

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for Health

Office of Minority Health

REPORT TO CONGRESS

Report on Minority Health Activities
As Required by the Patient Protection and Affordable Care Act, P.L. 111-148

FY 2010



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Acronyms

ACA	Affordable Care Act (Patient Protection and Affordable Care Act)
ACF	Administration for Children and Families
AHRQ	Agency for Health Care Research and Quality
AI/AN	American Indian/Alaska Native
AoA	Administration on Aging
CDC	Centers for Disease Control and Prevention
CLAS	Culturally and Linguistically Appropriate Services
CMS	Centers for Medicare & Medicaid Services
FDA	Food and Drug Administration
FCHDR	Federal Collaboration on Health Disparities Research
FIC	Fogarty International Center
FIHET	Federal Interagency Health Equity Team
HDC	Health Disparities Council
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
NCCAM	National Center for Complementary and Alternative Medicine
NCI	National Cancer Institute
NCRR	National Center for Research Resources
NEI	National Eye Institute
NHDR	National Healthcare Disparities Report
NHGRI	National Human Genome Research Institute
NHLBI	National Heart, Lung and Blood Institute
NHQR	National Healthcare Quality Report
NIA	National Institute on Aging
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIAID	National Institute of Allergy and Infectious Diseases
NIAMS	National Institute of Arthritis and Musculoskeletal and Skin Diseases
NIBIB	National Institute of Biomedical Imaging and Bioengineering
NICHD	Eunice Kennedy Shriver National Institute of Child Health and Human Development
NIDA	National Institute on Drug Abuse
NIDCD	National Institute on Deafness and other Communication Disorders
NIDCR	National Institute of Dental and Craniofacial Research
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIEHS	National Institute of Environmental Health Sciences
NIGMS	National Institute of General Medical Sciences
NIH	National Institutes of Health
NIMH	National Institute of Mental Health

NIMHD	National Institute on Minority Health and Health Disparities
NINR	National Institute of Nursing Research
NINDS	National Institute of Neurological Disorders and Stroke
NLM	National Library of Medicine
NPA	National Partnership for Action to End Health Disparities
NSS	National Stakeholder Strategy for Achieving Health Equity
OASH	Office of the Assistant Secretary for Health
OSHA	Office of Special Health Affairs
OBHE	Office of Behavioral Health Equity
OHE	Office of Health Equity
OMH	Office of Minority Health
OMHHE	Office of Minority Health and Health Equity
OS	Office of the Secretary
ONC	Office of the National Coordinator for Health Information Technology
SAMHSA	Substance Abuse and Mental Health Services Administration

Executive Summary

The Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), (together referred to as the Affordable Care Act) includes a number of provisions that will improve the health of racial and ethnic minorities and other vulnerable populations. Among these provisions there are specific requirements that relate to the: (a) reauthorization of the Office of Minority Health to the Office of the Secretary and authorization of appropriations for carrying out the duties of the Office of Minority Health through 2016; (b) establishment of individual offices of minority health within the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA); (c) elevation of the National Center on Minority Health and Health Disparities to an institute within the National Institutes of Health; and, (d) reauthorization of the Indian Health Care Improvement Act.

Section 10334(a)(3) of the Affordable Care Act requires that a report be submitted not later than one year after enactment describing the activities carried out under sections 1707 and 1707A of the Public Health Service Act (as amended). This report responds to the reporting requirement and provides information on the Department of Health and Human Services' (HHS) programs and activities on minority health and health disparities, establishment of the individual offices of minority health, elevation of the National Center on Minority Health and Health Disparities, and actions to ensure cohesive and coordinated minority health and health disparities activities.

Significant progress has been achieved in meeting the minority health requirements of the Affordable Care Act. Plans for establishing all of the individual offices of minority health have been submitted. The plans show that the heads of AHRQ, CDC, CMS, FDA, HRSA, and SAMHSA have either appointed a permanent director or are undergoing the process of selecting a permanent director. HHS agency representatives have collaboratively identified the goals that will guide activities of all offices of minority health and support the efforts of the newly elevated National Institute on Minority Health and Health Disparities. The goals are to: (1) reduce disparities in population health; (2) increase the availability of data to track and monitor progress in reducing disparities; (3) reduce disparities in health insurance coverage and access to care; (4) reduce disparities in the quality of healthcare; and (5) increase healthcare workforce diversity and cultural competency.

During FY 2010, the Office of Minority Health and eight HHS agencies carried out programs to reduce disparities in health and health care for vulnerable populations. These activities included

community demonstration programs; community-based participatory research; access to quality health care for vulnerable populations; increasing the pipeline, diversity, and cultural competency of the health workforce; integration of research and establishment of networks that connect funded institutions, researchers, and the community; improving the participation of racial and ethnic minorities in clinical trials; strengthening state leadership and supporting programs to improve the health and healthcare for vulnerable populations across the lifespan; improving data collection and reporting on health disparities at the national and state levels; increasing access to and implementation of health information technology; improving health literacy; providing technical assistance; and building capacity to address gaps in services.

In addition, in FY 2010, the Indian Health Service supported a range of vital health programs, services, and activities including: Tribal self-governance, contract health services, Tribal management, and contract support; hospitals, health clinics, and facilities construction and maintenance; diabetes, dental health, mental health, alcohol and substance abuse, injury prevention, immunizations (Alaska), environmental health, sanitation, and health education programs; and recruitment, retention, and service delivery activities through the Indian Health Professions, Public Health Nursing, and Community Health Representatives programs.

HHS agency actions for early FY 2011 reflect the continuation of activities carried out in FY 2010. In general, HHS agency actions for early 2011 include: strategic and cross-cutting planning to drive targeted and collaborative efforts; improving integration of disparity elimination efforts across agencies; enhancing connectivity and collaboration on disparity reducing projects and activities; expanding partnerships within HHS and with external partners; increased information sharing with community groups; improving data collection; and supporting and promoting evidence-based health equity policies.

The Department is committed to improving coordination and evaluation of its health disparities programs as a means for improving the health and healthcare of vulnerable populations. In 2011, it will issue the first-ever HHS Strategic Action Plan to Reduce Racial and Ethnic Disparities in Health. Agency heads and OMH directors are being held accountable for achieving and reporting performance on crosscutting goals, strategies, and measures that require joint investments and collaborative action. The Department will use the upcoming HHS Strategic Action Plan to leverage programs and policies within the Department, improve coordination and partnership across the Federal sector, and maximize investments in research related to minority health and health disparities.

