Moment of Opportunity: Reducing Health Disparities and Advancing Health Equity

An Introduction to the HHS Office of Minority Health

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Minority Officers Liaison Council Webinar
U.S. Public Health Service Commissioned Corps
June 9, 2015
Office of the Assistant Secretary for Health (OASH)
In 1985, the U.S. Department of Health and Human Services (HHS) released a landmark report, the Report of the Secretary’s Task Force on Black and Minority Health (Heckler Report). It documented the existence of health disparities among racial and ethnic minorities in the United States and called such disparities “an affront both to our ideals and to the ongoing genius of American medicine.” The Office of Minority Health was created in 1986 as one of the most significant outcomes of the Heckler Report.

“Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat and cure disease, Blacks, Hispanics, Native American Indians and those of Asian/Pacific Islander Heritage have not benefited fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology.”
The Case for Eliminating Health Disparities

Big Six
(1) Cancer, (2) Cardiovascular disease and stroke, (3) Chemical dependency, measured by deaths due to cirrhosis, (4) Diabetes, (5) Homicide and accidents (unintentional injuries), (6) Infant mortality

Improvement Areas
(1) Health information and education, (2) Delivering and financing health services, (3) Health professions development, (4) Cooperative efforts with the non-federal sector, (5) Data development, (6) Research agenda
Snapshot of Significant Milestones – The Heckler Report to Today

1986
HHS created the Office of Minority Health

1988
Centers for Disease Control and Prevention Office of Minority Health and Health Disparities established

1990
National Institutes of Health Office of Minority Programs established

1990
Disadvantaged Minority Health Improvement Act signed into law

2000
OMH released National Standards for Culturally and Linguistically Appropriate Services in Health Care

2000
Healthy People 2010 launched with overarching goal to eliminate health disparities

1997
Office of Management and Budget revised classification of federal data on race and ethnicity

1990s-2000s
State and Territorial Offices of Minority Health/Health Equity established

2002
Institute of Medicine Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

2003
Agency for Health Research and Quality issued first National Healthcare Quality and Disparities Reports

2010
Patient Protection and Affordable Care Act signed into law

2011
HHS Action Plan to Reduce Racial and Ethnic Health Disparities and National Stakeholder Strategy for Achieving Health Equity
NOTES: All racial groups non-Hispanic. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands. Totals may not add to 100%.

Language Use in the U.S. – 2011

Figure 5. Percentage Of People 5 Years and Over Who Spoke a Language Other Than English At Home: 2011

Note: Metropolitan and Micropolitan Statistical Areas defined by the Office of Management and Budget as of December 2009. Source: U.S. Census Bureau, 2011 American Community Survey.
Economic Costs of Health Disparities

• Between 2003 and 2006, combined costs of health inequalities and premature death in the U.S. were $1.24 trillion (Joint Center for Political and Economic Studies)

• Disparities in health cost the U.S. an estimated $60 billion in excess medical costs and $22 billion in lost productivity in 2009 (National Urban League Policy Institute)

• Equity supports the economy by creating a healthier, better educated, more diverse workforce, and by increasing the ability of minority populations to purchase goods and services (Altarum Institute)
The Office of Minority Health (OMH)

OMH Mission

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

OMH Functions

- Awareness
- Data
- Partnerships and Networks
- Policies, Programs and Practices
- Research, Demonstrations and Evaluation

Legislative Authority:
Section 1707 of the Public Health Service Act
U.S.C. §42-300u-6
OMH Organizational Structure

Office of the Director

- Regional Minority Health Consultants (RMHCs)
- Division of Information and Education
- Division of Policy and Data
- Division of Program Operations
  - Office of Minority Health Resource Center (OMHRC)
OMH Resource Center (OMHRC)

• Knowledge Center
• Information Services
• Communications
• Capacity Building
• Information Technology

Resources

Products

• Literature searches
• Data and Statistics
• Customized information and funding searches
• E-Newsletters
• Social Media
• Website
• Technical Assistance
Examples of OMH Networks and Partners

- Federal, state, territorial, and local agencies
- State and Territorial Offices of Minority Health
- National organizations and associations
- Tribes and tribal organizations
- Federal, state, and territorial legislators
- Community-based and faith-based organizations
- Institutions of Higher Education, including Minority-Serving Institutions (HBCUs, HSIs, TCUs, AANAPISIs)
OMH Leadership

*Highlights of Coordination and Strategic Initiatives*

**Departmental**
- HHS Community Health Worker Workgroup
- HHS Health Disparities Council
- HHS Workgroup on Asian American, Native Hawaiian, and Pacific Islander Issues
- Agency Offices of Minority Health and National Institute on Minority Health and Health Disparities

**External**
- Advisory Committee on Minority Health (ACMH)
- American Indian/Alaska Native Health Research Advisory Council (HRAC)
- National Promotores de Salud Initiative
- Regional Health Equity Councils (RHECs)
- State and Territorial Offices of Minority Health (SOMHs)

**Interagency**
- Federal Collaboration on Health Disparities Research (FCHDR)
- Federal Interagency Health Equity Team (FIHET)
- My Brother’s Keeper (MBK)
- White House Initiatives on Minority-Serving Institutions and Educational Excellence
OMH Strategic Priorities

Support the development and implementation of the provisions of the Affordable Care Act that address disparities and equity.

