

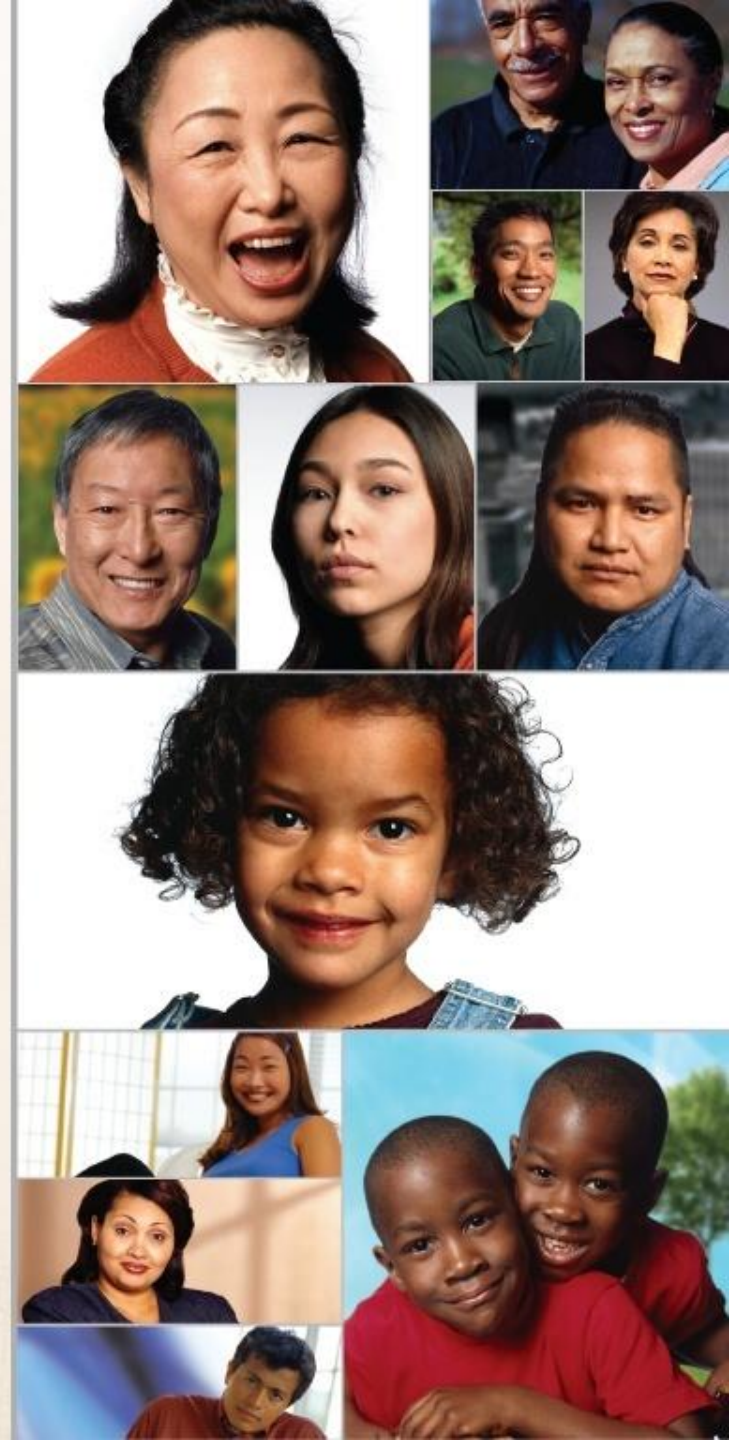


**NATIONAL
PARTNERSHIP
FOR ACTION**

to End Health Disparities

Achieving Health Equity in Delaware

A Strategic Approach
Office of Minority Health
August 3, 2011



Office of Minority Health

- Federal focal point for addressing health status and quality of life for racial/ethnic minorities
- Advises HHS Secretary and Assistant Secretary for Health on policies and programs
- Works with Federal, state, tribal, and local governments; community and faith-based organizations; academia; private sector; etc.
- Funds demonstration programs
- Reauthorized by the Affordable Care Act

Points:

A national Movement—why is it necessary?

What is the NPA?