Report on Minority Health Activities

BACKGROUND

The information contained in this report responds to a requirement in the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), at section 10334(a)(3). The report provides information on the Department of Health and Human Services' (HHS) programs and activities on minority health and health disparities, establishment of the individual offices of minority health, elevation of the National Center on Minority Health and Health Disparities, and the means for ensuring cohesive and coordinated minority health and health disparities activities.

Report Requirement

The Patient Protection and Affordable Care Act (Affordable Care Act) requires that:

“Not later than 1 year after the enactment of this section, and biennially thereafter, the Secretary of Health and Human Services shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under section 1707 of the Public Health Service Act (as amended by this subsection) during the period for which the report is being prepared.”

Minority Health Provisions in the Affordable Care Act

The Affordable Care Act includes a number of provisions that will improve the health of racial and ethnic minorities and other underserved populations. Among these are provisions that focus on preventive health services, coordination of care, diversity of healthcare providers, cultural and linguistic competency, healthcare providers in underserved areas, data collection, access to insurance, and affordable insurance coverage.

The Affordable Care Act also includes provisions that improve HHS' efforts to address minority health and reduce health disparities through the elevation of responsibilities within the Office of the Secretary and the National Institutes of Health, establishment of offices of minority health within HHS agencies, and development of measures to evaluate the effectiveness of activities aimed at reducing health disparities. The measures are, at a minimum, to assess community outreach activities, language services, and workforce cultural competence. These provisions are the primary focus of this report.

The Act also requires the heads of HHS agencies to report on minority health activities within their agencies. Information from agencies on their fiscal year (FY) 2010 activities is highlighted in this report.

Reauthorization of the Office of Minority Health

The Affordable Care Act authorized appropriations for the Office of Minority Health (OMH) in the Office of the Secretary (OS) through 2016. The Act retains and strengthens existing authorities for improving minority health and the quality of health care minorities receive, and for eliminating health disparities. Specifically, it transferred all duties, responsibilities, authorities, accountabilities, functions, staff, funds, award mechanisms, and other entities that were under the authority of OMH on the date before its enactment. The Act requires that OS OMH develop a report to Congress and develop measures for evaluating the effectiveness of activities that are aimed at health disparities reduction and community support. These authorities form the basis for the OS OMH activities that are reported below.

Establishment of Six Individual Offices of Minority Health

The heads of the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA) were directed to establish within their agencies an office of minority health. The agency heads also were required to appoint an experienced director for their respective office of minority health who would report directly to them. Funding which is reserved from each agency's appropriation is to be used to carry out minority health activities, including staffing for the office.

Redesignation of the National Center on Minority Health and Health Disparities

The Affordable Care Act elevated the National Center on Minority Health and Health Disparities within the National Institutes of Health (NIH) to an institute. Among other responsibilities, the new National Institute on Minority Health and Health Disparities (NIMHD) "coordinates all research and activities conducted or supported" by NIH on minority health and health disparities. NIMHD also is authorized to "plan, coordinate, review and evaluate research and other activities conducted or supported by the Institutes and Centers" of NIH.

SUMMARY OF MINORITY HEALTH ACTIVITIES

The OS Office of Minority Health has worked with HHS agencies to provide a cohesive and coordinated process for implementing Affordable Care Act provisions related to minority health and health disparities. HHS-wide minority health efforts are aligned under specific strategies of the soon to be released HHS Strategic Action Plan.

These goals have been used in developing agency plans for the ACA-mandated offices of minority health. Collectively, the agency plans represent a comprehensive approach to improving the health of racial and ethnic minority populations and eliminating health disparities.

The following sections provide information on HHS expenditures on minority health, health disparities, and health equity activities. These sections also provide highlights of Departmental activities for the reporting period and those proposed for early FY 2011 that pertain to implementation of the individual agency offices of minority health. The highlights are organized by HHS agency and, where applicable, include the:

- Agency's mission
- Mission, goals, and function of the Agency Office of Minority Health
- Strategic implementation of the Agency Office of Minority Health
- FY 2010 activities organized by the five HHS health disparity goals

HHS Health Disparity Activities Summary

In FY 2010, the OS OMH and eight HHS agencies carried out programs to reduce disparities in health and health care for vulnerable populations. These programs included: community demonstrations; access to quality health care for vulnerable populations; services for older adults; increasing the pipeline, diversity, and cultural competency of the health workforce; community-based participatory research; integration of research and establishment of networks that connect institutions, researchers, and the community; improving the participation of racial and ethnic minorities in clinical trials; strengthening state leadership and supporting programs to improve the health and healthcare for vulnerable populations across the lifespan; improving data collection and reporting on health disparities at the national and state levels; increasing access to and implementation of health information technology; improving health literacy; providing technical assistance; and building capacity to address gaps in services. Highlights of activities supported by each agency are provided in the following sections.

In FY 2010, the Indian Health Service carried out a range of vital health programs, services, and activities including: Tribal self-governance, contract health services, Tribal management, and contract support; hospitals, health clinics, and facilities construction and maintenance; diabetes, dental health, mental health, alcohol and substance abuse, injury prevention, immunizations (Alaska), environmental health, sanitation, and health education programs; and, recruitment, retention, and service delivery activities through the Indian Health Professions, Public Health Nursing, and Community Health Representatives programs.

Office of the Secretary, Office of Minority Health

The mission of OS OMH is to improve the health of racial and ethnic minorities through the development of health policies and programs that will eliminate health disparities. OS OMH is the Federal lead for addressing health disparities for African Americans, Hispanics/Latinos, American Indians and Alaska Natives, Asian Americans, Native Hawaiians, and Pacific Islanders. OS OMH accomplishes its work through coordination of HHS health disparity programs and activities; assessing policy and programmatic activities for health disparity implications; building awareness of issues impacting the health of racial and ethnic minorities; developing guidance and policy documents; collaborating and partnering with agencies within HHS, across the federal government, and with other public and private entities; funding demonstration programs; and supporting projects of national significance.

In FY 2010, OS OMH worked to improve its leadership role in advancing programs and policies that eliminate health disparities. A primary example is its work to provide leadership support for HHS efforts to identify goals that help guide and improve harmonization of minority health, health disparities, and health equity activities (refer to page 11 for information on the individual offices of minority health). Through the HHS Health Disparities Council, the OS OMH worked to ensure agency plans to establish individual offices of minority health progressed and that future activities were developed based on common goals.

