



# NATIONAL PARTNERSHIP FOR ACTION

to End Health Disparities



## Office of Minority Health

*A Call to Action*

November 17, 2010



U.S. Department of Health & Human Services



# Office of Minority Health

## *Mission*

Improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities





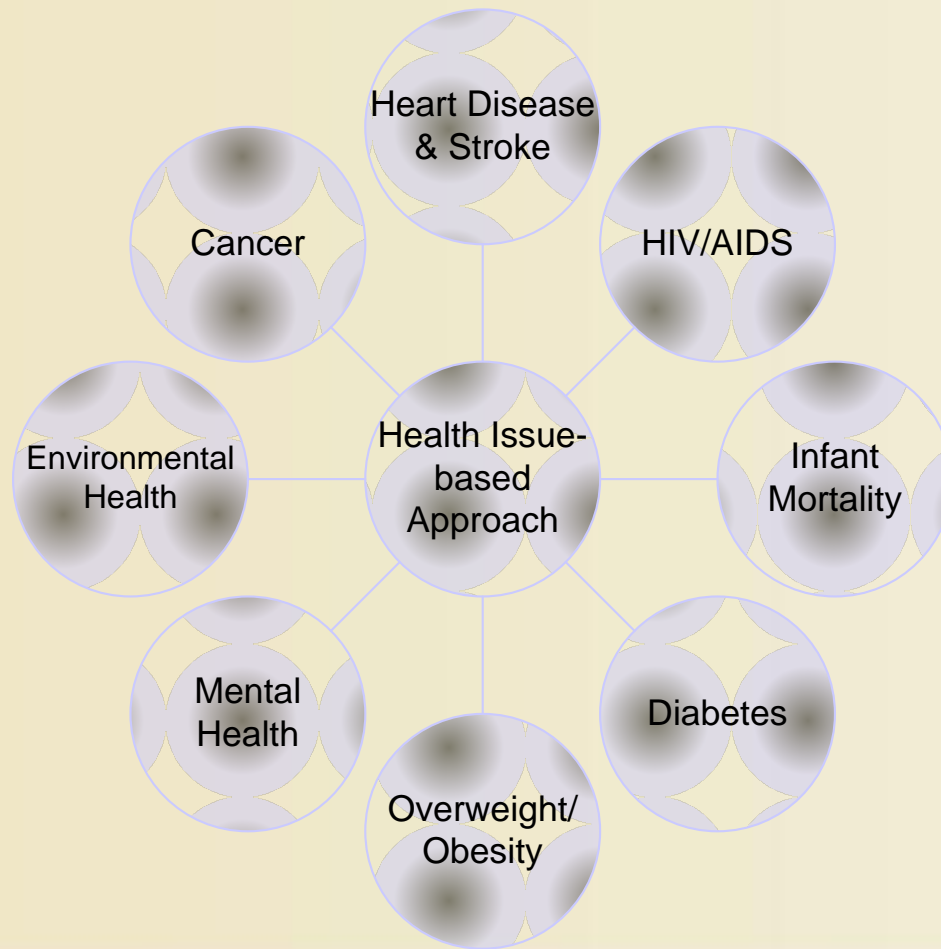
The root causes of health disparities are systemic, institutionalized, and many decades or even centuries in the making. The relationships among the root causes of health disparities are multi-directional and cyclical, exacerbating one another and calling for intervention at every level.

—*The Health Trust*





# Prior Health Disparities Approach





# Where are we Today?

## 1985 Secretary's Report on Black & Minority Health

Recommendations	Applicable Today?	
	Yes	No
Implement outreach campaign	√	
Increase patient education and provider awareness	√	
Improve access, delivery, financing of services	√	
Improve the availability of health professionals	√	
Improve communication and coordination	√	
Encourage community efforts	√	
Improve the quality and availability of health data	√	
Support research factors affecting minority health	√	





# Economic Burden of Health Inequities

*September 2009*

Findings for Study Period of 2003-2006	
Combined costs of health inequalities and premature death in the U.S.	\$ 1.24 trillion
Eliminating health disparities for minorities would have reduced direct medical care expenditures	\$ 229.4 billion
Direct medical care expenditures for African Americans, Asians, & Hispanics – excess costs due to health inequalities	30.6 %
Eliminating health inequalities for minorities would have reduced indirect costs associated with illness and premature death	\$ 1 trillion

\* Joint Center for Political and Economic Studies (Researchers and authors: LaVeist, Gaskin, Richard)





# What's the Point?

- Health inequities are inconsistent with American values
- Public and private sector investments in health are substantial
- Contribution of health disparities to rising cost of health care is often unrecognized
- Reduction of health inequities is a point of intervention with financial and ethical payoffs





Our lives begin to end the day we  
become silent about things that  
matter.