Delaware has similarities with other states

The NSS and HHS Action Plan

Implementation and support

Where Did we Begin?

1985 Secretary's Report on Black and 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	√	

The Big Picture Today

- U.S. ranks near the bottom of the industrialized countries on health, and **we are losing ground**
- 1980 = 11th on Life Expectancy
- 2006 = 33rd, tied with Slovenia
- And it is not just the minorities doing badly
- In 2006, White America would be 30th
- In 2006, Black America would be 58th
- **ALL of us could be doing better in terms of health**

Large Economic Impacts

- Racial/Ethnic inequalities in health costs the U.S. economy **\$309 Billion annually**
- If all Americans had the health of college graduates the U.S. economy would save **\$1 trillion per year**
- It is time to address disparities in health
- Improving health for all will not only improve our economy, but also the quality of life for millions of Americans

The Status Quo is Not Sustainable

- For the first time in history, we are raising children that will live sicker, shorter, lives than their parents
- Doubling of obesity since 1987 accounts for almost 30% of the increase in health care costs
- If current trends continue, more than 44 million American will have diabetes in 25 years
- And the costs of treating diabetes will triple
- Too many Americans are sick and dying young – and it is hurting all of us

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

A National Movement

Why is it necessary?

- Health disparities among racial and ethnic minorities and other populations are undisputed yet they are persistent and pervasive.
- Health of racial and ethnic minorities and underserved populations is tied to America's health.
- No one sector can create the conditions for better health alone—a cohesive and inclusive national strategy that leverages public and private sector investments and creates partnerships is needed.

There is nothing new under the sun
but there are lots of old things we
don't know.