The OS OMH provided coordination and support for developing the first-ever HHS Strategic Action Plan for Reducing Racial and Ethnic Health Disparities (HHS Strategic Action Plan) and National Stakeholder Strategy for Achieving Health Equity (National Stakeholder Strategy/NSS). Through a senior-level process led by the Assistant Secretary for Health and Assistant Secretary for Planning and Evaluation, the HHS Strategic Action Plan is focused on improving the health status of vulnerable populations across the lifespan. With the upcoming release of the HHS Strategic Action Plan, the Department commits to the ongoing continuous assessment of the impact of all policies and programs on racial and ethnic health disparities, as well as the promotion of integrated approaches, evidence-based programs, and best practices to eliminate them.

An important leadership effort for the OS OMH has been development of the National Partnership for Action to End Health Disparities (NPA) whose mission is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action. The NPA includes three components: (1) National Stakeholder Strategy for Achieving Health Equity (National Stakeholder Strategy); (2) Blueprints for Action; and (3) collaborative initiatives and campaigns. The OS OMH has completed the National Stakeholder Strategy with collaboration by the Federal Interagency Health Equity Team (see page 60).

The National Stakeholder Strategy responds to the voices of thousands of leaders from across the United States who called for collaborative actions to effectively and efficiently address health and healthcare disparities in this country. These leaders represented community-based organizations; faith-based organizations; the business sector; public health community; healthcare workforce; health and insurance industries; academia; local, state, tribal, and federal governments; and others. The National Stakeholder Strategy also is driven by Congressional language which called for a national strategy that is implemented and monitored in partnership with state and local governments, communities, and the private sector.

Together, the HHS Strategic Action Plan and the National Stakeholder Strategy provide visible and accountable Federal leadership while also promoting collaborations among communities, states, tribes, the private sector and other stakeholders to more effectively reduce health disparities. Both documents will be jointly launched in 2011.

A working group was established to develop recommendations to the Secretary on the Affordable Care Act's Section 4302 that related to data collection, analysis, and quality. The working group is co-chaired by OS OMH, AHRQ, and CMS, and includes representatives from each of these entities as well as the Immediate Office of the Secretary, CDC, HRSA, IHS, NIH, Office of the Assistant Secretary for Health, Office on Disability, Office of the General Counsel, Office of Health Reform, and Office of the National Coordinator for Health Information Technology (ONC). The working group consulted with Federal agencies, requested recommendations from the HHS Data Council, and held listening sessions with individuals representing racial and ethnic minority groups; lesbian, gay, bisexual, and transgender communities; and, public health agencies and organizations. The working group is currently developing recommendations and a report to the Secretary on standards for collecting data on race, ethnicity, sex, primary language, and disability status; and other demographic data regarding health disparities that should be collected.

OS OMH supports focal initiatives related to influenza, tobacco, and lupus. The influenza initiative was launched to address the nearly 5,000 African Americans and 2,000 Hispanics die

each year due to influenza and pneumonia-related complications. A concern for HHS is the disparity in seasonal influenza vaccine uptake by racial and ethnic minority populations. In 2008, for example, the annual rate of seasonal flu vaccine rates by Hispanic, African American, and White Medicare beneficiaries was 57%, 59%, and 76% respectively. To improve low seasonal influenza vaccination rates by racial and ethnic minorities, OS OMH in partnership with CDC launched an initiative to increase awareness and provide accurate and timely information, address barriers that affect vaccination rates, and collaborate with immunization partners to improve access and acceptance of the seasonal influenza vaccine. OS OMH also is working with the National Hispanic Medical Association and National Medical Association to promote practice-based strategies to enhance uptake of the influenza vaccine among racial and ethnic minority patients.

The OS OMH tobacco initiative supports development culturally and linguistically appropriate evidence-based strategies for prevention and cessation of smoking in racial and ethnic minorities (e.g., African Americans, Hispanics/Latinos, Asian Americans, Pacific Islanders, American Indians and Alaska Natives), and low socioeconomic women. The initiative focuses on these populations because of their higher risk for morbidity and mortality resulting from tobacco use. The initiative is developing and tailoring current national recommendations, interventions, and strategies from smoking cessation to the cultural and linguistic needs of the target populations. Recommended interventions and strategies include clinic-based counseling; tobacco cessation quit lines; tobacco prevention and education programs; and state, local, and community systems change.

Lupus disproportionately affects African Americans, Hispanics, Asian Americans, and American Indians and Alaska Natives. Lupus is 2-3 times more prevalent in people of color and three times more common in African American women compared to White women, many of whom die primarily due to nephritis, infection, cardiovascular disease, or the active disease itself. In response to these disparities, OS OMH launched the Eliminating Health Disparities in Lupus Initiative, a partnership to educate and promote lupus education among a wide array of health care professionals including medical providers, nurses, nephrologists, rheumatologist, allied health professionals, and lay health professionals as well as health professions students. The education component of the initiative focuses on increasing capacity such that inadequate and/or delayed diagnosis and treatment of lupus are reduced. The initiative also is targeting improvements in patient follow up and referral of patients to other practitioners to address co-occurring conditions.

Highlights of the Office of Minority Health's FY 2010 Activities by HHS Health Disparity Goal:

Reduce Disparities in Population Health

- **Partnerships Active in Communities to Achieve Health Equity Program:** This program was recently established by OS OMH to build community-based networks that collaboratively employ evidence-based disease management and preventive health activities; build the capacity of communities to address social determinants and environmental barriers to healthcare access; and increase access to and utilization of preventive health care, medical treatment, and supportive services.

Increase the Availability of Data

- **Systematic Cross-tribal Investigation:** The American Indian/Alaska Native Health Disparities Program's aim is to reduce health-related disparities through a systematic cross-tribal investigation to assess the mediators and barriers that affect translation of quality health data into health service programs and policy. The need for community-level data to set health priorities, programs and policy is critical to successfully combating health disparities among tribal communities.

Reduce Disparities in Quality of Healthcare

- **National Health Information Technology (NHIT) Collaborative:** The NHIT provides minority healthcare providers, as well as providers and administrators who serve patients within underserved and communities of color, with outreach, education and access concerning the use and application of electronic health records and other forms of health information technology. The NHIT Collaborative is responsible for: (1) conducting national training seminars for providers, administrators, and vendors; (2) educating Congressional members and HHS senior leadership on the importance of providing HIT access to underserved communities and communities of color as a means of helping to eliminate health disparities; and (3) engaging in community outreach through directly connecting healthcare providers within underserved communities and communities of color to HHS grants and other federal and non-federal resources.

