



# NATIONAL PARTNERSHIP FOR ACTION

to End Health Disparities



Office of Minority Health  
*HUD/OUP: Building Healthy Communities*  
April 22, 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





# National Partnership for Action

## *Presentation Focus*

- Background for context
- Rationale for Action
- National Strategy – 50,000 foot level





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

—*Ambrose Bierce*





# Where are we Today?

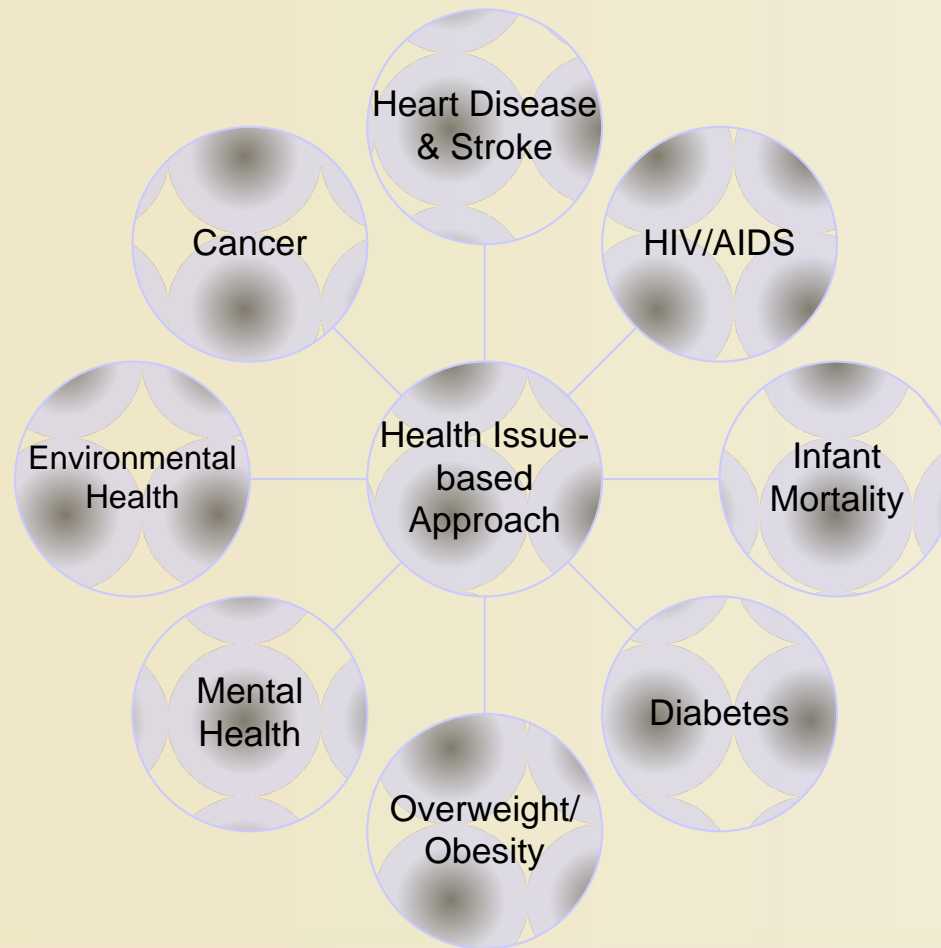
## 1985 Secretary's Report on Black and Minority Health

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	√	





# Historical Disparities Approach





# Health Disparity

A particular type of health difference that is closely linked with social or economic disadvantage. . .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; socio-economic status; gender; mental health; cognitive, sensory or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.





# Social Determinants of Health

. . . conditions in which people are born, grow, live, work and age, including the health system. . . The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

— *World Health Organization*







# Health Equity

The 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 disparities.