— *Martin Luther King Jr.*







# Affordable Care Act Provisions

## *Health Disparities and Health Equity*

- Awareness and outreach
- Collaboration on community priorities
- Cultural competency
- Data collection
- Language access and literacy
- Minority health infrastructure
- Research and evaluation
- Workforce





# Affordable Care Act

*TITLE X, Subtitle C, SEC. 10334*

## Federal Office of Minority Health

- Reauthorized through 2016 within the Office of the Secretary
- Retains existing duties, authorities, funding, staff, and other entities
- Awards grants and contracts





# Affordable Care Act

*TITLE X, Subtitle C, SEC. 10334*

## **Federal Office of Minority Health** (cont'd)

- Enter into MOUs and agreements with public and nonprofit private entities, Departmental and Cabinet agencies, and indigenous human resource providers
- Develop measures to evaluate effectiveness of activities aimed at reducing health disparities and supporting the local community





# Affordable Care Act

*TITLE X, Subtitle C, SEC. 10334*

## **Six Mandated Offices of Minority Health**

- AHRQ, CDC, CMS, FDA, HRSA, SAMHSA
- Office Directors appointed by and report directly to agency director
- Funding for each office shall be allocated from agency appropriations

## **National Institutes of Health**

- National Center on Minority Health and Health Disparities elevated to an institute





# Working Together Matters

Major advances require  
collective action

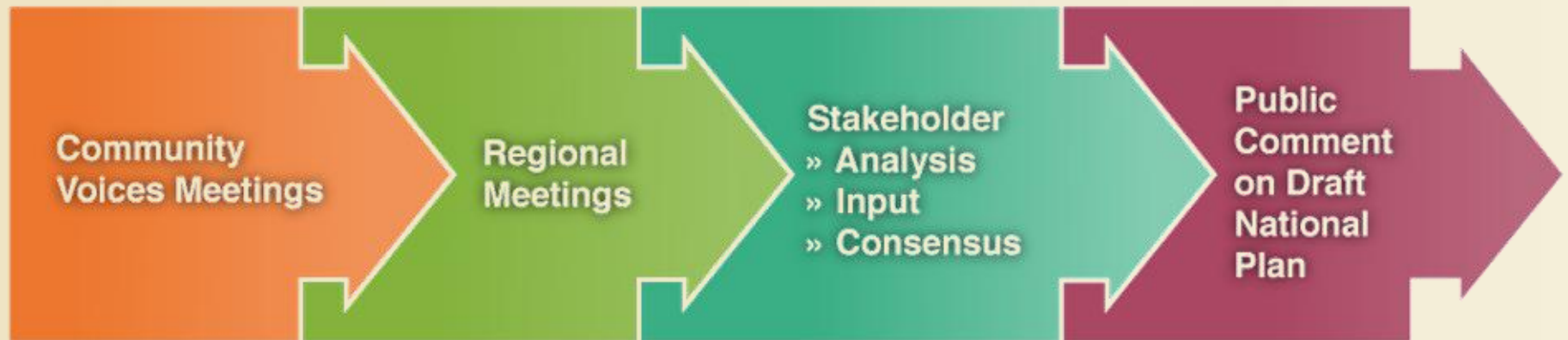
—*Professor Sir Michael Marmot*





# NATIONAL PLAN FOR ACTION

Community Driven



\*Process included over 1,800 individuals





# National Partnership for Action

## *Mission*

Increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action





# National Partnership for Action

## *Purpose and Components of Strategy*

- Purpose: Mobilize public-private sector action to end health disparities
- Components: National Plan, Regional Blueprints, Issue Blueprints, Health Equity Bodies, Initiatives, Campaigns