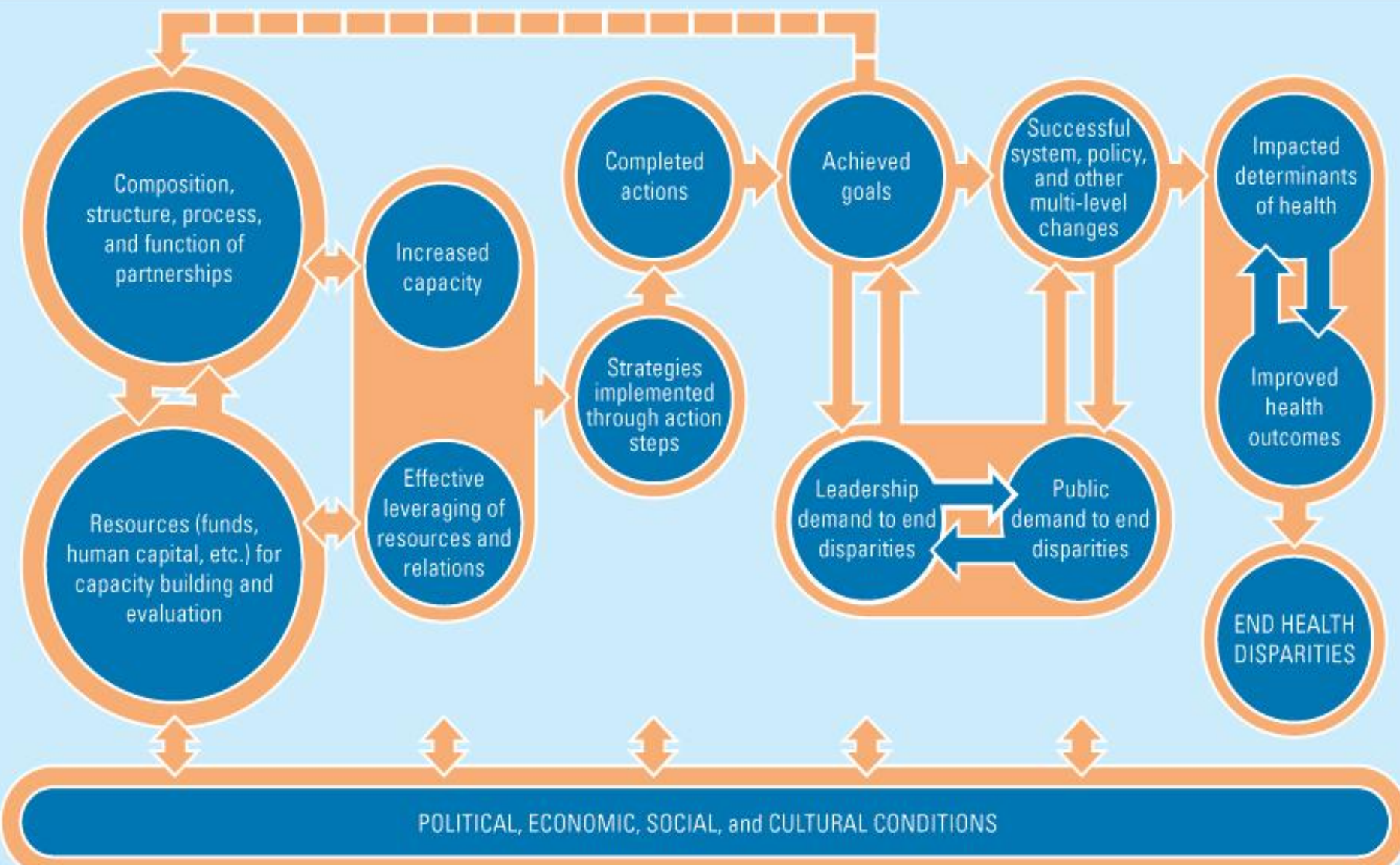
—*Ambrose Bierce*

Current Considerations

- Integration of the Social Determinants of Health
- Multiple Levels of Change
- Multiple Strategies to Effect Change



Context for Change



Context for Change

- Capacity to end health disparities starts with optimal partnerships and resources, both human capital and finances
- Strong and effective partnerships will be able to prioritize their objectives and develop and implement actions that support their strategies
- Implementation of strategies will lead to the partial or total achievement of the NPA goals and impact two key levers of change: leadership and public demand to end disparities

Context for Change

- The combined impact would be a successful system, policy, and other multilevel changes to impact social determinants of health
- Partnerships will operate within particular political, economic, social, and cultural contexts that can dramatically affect the change process
- The ability to work across affects every goal, strategy, objective, and action
- Iterative cycle of adjustments, from capacity building to multi-level changes

L/HHS Appropriations Committee

FY 2011 Congressional Justification

“ . . . The Committee encourages the Office of the Secretary to develop a National Strategy to Eliminate Racial and Ethnic Disparities in Health and Health Care, to be implemented and monitored in partnership with State and local governments, communities, and the private sector. This national strategy should include measurable goals, benchmarks and timelines and progress reporting . . . to the President and to the Committees on Appropriations of the House of Representatives and the Senate at scheduled intervals. The Committee also urges the Administration include the elimination of racial and ethnic health disparities within the core of its health reform efforts.”