# Cost of Chronic Diseases

<b>Cost</b>	<b>Health Issue</b>	<b>Description</b>
\$174 billion	Diabetes	Costs per year (direct and indirect)
\$448 billion	Heart Disease & Stroke	Projected cost in 2008
\$117 billion	Obesity	Estimated total costs
\$219 billion	Cancer	Estimated cost in 2007 (medical/lost productivity)
\$193 billion	Smoking	Estimated annual costs (direct and indirect)





# 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)





. . . If there's one lesson we've learned over the last 40 years, it's that our healthcare system will not fix itself.

— *Kathleen Sebelius, Secretary, HHS*





# What's the Point?

- Health inequities are inconsistent with American values
- Public and private sector investments in health are substantial (direct and indirect)
- Reduction of health inequities is a point of intervention with ethical and financial payoffs
- We are all affected by poor health
- Improving health requires that we “build” healthy communities





# Working Together Matters

Major advances require  
collective action

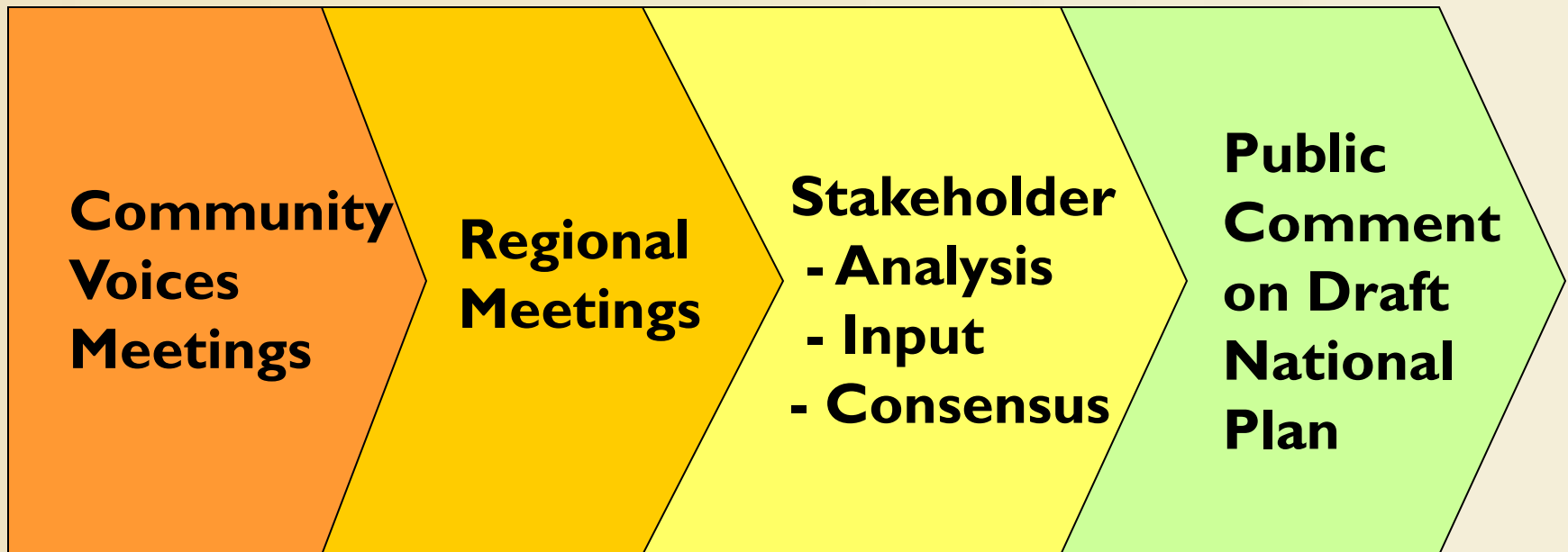
—*Professor Sir Michael Marmot*





