specific responsibilities, committee members and staff aim to combine our skills and best efforts to address the issues that threaten to diminish the nation's social fabric and rescind societal gains. We also aim to contribute to the social work profession through such efforts as developing cultural competence indicators, and by providing this newsletter in which colleagues may exchange ideas and information. We welcome your input and contributions in helping us achieve our organizational goals.

*Leticia Diaz, MS, is a senior policy associate in the Office of Human Rights and International Affairs and staffs the National Committee on Racial and Ethnic Diversity (NCORED) and the International Committee. ■*

## **CULTURAL COMPETENCE STANDARDS: THE NEXT PHASE—INDICATORS**

*By Clara Simmons, LISW, ACSW, DCSW*

Cultural diversity and competent practice are phrases that permeate both popular and professional writing. The “browning of America” was the media catch phrase when the results of the 2000 Census showed that 13 percent of the population identified themselves as Hispanic. The Census Bureau further projected that individuals identifying themselves as White would decline by approximately 22 percent by 2050, and that racial identification for 2050 was estimated to be 53 percent White, 24 percent Hispanic, 14 percent Black, 8 percent Asian/Pacific Islanders, and 1 percent American Indian/Alaska Native. While popular literature describes a browning of America in 2000, what we are really seeing is a growing collage of colors and cultures—an increase in diversity that has made the acquisition of cultural competence skills even more imperative for social workers.

The *Standards for Cultural Competence in Social Work Practice* were developed by the National Committee on Racial and Ethnic Diversity (NCORED), and were published in 2001 to meet that escalating requirement. Since that time, NCORED has developed training materials and presented the standards to more than 2,000 social workers, health care providers, students, and volunteers in the United States and abroad. Interacting with these audiences and reviewing the literature are two of the approaches used to begin addressing the frequent plaintive cry: How will I know that I am becoming culturally competent?

To move to the next phase, NCORED developed its first iteration of Cultural Competence Indicators and presented them to the NASW National Board of Directors in April 2003 for comment. Revisions were made after field-testing the indicators at several conferences. Posting the indicators on the NASW Web site for public comments is the next step in the process. After the two-month comment period,

additional changes will be incorporated. The indicators are expected to be completed by the end of 2005. The following is a draft of the indicators for Standard 7—chosen because it has generated considerable discussion. We welcome your comments on this process, as well as on the Diverse Workforce Indicators. ■

## DIVERSE WORKFORCE

**STANDARD 7:**  
**Social workers shall support and advocate for recruitment, admissions and hiring, and retention efforts in social work programs and agencies that ensure diversity within the profession.**

### INDICATORS

#### Culturally competent social workers will:

1. Advocate for, and support, human resource policies and procedures that ensure diversity and inclusion within their organization.
2. Work to achieve a workforce that reflects the demographics of the population served, throughout all levels of the organization.
3. Advocate for, and support, policies that assure equity and appropriate compensation for social workers who bring special skills or knowledge to the profession, such as multicultural and bilingual skills or American Sign Language skills.
4. Advocate for, and support, recruitment and retention strategies for social work programs and schools of social work that increase the diversity within the social work profession.
5. Promote an organizational culture in which all staff, regardless of cultural membership, continuously engage in the process of improving cultural competence and developing the capacity to serve a variety of populations.

#### Culturally competent organizations will:

6. Have in place human resources and other organizational policies and procedures that support staff diversity.
7. Regularly monitor the extent to which their management and staff composition reflect the diversity of the client population. If the composition does not reflect the client base, take corrective action by refocusing their recruitment and retention efforts and by reviewing their selection policies for inadvertent exclusion of the under-represented cultural group(s).
8. Regularly monitor and take corrective action as needed to ensure that client groups may receive services in their native languages.
  - a. Actively recruit and seek to retain multilingual staff.
  - b. Provide “second language” courses to existing staff.
  - c. Provide appropriate compensation for social workers who bring special language skills or knowledge to the profession, including multicultural and bilingual skills or American Sign Language skills.
9. Include cultural competency as a required component for job performance by including requirements for cultural competence in job descriptions, performance evaluations, promotions, and trainings.
10. Foster a work climate, through formal and informal means, that addresses workforce diversity challenges and promotes respect for clients and colleagues of different backgrounds.
11. Establish cultural norms of openness and respect for discussing situations of insensitive or exclusionary behaviors.