NPA Mission

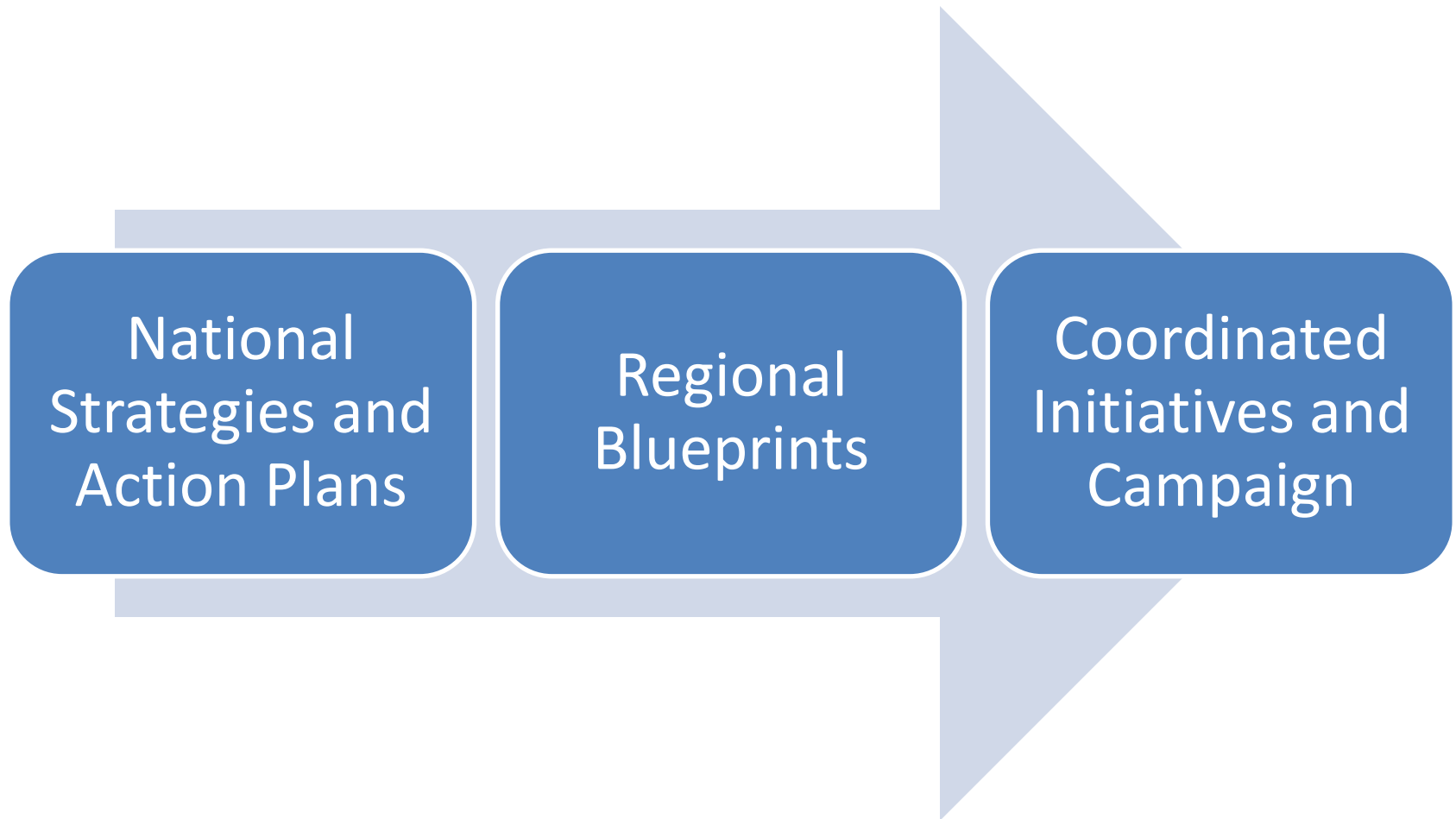
Increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action.



National Health Disparity Approach

Prior to NPA	Subsequent to NPA
<p>Siloed</p>	<p>Coordinated <i>Works with public, private and non-profit organizations at the local, state, tribal, and federal level</i></p>
<p>Health-issued based</p>	<p>Comprehensive <i>Moves beyond controlling disease and addresses the social factors that are the root causes of poor health</i></p>
<p>Led by health sector</p>	<p>Multi-sector <i>Requires action and commitment from many sectors, including housing, employment, education, transportation, environment, as well as health</i></p>
<p>Community-based</p>	<p>Community-driven <i>Collaborates with those on the frontlines; builds on and expands effective programs</i></p>

The Movement Has Started



National Stakeholder Strategy (NSS)



- Developed with input from thousands of individuals and organizations
- Establishes common set of national goals and strategies
- Encourages stakeholders to identify and implement strategies and actions most important for their communities

Goals

- Increase **awareness** of disparities
- Strengthen and broaden **leadership**
- Improve **health and healthcare outcomes** for racial, ethnic, and underserved populations
- Improve **cultural and linguistic competency** and diversity of the health workforce
- Improve availability and diffusion of **data and research and evaluation** findings



Goals and Strategies

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

Implementation



Federal Interagency Health Equity Team

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

FIHET Members

- Agriculture
- Commerce
- Consumer Product Safety Commission
- Defense
- Education
- Environmental Protection Agency
- Health and Human Services
- Housing and Urban Development
- Justice
- Labor
- Transportation
- Veterans Affairs

Implementation Framework for Achieving Health Equity

Strategy

National Partnership for Action (NPA)
National Stakeholder Strategy (NSS)
Blueprints for Action and Implementation Work Plans