# National Partnership for Action

## *Goals*

- Increase awareness of health disparities
- Strengthen and broaden leadership
- Improve health system & life experience
- Improve cultural & linguistic competency
- Improve data availability and coordination and use of research and evaluation outcomes





# Goals and Strategies

<b>Awareness</b>	<ul style="list-style-type: none"> <li>1. Healthcare Agenda</li> <li>2. Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>3. Media</li> <li>4. Communication</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>5. Capacity Building</li> <li>6. Funding &amp; Research Priorities</li> </ul>	<ul style="list-style-type: none"> <li>7. Youth</li> </ul>
<b>Health System &amp; Life Experience</b>	<ul style="list-style-type: none"> <li>8. Access to Care</li> <li>9. At-risk Children</li> <li>10. Older Adults</li> </ul>	<ul style="list-style-type: none"> <li>11. Health Communication</li> <li>12. Education</li> <li>13. Social &amp; Economic Conditions</li> </ul>
<b>Cultural &amp; Linguistic Competency</b>	<ul style="list-style-type: none"> <li>14. Workforce Training</li> <li>15. Diversity</li> </ul>	<ul style="list-style-type: none"> <li>16. Ethics and Standards for Interpreting &amp; Translation</li> </ul>
<b>Data, Research &amp; Evaluation</b>	<ul style="list-style-type: none"> <li>17. Data</li> <li>18. Community-Based Research</li> </ul>	<ul style="list-style-type: none"> <li>19. Coordination of Research</li> <li>20. Knowledge Transfer</li> </ul>





# Combining – Blending – Fusing

Integration is the act of combining systems (or subsystems) so that they work together or form an effective whole.

adapted from <http://searchcrm.techtarget.com/definition/integration>





# Conditions for Integration

- Shared vision and goal(s)
- Common purpose and set of objectives
- Unifying architecture
- Special knowledge or assets
- Anticipate and plan for challenges





# To Integrate or not to Integrate?

*Answer: There is no choice*

- Continued disparate outcomes for racial, ethnic, and other vulnerable populations
- Impact on communities, healthcare system, global competitiveness
- Limited resources are getting tighter
- No one organization can do it alone





# Horizontal and Vertical Integration

## *Examples\**

- Horizontal: Federal Sector Agencies
- Vertical: State Offices of Minority Health, Multicultural Health, or Health Equity with Local Offices of Minority Health

\*There are many other horizontal and vertical collaborations that are possible





# Federal Interagency Health Equity Team

## *(FIHET) Functions*

- Identify opportunities for federal collaboration, partnership, coordination, and/or action on efforts that are relevant to the NPA and National Plan for Action
- Provide leadership and guidance for national, regional, state, and local efforts to address health equity





# FIHET: Departments

- Agriculture
- Commerce
- Education
- Environmental Protection Agency
- Defense
- Health and Human Services
- Homeland Security
- Housing and Urban Development
- Justice
- Labor
- Transportation
- Veterans Affairs







# FIHET: Select Goals

- UNITE around a national message
- COLLABORATE around common goals
- LEVERAGE assets and experiences of partners
- IDENTIFY opportunities for collaborations, partnerships, and communications
- CREATE opportunities to transition evidence-based findings to practice / policy





# National Health Disparity Definition

A particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.