Increase Healthcare Workforce Diversity and Cultural Competency

- **Cultural and Linguistic Competence:** Through the Center on Linguistic Competence in Health Care, OS OMH continues to promote the implementation of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care; ThinkCulturalHealth, a suite of accredited cultural competency e-learning programs for physicians, nurses, and disaster personnel; a web-based health care services language implementation guide; and "CLAS-ACT" a tool for increasing the participation of minorities in clinical trials. A number of other important projects were launched

including the CLAS Enhancement Initiative to update the CLAS Standards, an oral health cultural competency e-learning initiative for oral health professionals, and a partnership with Boston University School of Medicine to embed the Cultural Competency Curriculum in Disaster Preparedness into their graduate health care emergency management program.

- **Diversification of the Healthcare Workforce:** The Charles Drew Graduate Medical Education (GME) Project is intended to strengthen and develop the infrastructure of the Charles Drew University of Medicine and Science GME Program. The re-establishment and accreditation of the GME program will help increase the availability of cultural, linguistic, and socially appropriate graduate medical education and training for health professionals, and increase the diversity of health professionals trained and retained in medically underserved urban areas.
- **Diversification of the Primary Care Workforce:** The Morehouse School of Medicine Cooperative Agreement supports the Morehouse Faculty Development in Primary Care project and the Regional Coordinating Center for Hurricane Response project, a jointly supported project by OS OMH and the National Institute on Minority Health and Health Disparities (NIMHD). The Morehouse Faculty Development in Primary Care project will increase the proportion of underrepresented faculty in health professions schools and training programs and the number of faculty researchers who can influence the national conversation on health disparities and become leaders in academic scholarship. The Regional Coordinating Center is organizing collective resources of NIH-funded Centers of Excellence in Partnerships for Community Outreach on Health Disparities and Training and their affiliated academic health centers to mitigate the public health emergency impact of natural disasters.
- **Development of a Culturally Competent Workforce:** The Meharry Medical College Cooperative Agreement supports the Diverse Healthcare Workforce Development project, which focuses on educating and producing more physicians from diverse backgrounds who are well trained, culturally sensitive, and who will practice in medically underserved communities throughout the United States. This project is jointly supported by OS OMH and NIMHD.

The following OS OMH highlights provide examples of leadership actions of national significance:

- **Strengthening State Leadership on Minority Health, Health Disparities, and Health Equity:** State offices of minority health are key agents at the state level to advance issues related to the reduction of health disparities. OS OMH awarded State Partnership Program to Improve Minority Health grants to 44 states. OS OMH is working with the Association of State and Territorial Health Officials to advance state leadership on health equity. A partnership with the National Conference of State Legislatures also is

improving information available to state elected officials on minority health, health disparities, and the social determinants of health.

- **Partnerships and Awareness Surveys:** Previous studies have revealed that awareness of health disparities by the general population and health care providers is low. While awareness has increased, the rate of improvement over time has been limited. In response, OS OMH has funded a project to replicate prior awareness surveys to assess the rate of change in awareness over time following implementation of targeted initiatives and campaigns. This project will complement efforts among federal partners to increase awareness of obesity, HIV/AIDS, infant mortality, injuries, hepatitis B, flu vaccine and other health concerns where significant disparities exist.
- **National Umbrella Cooperative Agreement Program:** This program facilitates demonstrations of the effectiveness of collaborations between federal agencies and national organizations to: (1) improve access to care for targeted racial and ethnic minority populations; (2) address social determinants of health to achieve health equity for targeted minority populations through projects of national significance; (3) increase the diversity of the health-related workforce; and (4) increase the knowledge base and enhance data availability for health disparities and health equity activities.

Individual Offices of Minority Health

As described below, six HHS agencies have worked to establish their individual offices of minority health (also referred to as agency offices of minority health) and have responded with their respective implementation plans. As these plans are finalized, a business process manual will be developed in collaboration with the individual offices of minority health, the OS Office of Minority Health, and agency heads to provide consistency in implementation, policy development, reporting, and communication.

Specific actions to establish individual offices of minority health within HHS agencies include:

- Appointing a permanent director for each office
- Incorporating the six individual offices of minority health within the respective agency's organizational structure
- Aligning each individual office of minority health's core mission statement with their respective agency's mission and mission of the OS Office of Minority Health
- Aligning the individual offices of minority health's goals and functions for eliminating health disparities

Table 1 (see page 11) summarizes components of agency plans including the: (1) agency's individual office of minority health's mission; (2) proposed minority health staffing plan; and (3) key functions and programmatic activities for the individual offices of minority health.

The following is an agency-by-agency discussion which describes, where applicable, the:

- Agency's mission (for context)
- Mission, function, and goals of the individual office of minority health
- Strategic implementation of the individual office of minority health
- Highlights of FY 2010 programmatic activities
- Highlights of proposed FY 2011 programmatic activities to address health disparities (proposals for early FY 2011 reflect the continuation of activities carried out in FY 2010)