# National Partnership for Action

## *Community Driven*



- Process included over 1,800 individuals





# Regional Conversation Meetings

## *Participants*

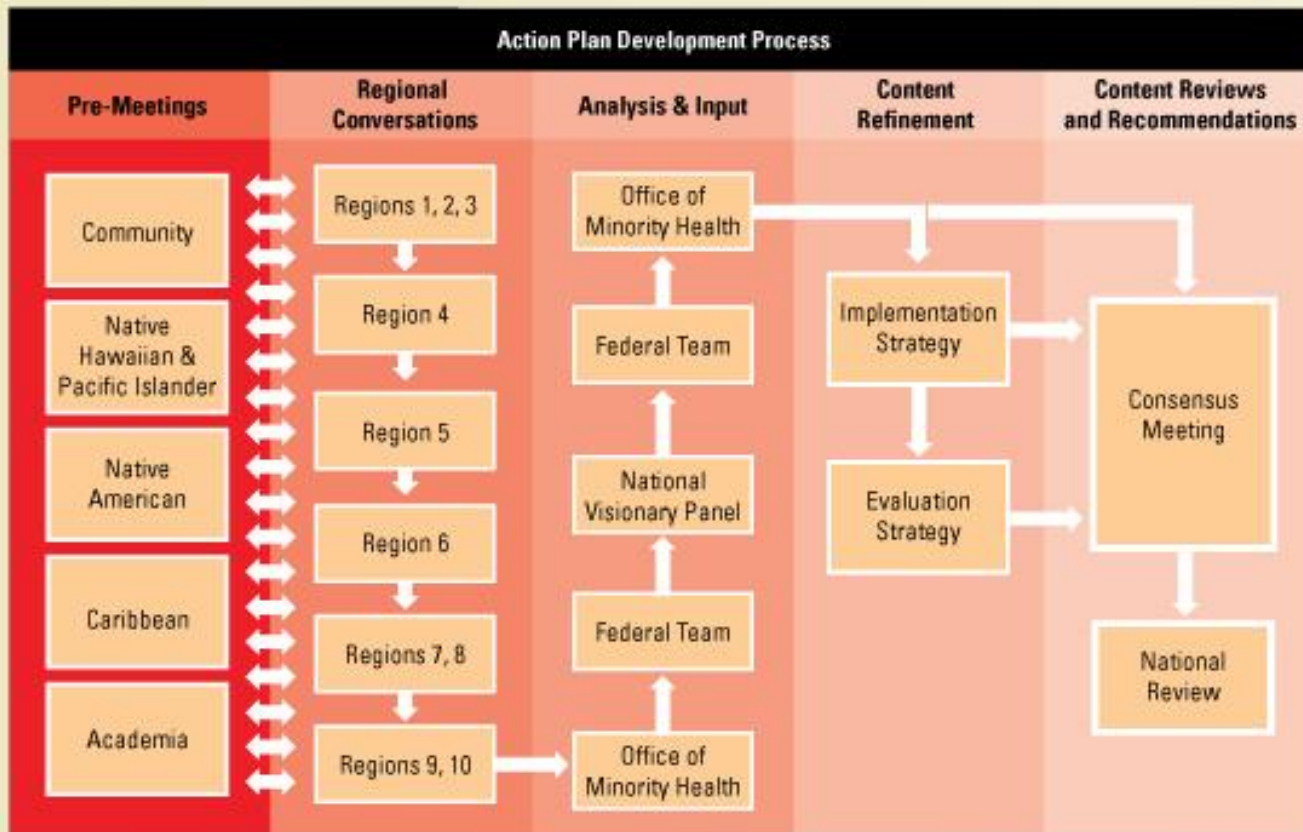
- Community
- State
- Tribal
- Healthcare and Healthcare System
- Education and Research
- Private Sector







*“This conversation gave me the opportunity to share ideas, strategies, and existing successful community programs that can help us move toward developing a blueprint for our region.”*





# 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





# NPA Vision

*Every American . . .*

- is aware of health risks and opportunities to prevent/reduce them
- has affordable access to healthcare that is culturally and linguistically appropriate
- receives coordinated, timely healthcare
- has access to health information and benefits from research advances
- grows up in a safe environment with good schools to promote healthy outcomes





# NPA Purpose & Components

- Purpose: Establish a nationwide, comprehensive, community-driven, sustained approach to ending health disparities
- Components: National Action Plan, Regional Blueprints, Initiatives and campaigns





