PHRASES SUCH AS health equity, minority health, and health disparities have increasingly become part of the lexicon of social work and other helping professions. The phrase behavioral health equity is more focused and strongly resonates within our profession. Schools of social work have been involved in behavioral health equity education and research for more than a century, usually using other terms (Davies, 1994).

The World Health Organization (WHO) defines health inequality as persistent differences in health status or in the distribution of health determinants between different population groups (WHO, 2010). Health inequality is directly linked to race and ethnicity and their intersection with other social determinants of health such as socioeconomic status (Koh et al., 2010). Achieving health equity in the U.S. through the reduction and eventual elimination of health disparities is one of the main goals of Healthy People 2020. Some progress has been made towards achieving this goal for the U.S. population as a whole but racial and ethnic minority populations continue to lag behind whites, presenting disproportionally higher rates of preventable chronic diseases and life spans cut short by premature death (Thomas, Quinn, Butler, Fryer, & Garza, 2011).

Minority populations are disproportionately affected by behavioral health disparities, presenting significantly lower rates of access and use of quality behavioral health services [Agency for Healthcare Research and Quality (AHRQ), 2009]. The Affordable Care Act (ACA) of 2010 provides unique opportunities for changing this situation and for advancing a national behavioral health equity agenda (Henry J. Kaiser Family Foundation, 2010). The ACA has the potential for improving access to behavioral care for poor and minority patients and for addressing disparities in behavioral health utilization (AHRQ, 2009). The social work profession needs to be at the table as comprehensive and innovative approaches are being designed and tested.

Although behavioral health equity is at the core of the profession's mission, behavioral health disparities content has not been
explicitly integrated into the regular curricula of most of our university-based social work programs. The National Association of Deans and Directors of Schools of Social Work and the Council on Social Work Education have partnered with the Office of Minority Health to form a Task Force on Behavioral Health to gather the existing information, identify the gaps, design a plan for curriculum infusion and workforce development. The task force, the project director, and a national advisory panel will guide the development of a plan of action for social work education. Some of the priorities identified to date are:

- to document innovative approaches used in the community to reduce and eliminate behavioral health disparities, even when the evidence of their efficacy is not yet fully available
- to capture culturally appropriate interventions that increase access and quality of care of behavioral health services across different geographic regions and communities
- to translate existing knowledge into specific recommendations and materials that can be easily integrated into curricula that can be taught at schools of social work around the nation
- workforce development by knowledge and professional skills to work in transdisciplinary teams and effectively facilitate change regarding access and quality and addressing system barriers
- strengthen the research infrastructure of schools of social work to conduct behavioral health disparities intervention research

These are the right times for us to be engaged in these efforts. We as a profession need to make explicit our implicit and historical commitment to social work education and research on behavioral health equity. We invite the readers of the *Journal of Social Work Education* to contribute conceptual and empirical manuscripts in the coming months about behavioral health disparities as part of this conversation. The more voices we can capture, the more appropriate and relevant the social work education behavioral health equity/behavioral health disparities curriculum infusion process will be.

**References**


Accepted: 08/11

**Flavio F. Marsiglia** is director of the Southwest Interdisciplinary Research Center at Arizona State University. **James Herbert Williams** is dean of the Graduate School of Social Work at the University of Denver.

For more information about this initiative, please contact Dr.-Lorraine Salas, director of the Behavioral Health Disparities Social Work Curriculum Infusion Initiative, at lorraine.salas@asu.edu. The project is funded by the Office of Minority Health, U.S. Department of Health and Human Services.

Address correspondence to Flavio F. Marsiglia, Southwest Interdisciplinary Research Center, School of Social Work, Arizona State University, 411 N. Central Avenue, Suite 800, Mail Code 3920, Phoenix, AZ 85004; e-mail: marsiglia@asu.edu.