*Clara Simmons, LISW, ACSW, DCSW, coordinator of the Intensive Weekend Field Education Program at Mandel School of Applied Social Sciences, Case Western Reserve University, is editor of NCORED Network News and former NCORED chair. She has conducted numerous workshops on ethics and cultural competence. She may be contacted at [claras@ameritech.net](mailto:claras@ameritech.net) ■*

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## MESSAGE FROM THE PRESIDENT OF THE INDIAN LAW RESOURCE CENTER

By Robert T. Coulter, JD

This has been a wonderful year. We won a historic victory before the Inter-American Commission on Human Rights for Mary and Carrie Dann and the Western Shoshone Indians of Nevada; celebrated the transfer of a large area of wild-lands in Florida to the Independent Traditional Seminole Nation; and marked the Center's 25th Anniversary with a gala event at the Smithsonian Institution in Washington, D.C.

Our 25 years of experience in the field of Indian rights has sharpened our vision of the injustices that remain. For example, in the United States today, the federal government can take Indian land without a hearing and without payment, and Indian religions remain virtually unprotected. Throughout the Americas, indigenous communities suffer, due to the toxic contamination of their land and water; the U.S. government can break treaties with Indian tribes with impunity; the authority of tribal governments is under constant attack by the courts; and the federal government has lost, and continues to lose, billions of dollars in trust assets belonging to Indian people.

The laws that created these conditions are as extreme in their racism as were the segregationist laws of the South 100 years ago. But unlike laws against mixed-race marriages, poll taxes, and other relics of segregation, American society has not yet concluded that laws denying Indian peoples' basic rights to their own lands and resources are wrong, and must be replaced.

In order for Indian nations to flourish in America, the existing prejudiced doctrines must be discarded and replaced with a legal framework that genuinely protects Indian lands and accords Indian tribes the same basic rights enjoyed by other racial and ethnic groups.

One of our long-held strategies has been to work for the development of strong legal standards at the international level to create pressure for the reform of discriminatory laws and policies on the part of the U.S. and other governments. To this end, Six Nations and Western Shoshone leaders, among others, work with us to establish strong international legal

standards for indigenous peoples at the United Nations and the Organization of American States. Because of this work, the United States is facing increasing pressure, both at home and from other countries, to respect international human rights laws in all of its governmental affairs.

Through the work of the Indian Law Resource Center, we have tried to give Indian nations the legal rights they need to flourish. A legal framework free of the racist vestiges of the past will strengthen Indian nations' abilities to determine their future for themselves. Our progress in battling discriminatory laws is often slow and incremental, but we have enjoyed many successes throughout the years. We have especially appreciated the ongoing support of committed contributors and foundations, colleagues, and clients. Your support is essential; the Center's work is critical; and the vitality and prosperity of Indian cultures are precious.

*Robert T. Coulter, JD, is president of the Indian Law Resource Center, located at 602 North Ewing Street, Helena, MT, 59601 ([www.indianlaw.org](http://www.indianlaw.org)).* ■

## THE ROLE OF ETHNICITY IN OUR PROFESSION

By Supriya Mathew, MA, MSW, LCSW

As a native of India, I am proud of my heritage, and the values and beliefs learned from my culture. As a clinical social worker, I am well aware of my ethnicity, and the strengths and areas of growth it affords me. The effect of my ethnicity on my career has been positive; I am well respected and accepted at my workplace.

I have worked as a clinical social worker since 1997, which has been a very rewarding experience. During that time, I worked in the community at large and, for the past four years, with the military population.