Table 1: Summary of Individual Office of Minority Health Plans

Agency	Mission/Vision	Key Functions
AHRQ	Support AHRQ’s mission to reduce health disparities	<ul style="list-style-type: none"> • Increase AHRQ focus on under-resourced settings • Ensure justification for meaningful inclusion or absence of racial/ethnic populations in AHRQ’s efforts • Assess plans for outreach and recruitment • Assess plans/methods for conducting subgroup analysis
CDC	To accelerate CDC’s health impact in the U.S. population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socioeconomic status, geography, gender, age, disability status, risk status related to sex and gender, and among other populations that are identified as at-risk for health disparities	<ul style="list-style-type: none"> • Provide leadership for CDC policies, strategies, action planning, implementation, evaluation, resource allocation • Monitor/report on health status of vulnerable populations • Evaluate effectiveness of policies and programs • Support internal and external partnerships • Synthesize, disseminate, and encourage use of scientific evidence on effective interventions • Position CDC to address relevant ACA provisions • Ensure agency administrative effectiveness and efficiency • Accelerate progress on disparities elimination through strategic planning, integration of existing efforts, collaboration on disparities research and reporting, and workforce development • Enhance agency connectivity and collaboration by convening or participating in networking groups and coordinating cross-cutting planning, action and reporting
CMS	Improve the health of racial/ethnic minority populations in concert with operational mechanisms to implement payment reform; regulations and surveys; coverage policies; health IT (in coordination with ONC); quality improvement; data analysis; innovation and demonstration projects	<ul style="list-style-type: none"> • Provide leadership, vision and direction • Lead development of an agency-wide data collection infrastructure and increase availability of data to monitor impact of Agency programs • Participate in formulation of Agency goals, policies, and strategies as they affect health professionals and equity of access to resources • Consult with HHS, Federal agencies and other public and private sector agencies and organizations • Expand partnerships and knowledge transfer
FDA	Improve minority health and the quality of health care minorities receive.	<ul style="list-style-type: none"> • Coordinate minority health efforts across the Agency • Advocate within and outside of Agency for the appropriate participation of racial and ethnic minorities in clinical trials and analyses of subpopulation data • Communicate Agency information to minority groups • Promote participation of minority health professionals
HRSA	Strengthen the agency’s leadership role in reducing health disparities for disadvantaged and underserved populations and promote and support policies, interventions, and activities that contribute to achieving health equity	<ul style="list-style-type: none"> • Provide leadership and direction to address HHS and HRSA Strategic Plan goals and objectives related to improving minority health and eliminating health disparities • Establish and manage an Agency-wide data collection system for minority health activities and initiatives • Increase availability of data to monitor impact of Agency programs in improving minority health and eliminating health disparities • Participate in forming HRSA goals, policies, priorities, legislative proposals, and strategies Collaborate in addressing health equity • Participate in the focus of activities and objectives in assuring equity in access to resources and health careers
SAMHSA	Diverse populations and groups vulnerable to behavioral health disparities are provided services and supports to thrive, participate in, and contribute to healthy communities	<ul style="list-style-type: none"> • Coordinate agency policies and programs to promote cross-cultural partnerships, data collection, culturally appropriate outreach/engagement, and ready access to quality services • Provide leadership in agency and broader health and behavioral health community and collaborate with other stakeholders • Address disparities in agency’s 8 Strategic Initiatives

Agency for Health Care Research and Quality

Agency Mission: The mission of the Agency for Healthcare Research and Quality (AHRQ) is to improve the quality, safety, effectiveness, and efficiency of health care for all Americans. Toward this aim, AHRQ supports research and other activities designed to improve quality and reduce disparities in health care for racial and ethnic minorities and other vulnerable populations. AHRQ fulfills this mission by developing and working with the health care system to implement information that:

- Reduces the risk of harm from health care services by using evidence-based research and technology to promote the delivery of the best possible care to all populations
- Transforms the practice of health care to achieve wider access to effective services and reduce unnecessary health care costs
- Improves health care outcomes by encouraging providers, consumers, and patients to use evidence-based information to make informed treatment decisions

Mission, Function, and Goals of the AHRQ Office of Minority Health: AHRQ's Office of Minority Health will support the agency's mission and reduce/eliminate healthcare disparities through continued commitment to:

- Improve the quality of health care and health care services for patients and their families, regardless of their race/ethnicity, socioeconomic status, and literacy level
- Improve the quality of data collected to address disparities among priority populations and subpopulations
- Promote representation and inclusion of racial/ethnic minority populations in all health services research activities
- Monitor and track changes in disparities by priority populations, subpopulations, and conditions
- Develop a framework for meaningful inclusion of priority populations in AHRQ's research activities, based on findings from the National Healthcare Disparities Report and recommendations from experts on health information technology (HIT) implementation strategies to reduce disparities in under-resourced settings
- Identify and implement effective strategies to reduce/eliminate disparities
- Partner with communities to ensure that research activities are relevant to their populations and that the research findings are adopted and implemented effectively

- Evaluate the importance of cultural competence and health literacy to health care disparities
- Continue to build capacity for health services research among institutions with a demonstrated record of educating individuals from health disparity populations

Strategic Implementation of the AHRQ Office of Minority Health: A focus on minority health will be included in all AHRQ business activities (knowledge creation; synthesis and dissemination; and implementation and use). The AHRQ Office of Minority Health Director reports to the Agency Director and the Senior Advisor for Minority Health will be elevated to the AHRQ Senior Leadership Team (SLT). The SLT is the decision making body for AHRQ and the elevation will ensure that Agency policies, budget decisions, and research agendas address the healthcare needs of all individuals and communities including racial and ethnic minorities.

Senior Advisor for Minority Health Responsibilities on the Senior Leadership Team
<ul style="list-style-type: none"> • Ensure AHRQ portfolios increase their focus on under-resourced settings of care
<ul style="list-style-type: none"> • Ensure proposed portfolio concepts including grants and contracts have justification for the meaningful inclusion or absence of racial and ethnic minority populations
<ul style="list-style-type: none"> • Assess appropriate plans for outreach and recruitment of minority populations and inclusion of under-resourced healthcare settings
<ul style="list-style-type: none"> • Evaluate proposed plans and methods for conducting subgroup analyses to ensure study results are relevant to one or more racial/ethnic minority populations

A Minority Health Network has been established across the Agency with representatives from AHRQ Offices and Centers who are subject matter experts in minority health to ensure their inclusion in the programs, activities, and budget decisions at each of the agency’s offices and centers. Network members offer advice and participate in reviews, discussions, seminars and other research and program activities initiated by the AHRQ Office of Minority Health.

Highlights of AHRQ FY 2010 Health Disparity Activities:

Increase the Availability of Data

- **National Healthcare Quality Report (NHQR) and National Healthcare Disparities Report (NHDR):** As mandated by the Congress, AHRQ provides an annual portrait of the quality of the nation’s healthcare as well as healthcare disparities experienced by different population groups in the NHQR, NHDR, and related tools. The Reports measure quality organized around effectiveness, safety, timeliness, patient centeredness, care coordination, efficiency, health system Infrastructure, access to care, and priority populations. The reports and related web tools raise awareness of healthcare quality and disparities among policy makers, researchers, providers, and the public. They may also help identify specific types of healthcare and geographic locations with the largest

quality deficits or differences across populations. An important secondary goal of the reports and web tools is to improve the availability of data on healthcare quality and disparities.