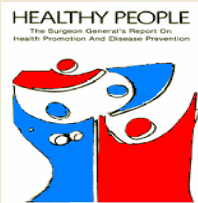




# National Health Equity Definition

**Health equity** is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.





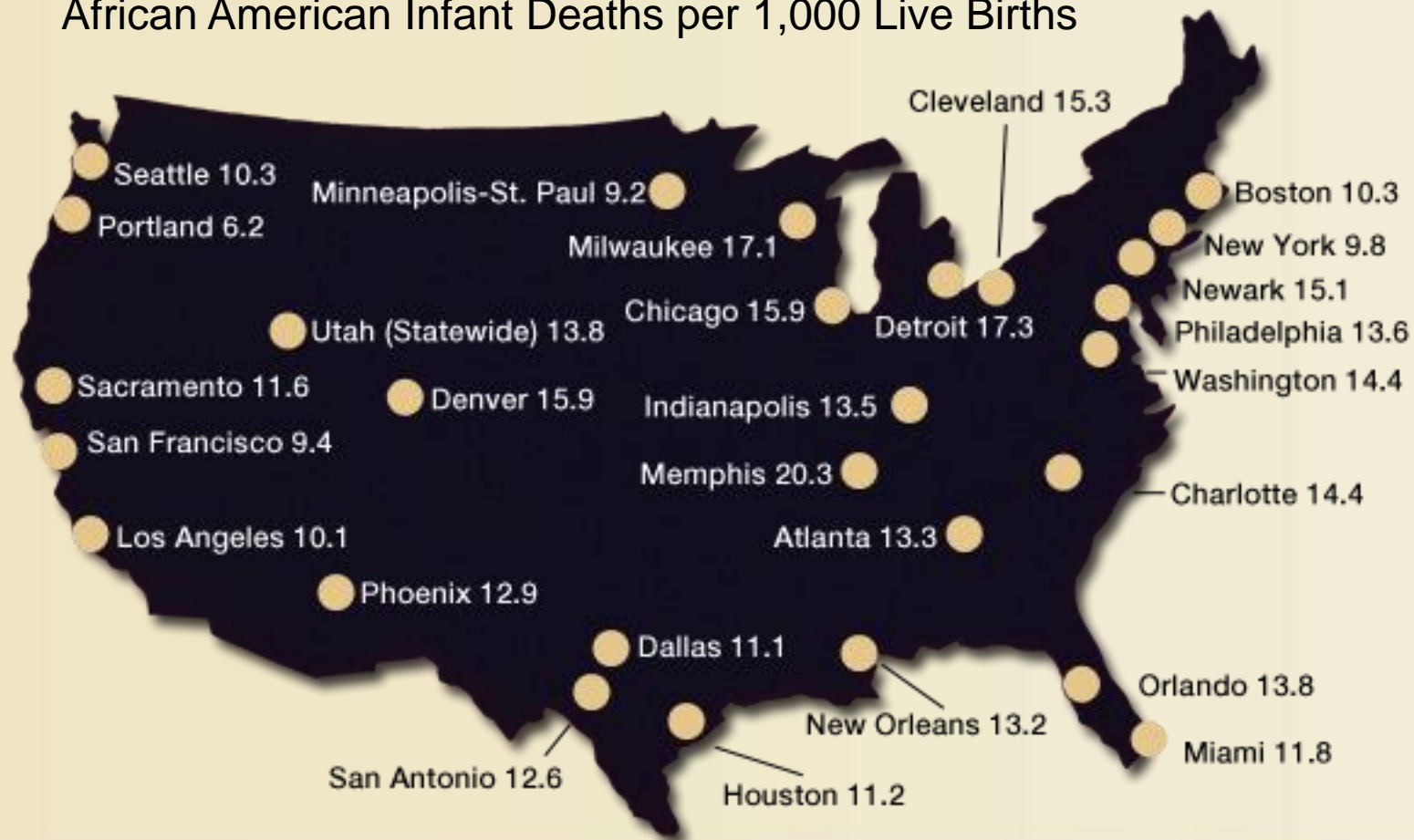
Target Year	1990	2000	2010	2020
Overarching Goals	<p>Decrease mortality: infants-adults</p> <p>Increase independence among older adults</p>	<p>Increase span of healthy life</p> <p>Reduce health disparities</p> <p>Achieve access to preventive services for all</p>	<p>Increase quality and years of healthy life</p> <p>Eliminate health disparities</p>	<p>Attain high quality, longer lives free of preventable disease, disability, injury and premature death</p> <p>Achieve health equity, eliminate disparities and improve the health of all groups</p> <p>Create social and physical environments that promote good health for all</p> <p>Promote quality of life, healthy development, healthy behaviors across life stages</p>