My ethnicity has helped me to relate well with clients of many different ethnic backgrounds who, like me, are currently living in the U.S. I am also pleased to say that my overall counseling experience in the U.S. has been positive. Many of my clients may have been a little skeptical or guarded in the beginning, but through the counseling process, we have been able to build a good rapport and mutual trust. Because of this, my clients respect and benefit from my

knowledge and skills as a social worker. I believe that, above all else, they know I care, which makes a big difference. I believe that our ethnic differences are only the tip of the iceberg, beneath which, as human beings, all our needs, wants, and desires are quite similar.

During my initial years as a counselor, I had seen a young White male for about eight sessions, when he disclosed to me at the end of one of our sessions how much he was benefiting from counseling. He stated, “My brother married an African American girl recently, and my family and I are having a hard time coping with this. When I came to my first session I saw that you were, first of all a woman—and a woman of a different ethnicity. I was not sure this was going to help me. I realize now how wrong I was to judge you so quickly. You are one of the best counselors I have worked with. It is also helping me accept and appreciate my sister-in-law. Thank you.”

As social workers, we have every right to be proud of our ethnicity. Instead of hindering our interactions with clients, our ethnicity should enhance our relationships with them. I believe people will trust and bond with us, regardless of our ethnicity, if they know that we care and have the skills and abilities required for effective social workers.

*Supriya Mathew, MA, MSW, LCSW, was born and raised in India, and moved to the U.S. 13 years ago. She has worked as a clinical social worker in residential community, hospital, and military settings. ■*

## **ELIMINATING HEALTH DISPARITIES: THE ROLE OF SOCIAL WORK**

*By Lana Sue I. Ka`opua, PhD, ACSW*

The burden of health disparities in communities of color is one of the compelling health and social justice issues of the 21st century. Socio-economically disadvantaged, yet culturally rich communities of color have not always benefited from advances in medical treatment and early detection screenings. As a result, disparities related to incidence and mortality of cancer, diabetes, hypertension, and other conditions persist. Individuals and families living in these communities often lack access to vital health resources, and may hold fast to cultural values and practices that conflict with those reflected in conventional, mainstream health services.

Social workers are familiar with these issues and, historically, play an influential role in helping clients to access and participate in health care services. Guided by the *NASW Code of Ethics* and *NASW Standards for Cultural Competence in Social Work Practice* (located on the NASW Web site, [www.socialworkers.org](http://www.socialworkers.org)) social workers are well trained to help individuals and families in medically underserved communities. Based on training, experience, and professional values, social workers have much to contribute to the development of policies and programs to promote healthy communities.

A growing number of national, state, and community groups are collaborating in initiatives aimed at promoting health in medically underserved communities of color. Promoting an inheritance of health is the vision of Native Hawaiian Health Care Systems (NHHCS) and its community and academic partners. Presently, social workers and social welfare researchers at NHHCS are involved in developing action-oriented, culturally grounded, and community-relevant interventions to increase participation in routine cancer screening practices, and to improve quality of life among cancer patient/survivors and their families.

The ‘Ohana (family) Intervention (Principal Investigator [PI]: Noreen Mokuau, DSW), the Na Lei Pulama Ho`oponopono study (PI: Lana Ka`opua, PhD, ACSW), and the Ha`imo`olelo (storytelling with intent to instruct) Breast Cancer Screening for Older Native Hawaiian Women in Faith-Based Communities (PI: Lana Ka`opua, PhD, ACSW) build capacity within established social networks. These studies also involve Native Hawaiian patients/survivors in culturally tailored interventions. Projects such as these provide a promising foundation to advance a vision of health in ways that build on cultural strengths. However, much more effort is needed on all levels of intervention, and a national dialogue between social workers involved in such endeavors is strongly suggested.