Lead the implementation of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities.

Coordinate the National Partnership for Action to End Health Disparities and the National Stakeholder Strategy for Achieving Health Equity.

FOCUS: Translating core minority health and health disparities programs into strategic activities and policies at the federal, state, tribal, territorial, and local levels
The Affordable Care Act

1. Ends the worst insurance company abuses
2. Makes health insurance more affordable
3. Strengthens Medicare
4. Provides better options for coverage

The Affordable Care Act was passed by Congress and then signed into law by the President on March 23, 2010.
Impact of the Affordable Care Act on Health Disparities and Health Equity

- Ending insurance discrimination
- Making health insurance more affordable
- Making preventive services more affordable and accessible
- Increasing the number of health care providers in underserved communities
- Enhancing the diversity and cultural competency of the workforce
- Enhancing health disparities research
- Improving data collection and reporting standards
- Strengthening the HHS minority health infrastructure
Section 10334 of the Affordable Care Act: Offices of Minority Health and NIMHD
OMH Affordable Care Act Activities

- State Partnership Grant Program to Improve Minority Health
- NPA Regional Health Equity Councils
- Partnerships to Increase Coverage in Communities

- Policy
  - Section 4302 Data Collection Standards
  - Single, Streamlined Application for Health Insurance
  - ACA Research and Data Briefs

- Program
  - OMHRC webinars on cuidadodesalud.gov, Certified Application Counselors, Technical Assistance on Foundations of Grant Writing
  - Webinars on Health Insurance Literacy and From Coverage to Care

- Training
  - OMH Speaking Engagements
  - Regional Minority Health Consultants
  - Social and traditional media
  - Infocards and infographics

- Outreach
  - Single, Streamlined Application for Health Insurance
  - ACA Research and Data Briefs
## Secretarial Priorities

1. Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities
2. Increase the availability, quality, and use of data to improve the health of minority populations
3. Measure and provide incentives for better healthcare quality for minority populations
4. Monitor and evaluate the Department’s success in implementing the HHS Disparities Action Plan

## Vision

“A nation free of disparities in health and health care.”

## Goals

1. Transform Health Care
2. Strengthen the Nation’s Health and Human Services Infrastructure and Workforce
3. Advance the Health, Safety, and Well-Being of the American People
4. Advance Scientific Knowledge and Innovation
5. Increase Efficiency, Transparency, and Accountability of HHS Programs
National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to implement and provide culturally and linguistically appropriate services.

www.thinkculturalhealth.hhs.gov
Center for Linguistic and Cultural Competency in Health Care

Think Cultural Health: [www.thinkculturalhealth.hhs.gov](http://www.thinkculturalhealth.hhs.gov)
National Partnership for Action (NPA)

**Purpose:** To mobilize a nationwide, comprehensive, and community-driven movement to combating health disparities, using a social determinants of health approach

**Goals of the NPA:**

I. Awareness  
II. Leadership  
III. Health System and Life Experience  
IV. Cultural and Linguistic Competency  
V. Data, Research, and Evaluation

**National Stakeholder Strategy (NSS):**
A product of the NPA that offers 20 specific strategies for reaching NPA goals and assists federal, regional, tribal, state, territorial, and local stakeholders in adopting effective strategies for their communities
NPA Implementation Partners

- Federal Interagency Health Equity Team (FIHET)
- Regional Health Equity Councils (RHECs)
- State Offices of Minority Health (SOMHs)
- National Partners

Communities
Minority Youth Violence Prevention (MYVP)

Integrating Public Health and Community Policing Approaches

- $3 million grant – Office of Minority Health and Office of Community Oriented Policing Services (COPS Office) at the U.S. Department of Justice

- Nine demonstration sites across the U.S.
  - Collaborative partnership includes at least one public health agency and one law enforcement agency
  - Interventions aimed at addressing youth violence, improving academic outcomes, increasing access to public health and social services, reducing disparities, reducing negative encounters with law enforcement and reducing violent crimes against minority youth
Partnerships to Increase Coverage in Communities (PICC) Initiative

**Goal:** To increase health insurance enrollment of racial and ethnic minorities. It is intended that the PICC Initiative will result in:

- Increased awareness of the benefits and requirements of the Affordable Care Act
- Increased enrollment of minority populations in private insurance through the Marketplace or Medicaid/Children’s Health Insurance Plan (CHIP)
- Increased awareness of health disparities
OMH Website