# NPA Goals

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





## National Plan and Regional Blueprint Strategies

Obj #	Objective Description	Strategies
<b>1</b>	<p><b>AWARENESS</b>— Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial and ethnic minority populations</p>	<p><b>1. Healthcare Agenda.</b> Ensure that ending health disparities is a priority on local, state, regional, tribal and federal healthcare agendas.</p>
		<p><b>2. Partnerships.</b> Develop and support partnerships among public and private entities to provide a comprehensive infrastructure for awareness activities, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan.</p>
		<p><b>3. Media.</b> Leverage local, regional, and national media outlets using traditional and new media approaches (i.e., social marketing, media advocacy) as well as information technology to reach a multi-tier audience—including racial and ethnic minority communities, rural populations, youth, persons with disabilities, older persons, and geographically isolated individuals—to compel action and accountability.</p>
		<p><b>4. Communication.</b> Create messages that are targeted towards and appropriate for specific audiences across their life spans, and present varied views of the consequences of health disparities that will compel individuals and organizations to take action and to reinvest in public health.</p>





## National Plan and Regional Blueprint Strategies

Obj #	Objective Description	Strategies
2	<p><b>LEADERSHIP</b>— Strengthen and broaden leadership for addressing health disparities at all levels</p>	<p><b>5. Capacity Building.</b> Support capacity building at all levels of the decision-making process as a means of promoting community solutions for ending health disparities.</p>
		<p><b>6. Funding and Research Priorities.</b> Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research.</p>
		<p><b>7. Youth.</b> Invest in young Americans to prepare them to be future health leaders and practitioners by actively engaging and including them in the planning and execution of health initiatives.</p>







## National Plan and Regional Blueprint Strategies

Obj #	Objective Description	Strategies
3	<b>HEALTH AND HEALTH SYSTEM EXPERIENCE</b> —Improve health and healthcare outcomes for racial and ethnic minorities, and underserved populations and communities	<b>8. Access to Care.</b> Ensure access to quality health care for all.
		<b>9. Health Communication.</b> Enhance and improve health service experiences through improved health literacy, communications, and interactions.
		<b>10. Education.</b> Substantially increase, with a goal of 100%, high school graduation rates by establishing a coalition of schools, community agencies, and public health organizations to promote the connection between educational attainment and long term health benefits; and ensure health education and physical education for all children.
		<b>11. At-risk Children.</b> Ensure the provision of needed services (e.g., mental, oral and physical health, and nutrition) for at-risk children.
<b>12. Older Adults.</b> Enable the provision of needed services and programs to foster healthy aging.		





## National Plan and Regional Blueprint Strategies

Obj #	Objective Description	Strategies
4	<b>CULTURAL AND LINGUISTIC COMPETENCY</b> —Improve cultural and linguistic competency	<p><b>13. Workforce Training.</b> Develop and support broad availability of cultural and linguistic competency training for physicians, other health professionals, and administrative workforces that are sensitive to the cultural and language variations of racially and ethnically diverse communities.</p>
		<p><b>14. Diversity.</b> Increase diversity of the healthcare and administrative workforces through recruitment and education of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems.</p>
		<p><b>15. Standards.</b> Require interpreters and bilingual staff providing services in languages other than English to adhere to the National Council on Interpreting for Health Care Code of Ethics and Standards of Practice.</p>
		<p><b>16. Interpretation Services.</b> Improve financing and reimbursement for medical interpretation services.</p>