The social work profession has a history of working with the medically underserved, and has much to contribute to efforts to eliminate disparities; however, as a profession, social workers are notably less visible than our nursing, public health, and other allied health and medical colleagues in taking leadership to produce health disparities research and policy. A

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collective vision, a clear agenda, and a plan of action for the profession are essential. Strong statements for national attention to the role of social work in promoting healthy communities have never been more important.

*Lana Sue I. Ka'opua, PhD, ACSW, is an assistant professor at the Cancer Research Center of Hawaii at University of Hawaii. She invites social workers interested in advancing the agenda outlined in her article to contact her at: lkaopua@crch.hawaii.edu ■*

## **MINORITY ACCESS TO MENTAL HEALTH SERVICES: THE ROLE OF INSTITUTIONAL DISCRIMINATION**

*By Annette Franklin, MSW, LSW*

On August 26, 2001, the Surgeon General's report titled, "Mental Health: Culture, Race and Ethnicity," regarding access for ethnic minorities, examined the role of culture and society's participation in mental health. Missing from this was the urgency to communicate a need for continued education in the minority community, and for social workers practicing as mental health professionals.

Included among the barriers for ethnic minorities' access to mental health treatment, according to the report, are: lack of knowledge regarding mental illness, denial, stigma attached to mental illness, the role of the family, the role of the church, and institutional discrimination. The latter, unintentionally or intentionally, is the most influential barrier.

For generations, minority families ignored the behaviors associated with mental health illnesses. . The lack of knowledge about, and stigma associated with, mental illness has been hindered by cultural beliefs and values held by family members and the minority community. In his report, Surgeon General David Satcher, MD, PhD (2001) stated that the history of racial discrimination and economic impoverishment has contributed to mistrust and fear within the minority community in utilizing services and receiving appropriate care. Yet, the culture of the service providers, including social workers within the service system, lacks the cultural competence necessary to influence diagnosis and treatment. Culture is not the only determinant—social influences, along with biological, psychological, and environmental factors, play important roles in mental health.

Historically, myths and stereotypes about African Americans and other minorities have often led to misperception, misrepresentation, and misinterpretation of treatment in the practice of psychiatry. For example, early White medical and mental health professionals believed that "normal" Black physiology and psychology was inferior to Whites. Black people who acted outside of acceptable behavior were known as belligerent and dangerous, with no thought given to the possibility of mental illness (Poussaint & Alexander, 2000). In other groups, cultural events and beliefs were, and still are, misinterpreted. This includes Native Americans' use of folk tales to explain pain, and Asian Americans' fear of losing face within interpersonal relationships. Seemingly, these groups tend to have more interdependence in social relationships than White people, who tend to be more individualistic (Ridley, Chih & Olivera, 2000).

According to Ridley, et al. (2000), unintentionally or not, minority clients are more likely to receive less preferred forms of treatment, early termination, and are more dissatisfied with services. Ridley states that most forms of racism are unintentional, and that clinicians have good intentions, but may engage in harmful interventions that can be characterized as racism or discrimination. Harmful practices or not, cultural and racial differences have been defined and conceptualized into the institution of psychiatry and the mental health system, creating an obvious disparity in services among minority consumers, which allows for this institutional discrimination to proceed (Wade, 1993).

The first cycle of mental health policy in the United States was dominated by state and county mental health hospitals until the Community Mental Health Act was passed in 1963. At that time, patient care shifted from state institutions to community-based care. Minority community mental health services were limited by barriers such as lack of knowledge regarding mental illness and community needs, stigma, religious beliefs, and lack of appropriate staff and funding resources.

The second cycle emphasized deinstitutionalization and outpatient care, which lacked the necessary resources to create sensitivity to cultural and language differences. Because of this insensitivity, and because of the lack of interest by some major decision makers,

maintaining services for those released from the state hospitals failed (Wade, 1993).