Structure

Phase 1

- Federal Interagency Health Equity Team (FIHET)
- National Partners

Phase 2

- Regional Health Equity Councils (RHEC)
- State Offices of Minority Health (SOMHs)

Support

Implementation
Communication
Evaluation

Implementation Phase 1

Federal Interagency Health Equity Team (FIHET)

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

National Partners

- Support the NPA by leveraging resources and expanding the NPA's reach and spheres of influence
- Build internal capacity by infusing the NPA goals and strategies into organizational policies and practices and sharing successes with broad constituencies

Implementation Phase 2

Regional Health Equity Teams (RHECs)

- Address health disparity improvement actions for geographic areas and work to leverage resources
- Infuse NPA goals and strategies into policies and practices
- Share stories and successes with broad constituencies

State Offices of Minority Health (SOMHs)

- Engage communities through periodic meetings
- Develop strategic partnerships
- Mobilize networks
- Improve awareness and communications through different media outlets
- Lead states' efforts in updating health disparity or health equity plans so that they align with the NPA

HHS Action Plan

- Developed in response to, and complements, the NSS
- Outlines goals, strategies, and actions HHS will take
- Builds on Affordable Care Act
- Will assess impact of policies and programs on racial and ethnic disparities
- Promotes integrated approaches, evidence-based programs, and best practices



“Health Disparities in all Policies” Approach

Consider the impact of all policies on the health of communities:

- Economic development plans
- Employee wellness and health plans
- Residential housing and zoning
- School budgets
- Environmental improvements
- Transportation services



Regional Health Equity Councils

Harmonize multi-sectoral health disparity actions; infuse NPA goals and strategies into policies and practices; provide lateral, cross-boundary leadership; serve as leaders, catalysts, subject matter experts, and innovators; leverage investments.



Ensuring and Measuring RHEC Success

Attributes

- Productivity and effectiveness
- Alignment among national, regional, state, tribal, and local efforts
- Multi-sector and multi-level actions
- Alignment between goals and actions
- Capacity to achieve goals
- Goal attainment



Long-term Measures of Success

- Increased leadership demand to end health disparities
- Increased public demand to end health disparities
- Changes in selected social determinants of health

Communications Support

- **Support RHEC communication needs** through orientation to the NPA messages and available communication platforms and tools
- **Build structure for sharing information with OMH** by identifying RHEC liaisons and capturing and publishing activities, stories, and best practices on the website
- **Support public launch of Blueprints** by developing template press releases, organizing radio and/or satellite media tours, and developing and placing op-eds in local news outlets

Evaluation Support

- TA in developing measures and data collection mechanisms (beyond those for the NPA evaluation) for monitoring the RHEC's success
- Materials and TA on how to use data to inform strategies and for ongoing monitoring and learning
- Materials on how to access state-level data for key social determinants of health (e.g., education, employment, environment) to inform strategies and for ongoing monitoring and learning
- An on-line forum for information exchange and discussion across regions



A Timely Moment to Act



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The Affordable Care Act

Health Disparities and Health Equity Provisions

- 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

Other HHS Components

Six Mandated Offices of Minority Health

- AHRQ, CDC, CMS, FDA, HRSA, SAMHSA
- Office Directors appointed by and report directly to agency director
- Funding for offices from agency appropriations

National Institutes of Health

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

All the Pieces are in Place

- NPA represents a departure from business as usual
- It reflects a coordinated national response to ending health disparities
- Builds on promising approaches from around the country
- We need to bring public and private resources together in a concrete focus to create opportunities for everyone to be healthier
- We need explicit attention to those farthest behind

Opportunities Abound

- Promote 20 strategies for action linked to five NPA goals
- Commit to help develop, plan, and implement NPA
- Conduct at least one substantial activity consistent with NPA goals
- Develop a campaign/program to raise awareness of health disparities and promote healthy living
- Share promising practices
- Take steps to improve coordination and use of research and outcome evaluation, even of your own health disparities activities
- Reach out to, coordinate, and leverage federal, state, tribal, private sector and other actions

A Call to Action

“The only thing necessary for the triumph [of evil] is for good men to do nothing.”

—*Edmund Burke, Irish Philosopher*



Together we can, Together we will

End Health Disparities!