- **State Snapshots:** Utilizing data from the National Healthcare Quality Report and National Healthcare Disparities Report, AHRQ's annual *State Snapshots* provide a web tool for policy makers to present quality and disparities measures and data by state, allowing users to develop action plans, policies, and programs to create improvement at a more localized level. The website will continue to include a focus on disparities by showing differences in hospital-based quality indicators related to race and income for a number of states. These analyses show the large variation in the size of disparities across states and that some states with overall high-quality care have large disparities.
- **Medical Expenditure Panel Survey (MEPS):** MEPS oversamples racial and ethnic minorities to improve the capacity for analyses to identify health disparities, and to inform the National Healthcare Disparities Report. The study seeks to identify and understand the underlying mechanisms driving racial and ethnic disparities in mental health care episodes, using state-of-the-art methods of disparity research, and improving upon previous studies by incorporating longitudinal and neighborhood-level data on mental health care treatment. This project includes researchers from the Cambridge Health Alliance, Harvard Medical School, University of Chicago, and AHRQ.

Reduce Disparities in the Quality of Healthcare

- **Roundtable to address Health Information Technology Disparities:** This roundtable, jointly planned by Kaiser and AHRQ considered delivery system perspectives on disparities concerns related to HIT and prioritized potential public policy, organizational practice change and research opportunities. HIT holds the potential to improve the quality and safety of health care and the Administration is committed to ensuring that it plays a constructive role in reducing health disparities.
- **Disparities in Children's Quality of Healthcare:** Almost half of the 22 million emergency department (ED) visits are used for non-urgent conditions. Non-urgent ED visits are associated with overcrowding of the ED, increased cost to the healthcare system, and fragmented healthcare for children. ED utilization is related to child demographic characteristics, with increased utilization associated with younger age, race/ethnicity other than white, and lower socioeconomic status. The primary goals of this research are to: (1) understand the parent perspective on the care their child receives from the primary care provider and its relationship to ED utilization; and (2) contribute to the development of the candidate in child health services utilization, skilled in the analyses of large and complex survey databases and also using qualitative methods to further

define the reasons for non-urgent ED utilization from the perspective of both the parent and the primary care provider.

- **Shared Decision Making in Diverse, Disadvantaged Populations:** Variation in physician practice and persistent health disparities in chronic disease may be, in part, explained by a lack of patient involvement in treatment decisions, particularly among racial/ethnic minority patients. Yet the shared decision making experiences of vulnerable populations are poorly understood. The overall goal of this research is to acquire knowledge, skill and expertise in shared decision making processes, the comparative effectiveness of shared decision making tools versus usual care, and the impact of decision support tools on health disparities in cardiovascular disease among culturally diverse, medically underserved populations. The research will be translated into the development of a novel, health information technology driven, interactive shared decision making intervention with the goal of reducing healthcare access and communication barriers.

Increase Healthcare Workforce Diversity and Cultural Competency

- **Disparities Leadership Program:** This program has two overarching aims: (1) create a cadre of leaders in health care equipped with an in-depth knowledge of the field of disparities; cutting-edge quality improvement strategies for identifying and addressing disparities; and leadership skills to implement these strategies and help transform their organizations; and (2) help individuals from organizations who may be at the beginning stages or in the middle of developing or implementing a strategic plan or project to address disparities further advance or improve their work. The program is designed for leaders from hospitals, health plans and other health care organizations who want to develop a strategic plan or advance a project to eliminate racial and ethnic disparities in health care, particularly through quality improvement, within their organization.

Centers for Disease Control and Prevention

Agency Mission: The Centers for Disease Control and Prevention’s mission focuses on collaborating to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. CDC seeks to accomplish its mission by working with partners throughout the nation and the world to: monitor health; detect and investigate health problems; conduct research to enhance prevention; develop and advocate sound public health policies; implement prevention strategies; promote healthy behaviors; foster safe and healthful environments; and provide leadership and training. Each of CDC’s component organizations undertakes these activities in conducting specific programs. The steps needed to accomplish

CDC's mission are also based on scientific excellence, requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice.

Mission, Function, and Goals of the CDC Office of Minority Health and Health Equity: The mission of the CDC Office of Minority Health and Health Equity (OMHHE) is to accelerate CDC's health impact on the U.S. population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, risk status related to sex and gender, and among other populations that are identified as at-risk for health disparities. Among the top priorities of OMHHE will be to advance the HHS Strategic Action Plan. Table 2 below outlines OMHHE's additional critical functions:

Table 2: Office of Minority Health and Health Equity's Critical Functions	
1.	Provides leadership for CDC-wide policies, strategies, action planning, implementation and evaluation to eliminate health disparities
2.	Coordinates CDC's response to Presidential Executive Orders, Congressional mandates, Secretarial and HHS/OASH Initiatives, and provides timely performance reports on minority health and health equity as required
3.	Monitors and reports on the health status of vulnerable populations and the effectiveness of health protection programs
4.	Evaluates the impact of policies and programs to achieve health disparities elimination
5.	Supports internal/external partnerships to advance the science, practice and workforce for eliminating health disparities inside/outside CDC
6.	Maintains critical linkages with federal partners including OS, HHS, and represents CDC on related scientific and policy committees
7.	Establishes external advisory capacity and internal advisory and action capacity
8.	Improves support of efforts to improve minority health and achieve health equity in the U.S. by collaborating with CDC's National Center and other entities
9.	Synthesize, disseminates, and encourages use of scientific evidence regarding effective interventions to achieve health disparities elimination outcomes
10.	Analyze trends in and determinants of health disparities to provide decision support to CDC's Executive Leadership in allocating CDC resources to agency-wide programs for surveillance, research, intervention and evaluation
11.	Position CDC to address relevant provisions in the Affordable Care Act that address health disparities
12.	Strengthens CDC's global health work to achieve equity
13.	Supports CDC's response to public health emergencies in vulnerable populations
14.	Ensures administrative effectiveness and efficiency of CDC efforts to achieve health equity

Strategic Implementation of the CDC Office of Minority Health and Health Equity: The CDC Director has appointed the new Director of OMHHE.