# African American Infant Mortality Rates in some U.S. Cities

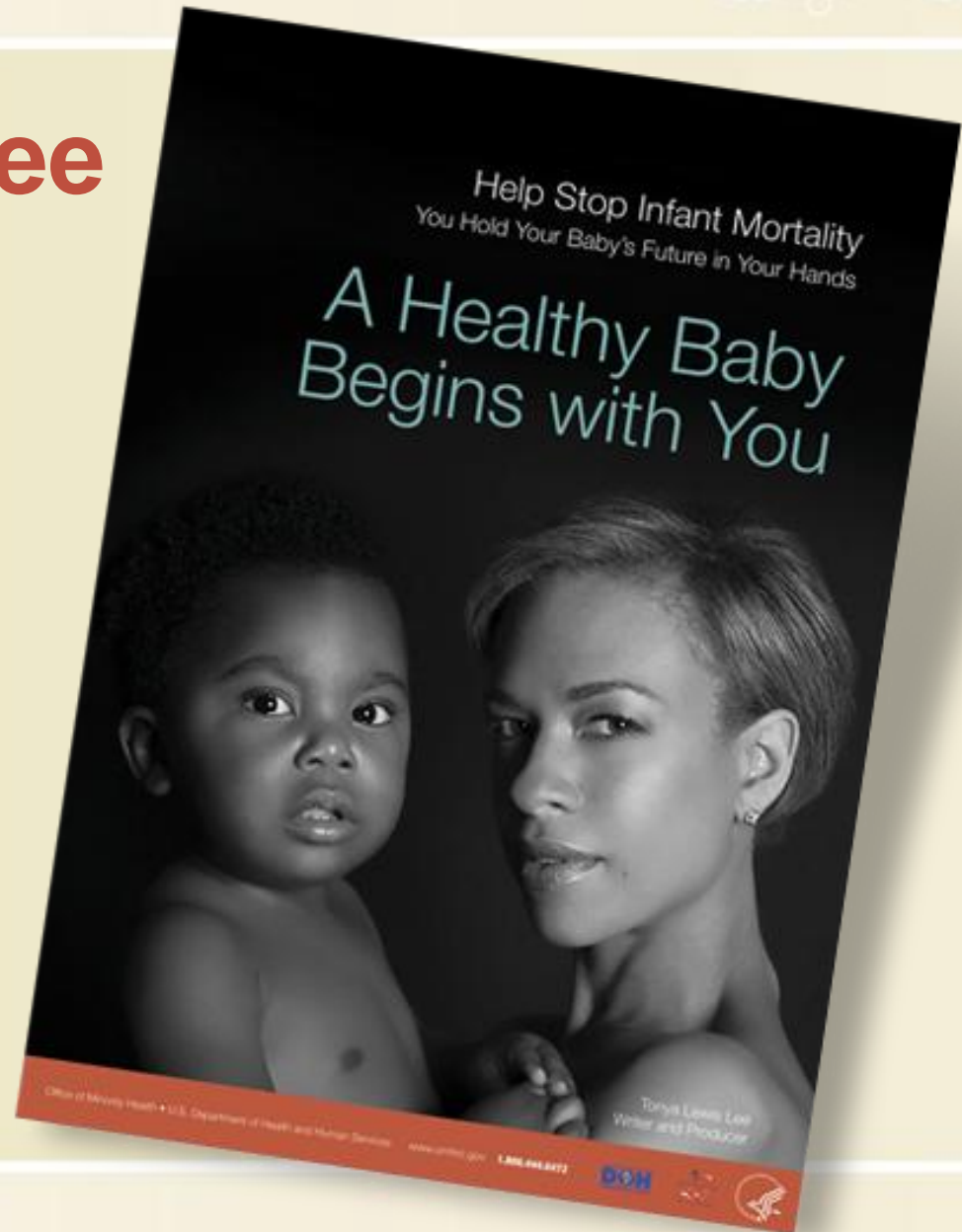
African American Infant Deaths per 1,000 Live Births





# Tonya Lewis Lee

national campaign  
spokesperson





# You could be the hand . . .





I have discovered in life that there  
are ways of getting almost  
anywhere you want to go, if you  
really want to go.

—*Langston Hughes*







Do you *really* want to go?





# OPPORTUNITY IS NOWHERE!





**OPPORTUNITY IS NOW HERE!**





**Together we can.  
Together we will.**

*End Health Disparities!*

**[www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)**