Even with recent shifts in practice and policy at local, state, and federal levels, social workers must advocate for minorities receiving substandard mental health care. Mental health services continue to be fragmented, and access is narrowed by the transfer of monies into the private sector. Major initiatives for mental health policy were returned to the state after the Omnibus Budget Reconciliation Act (OBRA) in 1981; however, contractual language failed to address the racial and ethnic population at the greatest risk for state re-hospitalization (Wade, 1993). Increases in the general population and a rise in incarceration of minorities, coupled with the lack of proper community-based mental health facilities in the 1990s, set the stage for over-representation of African Americans and Hispanics among the underserved (Rollock & Gordon, 2000).

The practice of social work should continue to address cultural competence and implement new models of commitment on the local level to reduce discrimination in the mental health system. At the same time, social workers need to continue to monitor and develop anti-discriminatory strategies within mental health programs and institutions in addition to hiring racial minorities at all professional employment levels in the mental health system. Wade (1993) suggests separating psychiatry from societal views to increase knowledge and sensitivity to the reality of cultural differences within theory, research, and practice.

While attempts have been made to provide effective training—using cultural schemas for clinicians to identify, interpret, and integrate cultural data into clinical practice (Ridley et al., 2000), for example—the need remains for additional preparation to provide adequate services to minorities. Hence, cultural competence needs to start at a higher level, with policy makers. The federal government should mandate this training, and agencies should carry out the mandate to communicate the need for continued cultural competency education for those practicing in the mental health field. This will ensure ethnic minorities' access to, and participation in, mental health services. ■

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## **RESPONDING TO THE CRITICAL SHORTAGE OF BILINGUAL, BICULTURAL, AND CULTURALLY COMPETENT SOCIAL WORKERS TO MEET THE SERVICE NEEDS OF THE LATINO COMMUNITY**

*By Carmen Ortiz Hendricks, DSW, ACSW*

The shortage of bilingual, bicultural, and culturally competent social workers to serve Hispanic communities in the United States is a national crisis that requires concerted action by the social work profession to turn the crisis around. The Hispanic community is the fastest growing racial/ethnic group in the U.S., and it is also a population-at-risk that is under-served by social work professionals. For the past four years the New York City Chapter of NASW and the Puerto Rican Family Institute, Inc. have collaborated in an effort to build a Latina/o social work workforce. A number of significant actions have resulted from this collaboration.

A survey was conducted of over 600 Latina/o members of New York City Chapter of NASW to understand the needs of Latina/o social workers. An analysis of the survey responses (N=191 or 33 percent response rate) identified a number of key issues, namely: (1) Most Latino workers are staying in front line positions longer than non-Latino workers, and are not moving up the agency or professional career ladder either by choice or lack of opportunity; (2) Due to the changing demographics within the communities served, Latino workers are increasingly engaging in cross-cultural practice, even if client and worker speak the same language; (3) Latinos lack mentorship and professional networks that encourage pursuit of post-masters education and credentials that would position Latinos to more effectively advocate for their communities.

A Public Policy Forum, entitled “P”alante” meaning “Moving Forward” was convened at Fordham University in the Fall of 2002. Over 300 Latina/o social workers attended the Forum along with policymakers, leaders of human service organizations and unions, members of advocacy groups, social work educators and deans, and city and state legislators. They identified key policy and practice issues concerning the health, mental health, and social service needs of Latinos in New York City, and discussed work force development, cultural competence, social policy and social action, and the training and education of social workers.

Following the Forum, a Latino Social Work Task Force of key stakeholders was convened to develop a Strategic Plan to address the Forum and survey issues, and a position paper on “The Development of the Latino Social Work Workforce” was prepared and distributed throughout the city and state. This paper examines the demographic picture of Latinos in the U.S. with particular attention to urban centers like New York City. It addresses some of the factors behind the critical shortage of Latina/o social workers, and offers a strategic plan for the development of a bilingual, bicultural, and culturally competent social work workforce through active recruitment, retention, and graduation of Hispanics in BSW, MSW, and Ph.D programs. Copies of this position paper are available from the NYC Chapter of NASW.