Proposed OMHHE Staff positions
• Director
• Deputy Director
• Associate Director for Science
• Administrative Assistant
• Timekeeper/Travel Clerk
• Medical Epidemiologist
• Senior Science Advisor
• Senior Public Health Advisor/Team Leader
• Project Officer/Population Specialist (three positions)
• Public Health Analyst
• Mathematical Statistician

Highlights of CDC FY 2010 Health Disparity Activities:

Reduce Disparities in Population Health

- **Communities Putting Prevention To Work (CPPW):** Fifty communities are taking a jurisdiction-wide approach to changing local policies, systems, and environments to prevent obesity and tobacco use by making healthy choices easy, safe, and affordable. *CPPW* builds on existing resources; provides additional information/tools (e.g., a health equity checklist), technical assistance, and peer-to-peer mentoring support; and highlights lessons learned as communities develop, implement, and evaluate community plans and local interventions that address health equity.
- **Racial and Ethnic Approaches to Community Health across the U.S. (REACH US):** This national program is an important cornerstone of CDC's efforts to eliminate racial and ethnic health disparities in the United States. REACH US mobilizes and equips local communities and institutions to plan, implement, and evaluate programs and strategies that eliminate health disparities. REACH US supports 40 grantees that establish community-based programs to eliminate health disparities among minority groups. Health conditions addressed are breast and cervical cancer, cardiovascular disease, diabetes mellitus, adult/older adult immunization, hepatitis B, tuberculosis, asthma, and infant mortality.
- **Expanded and Integrated HIV Testing Initiative:** The Initiative supports health departments in their effort to increase HIV testing opportunities, awareness of HIV status, and linkage to services for disproportionately affected populations. Primary

focus is on African American and Hispanic men and women, men who have sex with men, and injection drug users regardless of race or ethnicity. Components include: HIV screening and counseling, testing, and referral; HIV screening in healthcare settings; and HIV counseling, testing, and referral in non-healthcare settings.

- **Tobacco Control and National Networks:** Six National Networks have been funded to help advance the science and practice of tobacco control related to specific populations in the United States. The Networks provide leadership and expertise in the development of policy related initiatives (including environmental and systems change) and utilization of proven or potentially promising practices. The populations of focus include: Asian Americans, Native Hawaiians, and Pacific Islanders; lesbian, gay, bisexual, and transgender people; Latinos/Hispanics; American Indians/Alaska Natives; people of low socioeconomic status; and African Americans.
- **National Program to Eliminate Diabetes Related Disparities in Vulnerable Populations:** The purpose of this program is to reduce morbidity, premature mortality, and eliminate health disparities associated with diabetes. The program targets racial and ethnic minority groups, particularly African Americans, Hispanic Latino Americans, American Indians, Native Hawaiians and Pacific Islanders, Asian Americans and other population groups disproportionately affected by diabetes, including those with low socioeconomic status, rural populations, women, and older adults. Six national organizations are funded to help community partners plan, develop, implement, and evaluate community-based interventions to reduce the risk factors.
- **Influenza Antiviral Medications Campaign:** CDC is carrying out influenza vaccination communication efforts to: increase awareness of the importance of influenza vaccination and other flu-related key messages and recommendations; foster knowledge and favorable beliefs regarding influenza vaccination recommendations; maintain and extend confidence in flu vaccine safety; and, promote/encourage vaccination throughout the flu season among certain audiences, including older Americans, adults with chronic health conditions, and minority populations. A Spanish language educational campaign uses traditional and new media and is heavily focused on grassroots and community-level activities. Culturally appropriate materials for Latino/Hispanic, African American, and American Indian and Alaska Native communities have been developed.
- **Mississippi Delta Health Collaborative:** The purpose of the Delta Health Collaborative is to develop, implement and evaluate a comprehensive strategy to improve health and quality of life in the Delta region of the state of Mississippi, one of the poorest and least healthy in the nation.

- **Pacific Islands Diabetes Prevention and Control:** These programs support tobacco control, diabetes prevention and control, and Behavioral Risk Factor Surveillance System activities in the U.S. Affiliated Pacific Islands to increase length and quality of life and eliminate health disparities. Funds support the development and implementation of educational programs and campaigns that will promote non-communicable disease prevention and health promotion using all local avenues and approaches for distribution to reach different target populations.
- **Prevention and Control of Tuberculosis and Laboratory Support to State and Local Programs:** Disparities in tuberculosis (TB) persists among members of racial and ethnic minority populations. Among people from countries where TB is common, TB disease may result from infection acquired in their country of origin. Among racial and ethnic minorities, unequal distribution of TB risk factors, particularly HIV infection, can also increase the chance of developing the disease.
- **Capacity Building Assistance to Improve the Delivery and Effectiveness of HIV Prevention Services:** This program funds community-based organizations (CBOs) and health departments to improve HIV prevention in racial/ethnic minority populations and subpopulations. Components of this capacity building assistance (CBA) program includes, strengthening: organizational infrastructure, strategies, monitoring, and evaluation; community access to and utilization of HIV prevention services; quality and delivery of CBA services for HIV prevention; and, consumer access to and utilization of CBA services for HIV prevention. Other capacity building and technical assistance activities include: training, information dissemination, and technology transfer to CBOs, health departments, and community planning groups to strengthen HIV prevention for racial/ethnic minority populations and subpopulations at high risk for HIV.
- **Environmental Justice:** A number of major projects are supported in response to Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations: (1) The National Toxic Substance Incidents Program examines the extent to which accidental releases of hazardous substances are located in minority, impoverished, or underserved communities and whether those communities have differential access to emergency services; (2) The Hazardous Substances Emergency Events Surveillance Project examines the extent to which accidental releases of hazardous substances are located in minority, impoverished, or underserved communities and whether those communities have differential access to emergency services; (3) Study of human exposure to environmental pollutants in the Arctic Using GIS technology; and (4) Childhood Lead Project provides technical assistance, consultation, and financial support to develop and implement comprehensive state and local childhood lead-poisoning prevention programs to

eliminate childhood lead poisoning as a major public health problem in the United States.

Increase the Availability of Data

- **Health Disparities Report:** This annual report consolidates recent national data on disparities in mortality, morbidity, behavioral risk factors, and social determinants of important health problems in the United States by using selected indicators. The report also provides additional scientific rationale for efforts to implement policies, programs, professional best practices, and individual actions that might reduce some of those disparities in the shortest timeframe. CDC reaches out to various stakeholders, including the media, policymakers, and partners, to disseminate findings from the report.
- **National Program of Cancer Registries:** Central cancer registries in 45 states, DC, Puerto Rico, and the U.S. Pacific Island Jurisdictions (covering 96% of the U.S. population) receive support to collect, manage, and analyze data about cancer cases, and evaluate specific cancer registry data items, such as race and ethnicity, stage-at-diagnosis, treatment, and follow-up data for improvements in quality; for example, CDC is working with central cancer registries to link cancer registry data to the Indian Health Services death index to clarify American Indian/Alaskan Native rates of cancer by confirming correct racial/ethnic classification.
- **National Report on Human Exposure to Environmental Chemicals:** This report contains nationally representative data on human blood levels for 148 environmental chemicals.