## National Plan and Regional Blueprint Strategies

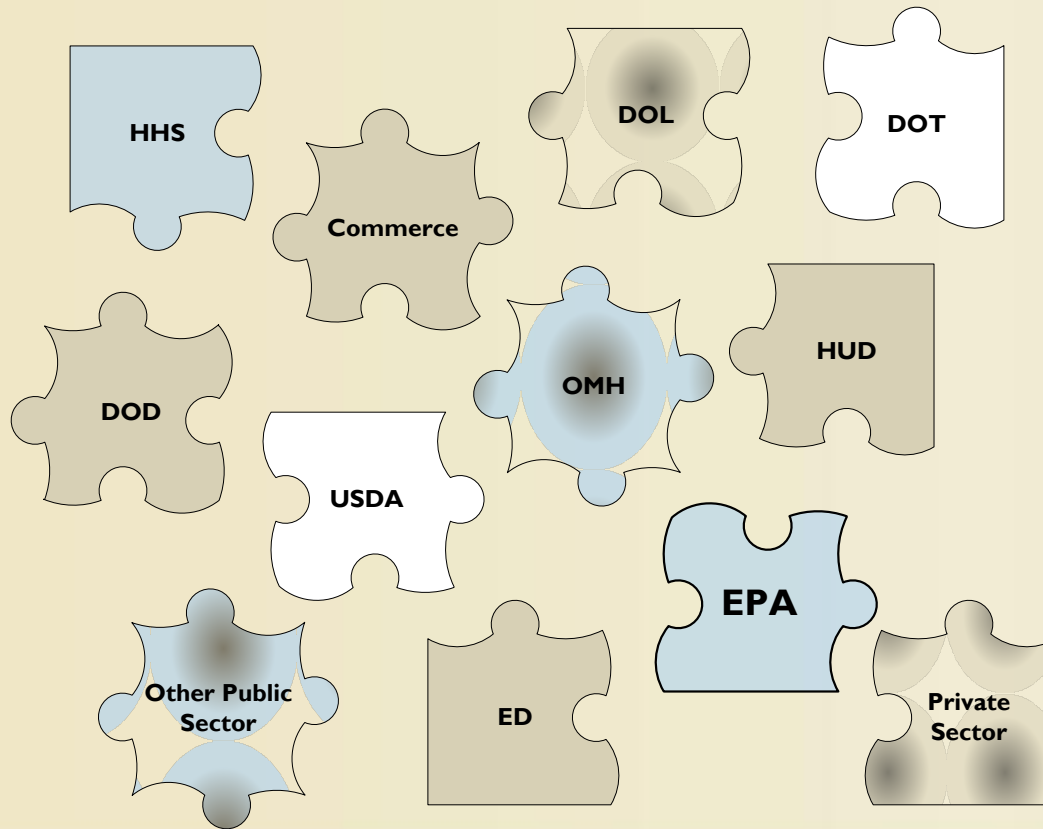
Obj #	Objective Description	Strategies
<b>5</b>	<b>RESEARCH AND EVALUATION</b> — Improve coordination and use of research and evaluation outcomes	<p><b>17. Data.</b> Ensure the availability of health data on all racial and ethnic minority populations.</p> <p><b>18. Authentic Community-Based Research [and Action] and Community-Originated Intervention Strategies.</b> Invest in authentic community-based participatory research and evaluation of community-originated intervention strategies in order to enhance capacity development at the local level for ending health disparities.</p> <p><b>19. Coordination of Research.</b> Support and improve coordination of research that enhances understanding about, and proposes methodology for, reducing health and healthcare disparities.</p> <p><b>20. Knowledge Transfer.</b> Expand and enhance knowledge transfer regarding successful programs that are addressing social determinants of health (e.g., housing, education, poverty).</p>





# Federal Collaboration

*Connecting the Pieces*





# Ten Federal Departments

Army, Commerce, DOL, DOT, Ed, EPA, HHS, HUD, USDA, VA

- First broad collaboration on health disparities among Cabinet departments
- Opportunities for improving communication and partnerships
- Leadership for sharpening efficiency and effectiveness of policies and programs
- Vehicle for strengthening relationships with national, state, tribal, and local groups