### **The Latino Social Work Task Force has adopted the following Strategic Plan:**

**GOAL:** To assure that the Latino community in New York has access to relevant and appropriate human services reflecting the linguistic and cultural needs of this population.

**GOAL:** To assure increasing numbers of professional social workers who are bilingual, bicultural and culturally competent.

**ACTION:** Build a coalition of educational leaders, the human services community, and among Latina/o workers to address how best to increase the number of Latino workers available in the social work workforce; and to promote culturally and linguistically competent practice among all social workers working in Latino communities.

**ACTION:** Develop financial and other supportive services for Latina/os entering social work programs at the BSW, MSW, and Ph.D. level, and working in human service delivery systems that serve Latino communities. Lobby for the creation and funding of the New York State Social Work Student Loan Forgiveness Program. Seek foundation and corporate funding for scholarships to support Latina/o social work students in BSW, MSW, and Ph.D. programs.

In January 2004, a Roundtable of social work deans and educators, agency representatives, and local and state legislators was held at Hunter College School of Social Work in an effort to move the Strategic Plan

forward, identify specific strategies to expand the Latina/o presence in all social work programs, and to promote culturally and linguistically competent social work education and practice. A number of strategies resulted from this Roundtable discussion including the need to secure mentorship, scholarships, and loan forgiveness.

The New York State Chapter of NASW has joined with NYC/NASW, the Puerto Rican Family Institute, 1199/SEIU NY Health & Human Services Union, the NYS Association of Deans of Schools of Social Work, and other service providers in lobbying for a New York State Social Work Student Loan Forgiveness Program. This program would give priority to culturally competent social workers employed in designated communities of need. The Hispanic Caucus of the NYS Legislature under the leadership of the Honorable Peter Rivera has supported this effort, and a Loan Forgiveness Bill was passed in both houses of the legislature in June 2004 only to be vetoed by New York Governor Pataki. The lobbying efforts will continue and there is still a chance that a loan forgiveness bill will get passed in New York before the end of 2004. Finally, the Latino Social Work Task Force, with the help of United Way of New York City, is focusing its energies on securing foundation and corporate funding for a Latino Social Work Network that would administer a mentorship and scholarship program for Latinos interested in pursuing their BSW, MSW, and Ph.D. degrees in New York City.

Although the work of the Latino Social Work Task Force focuses on the crisis in the Latino community, it can be seen as a model strategic plan that can be replicated with other racial/ethnic communities at risk and in need of culturally and linguistically competent social work services. It also demonstrates how, in just a few short years, the collaboration between NASW and the Puerto Rican Family Institute, Inc. has been able to mobilize efforts and bring attention to a critical national issue that affects all Latinos and the social work profession.

*Carmen Ortiz Hendricks, DSW, ACSW, is an associate professor at Hunter College School of Social Work, in New York City, NY. Dr. Hendricks was a major contributor to the NASW Standards for Cultural Competence in Social Work Practice, published in 2001. ■*

## RESOURCES

**The NASW Web page located at:**  
[www.socialworkers.org](http://www.socialworkers.org)

The Health and Mental Health Specialty Practice Sections Web Pages located at  
[www.socialworkers.org/sections](http://www.socialworkers.org/sections).

### **Government Resources and Articles:**

Crawley, L.M. Racial, cultural, and ethnic factors. In National Institutes of Health (Ed.)(pp.45-48). Improving end-of-life care. Bethesda, MD: National Institutes of Health, William H. Natcher Conference Center.

Closing the Gap: A newsletter of the Office of Minority Health, Office of Public Health and Human Services. Available from the U.S. Department of Health and Human Services, Washington, DC, or access on the Office of Minority Health Web site: <http://www.omhrc.gov>.

### **Resources on the Web:**

Kaiser Family Foundation, [www.kff.org](http://www.kff.org)

National Center for Cultural Competence, Georgetown University Center for Child and Human Development, [www.gucchd.georgetown.edu](http://www.gucchd.georgetown.edu)

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