# Federal Team

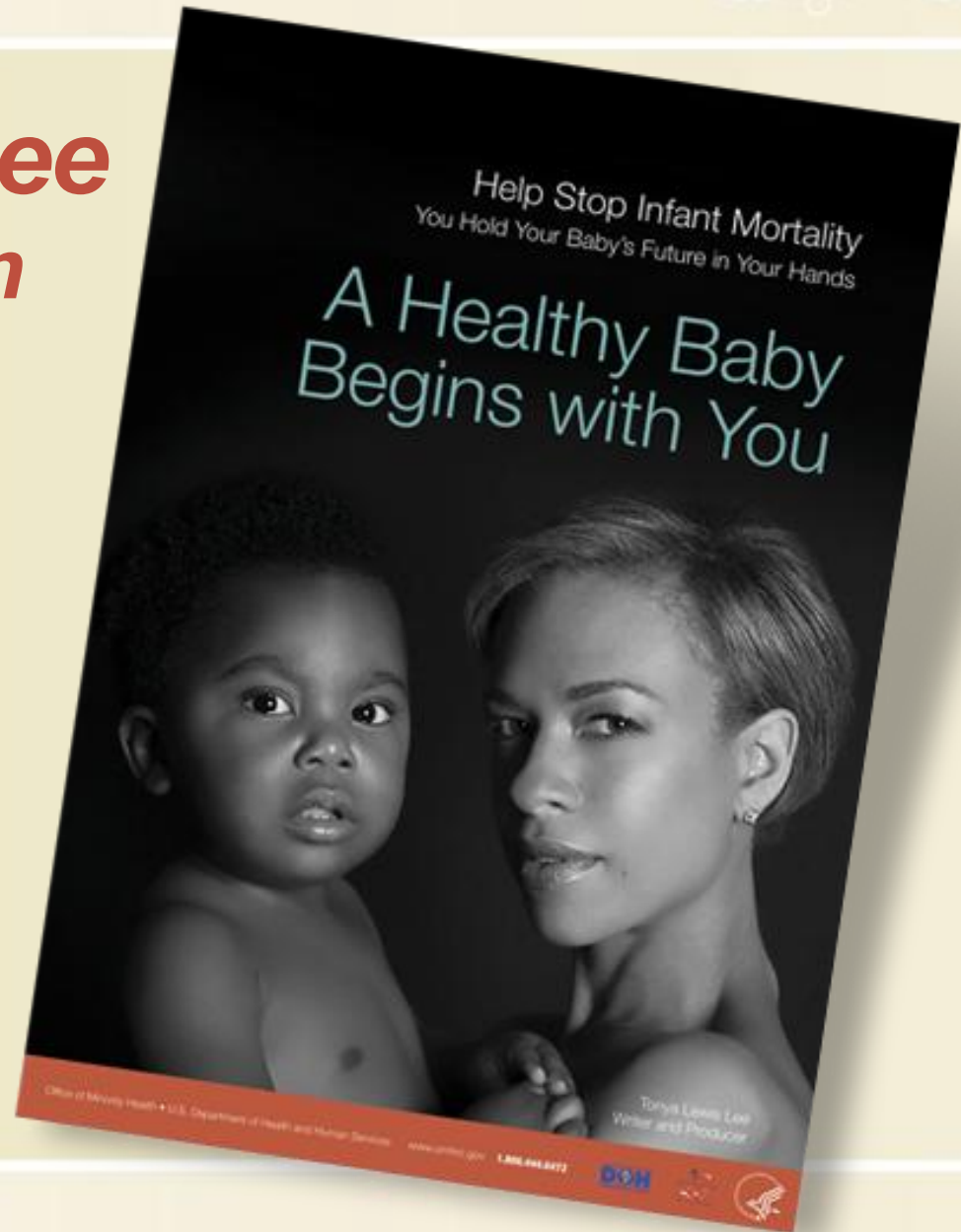
## *Select Goals*

- 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





# *Tonya Lewis Lee national campaign spokesperson*





# Preconception Peer Educator Program

- Aimed at the college-age population
- Enlists college students as peer educators in college campuses and in their communities
- Peer educators help disseminate essential health messages







# MAN UP

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## National Minority Health Month April 2010

*A Healthy Baby Begins  
with Two*

Jeff Johnson, Spokesperson





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.**

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