Reduce Disparities in Quality of Healthcare

- **Childhood Social Determinants of Health Media Campaign:** The CDC National Center for Injury Prevention and Control is partnering with California Newsreel to develop a multi-platform media initiative to make cutting-edge innovations in child development research, policy, and practice more accessible to educators, policy makers, childcare providers, family support services, doctors, social services, community organizers and parents.

Goals and Programmatic Activities to Address Health Disparities- Phase I FY2011: Table 3 below identifies the phase 1 programmatic activities and longer-term priority outcomes for the CDC Office of Minority Health and Health Equity.

Table 3: CDC—Phase 1 FY 2011 Minority Health and Health Equity Activities

Proposed activities for FY 2011 reflect the continuation of activities carried out in FY 2010

Mission Areas

Accelerate Progress on Disparities Elimination

- Develop a CDC engagement plan for the *National Partnership for Action to End Health Disparities*
- Integrate disparity elimination in Quarterly Program Reviews (QPRs), CDC’s “winnable battles” and quality improvement efforts
- Collaborate on the CDC Health Disparities Indicator Report
- Design and implement new funding opportunity announcement strategy targeting undergraduate students from diverse backgrounds
- Assess the impact of current cooperative agreement recipient activities on prevention, training and workforce
- Integrate disparities content into grand rounds, new monthly MMWR releases, and strategies of other organizational units
- Support the CDC Advisory Committee to the Director’s Health Disparities Subcommittee development of recommendations to CDC on addressing social determinants of health equity, and optimal organization of the OMMHE
- Execute epidemiologic and methods research on key disparities issues
- Follow-up on the roundtable of medical college presidents/deans to foster greater collaboration on health disparities and workforce development

Enhance Agency Connectivity and Collaboration

- Convene or participate on networking groups to accelerate planning and action on health disparities
- Coordinate cross-cutting planning, action and reporting on executive branch and secretarial health disparity initiatives

Priority Outcomes

- Alignment of CDC program activities with regional and national efforts to eliminate health disparities, including the upcoming health disparities strategic plan.
- Measurable progress is made on disparity areas in QPR and the winnable battles
- Key indicators of disparities and areas for action and measurement are highlighted
- Program strategies and accomplishments are enhanced through strategic partnerships with national organizations, such as the National Association of State Offices of Minority Health
- The impact of core partner activities on prevention, health promotion, student training, and workforce diversity are described
- Greater agency resources and staff are focused on the highest priority disparity areas
- Strategic advice is provided on effective policy and program action to achieve health equity
- Findings from research activities are published and lessons learned positively influence public health practice
- Steps are implemented to increase representation of minority medical/science students and graduates in CDC training programs and careers
- Collaborative stewardship of resources and improved performance to reduce or eliminate disparities
- CDC programs of health promotion, intervention, training, and capacity development in support of Executive Branch and Secretarial initiatives are documented in periodic reports to HHS

Centers for Medicare & Medicaid Services

Agency Mission: The Centers for Medicare & Medicaid Services' (CMS) mission is to ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries. CMS' vision is to achieve a transformed and modernized health care system. With annual expenditures of approximately \$650 billion to serve approximately 90 million beneficiaries, CMS plays a key role in the overall direction of the health care system. CMS aims to expand its resources in a way that both improves health care quality and lowers costs through five key objectives:

1. Skilled, committed, and highly-motivated workforce
2. Accurate and predictable payments
3. High-value health care
4. Confident, informed consumers
5. Collaborative partnerships

CMS currently addresses health disparities by integrating health disparities initiatives throughout the agency. The CMS health disparities program encompasses four components:

- **Data** – The Medicare Improvements for Patients and Providers Act (MIPPA) (P.L. 110-275) requires CMS to report to Congress on effective methods for ongoing data-collection, measurement and evaluation of health disparities by race, ethnicity, and gender. Improvements in the way data is collected helps to better pinpoint and address where health disparities exist.
- **Sensitivity** – In collaboration with Federal partners such as NIH and FDA, CMS is increasing awareness about the lack of minority participation in clinical trials.
- **Intervention** – CMS has implemented evidence-based intervention models that improve quality indicators for people with multiple diseases and health conditions in underserved or “priority” populations.
- **Messaging** – CMS has developed several health disparities messaging toolkits in order to facilitate the marketing of this initiative to medical professionals, local communities and the public to help them learn about these interventions, which will ultimately help them better educate Medicare beneficiaries about and generate participation in interventions to reduce health disparities.

Mission, Function, and Goals of the CMS Office of Minority Health: The CMS Office of Minority Health is focused on improving the health of racial and ethnic minority populations in concert with established operational mechanisms in the agency as they implement payment reform, regulations and surveys, coverage polices, health information technology, quality improvement, data analysis, and development of innovation and demonstration projects. In addition, the CMS Office of Minority Health will support accomplishment of the HHS Strategic Action Plan and address:

- CMS integration and coordination
- Direct external funding focused on minority health
- Delivery system reform and policy development
- Identifying Affordable Care Act provisions impacting minority health
- Data collection, synthesis, analysis, and reporting
- Partnership expansion and knowledge transfer
- Payment and innovative care delivery models creation (e.g., Accountable Care Organizations, Medical Homes)

The CMS Office of Minority Health serves as the principal advisor and coordinator to the Agency for the special needs of minority and disadvantaged populations. Consistent with the CMS goals of better health care for individuals, better health for populations and reduced cost of health care per capita, the CMS Office of Minority Health will:

- Provide leadership, vision and direction to address HHS and CMS Strategic Plan goals and objectives related to improving minority health and eliminating health disparities
- Lead the development of an Agency-wide data collection infrastructure for minority health activities and initiatives
- Implement activities to increase the availability of data to monitor the impact of CMS programs in improving minority health and eliminating health disparities
- Participate in the formulation of CMS goals, policies, legislative proposals, priorities, and strategies as they affect health professional organizations and others involved in or concerned with the delivery of culturally and linguistically-appropriate, quality health services to minorities and disadvantaged populations
- Consult with HHS Federal agencies and other public and private sector agencies and organizations to collaborate in addressing health equity
- Establish short-term and long-range objectives

- Focus activities and objectives in assuring equity of access to resources and health careers for minorities and disadvantaged populations

Strategic Implementation of the CMS Office of Minority Health: CMS will undertake the following steps to establish their Office of Minority Health and ensure agency integration and coordination:

- Participate in established open forums throughout the agency and externally to provide presentations introducing the CMS Office of Minority Health and its goals while hearing their plans and priorities for addressing minority health issues
- Review the Affordable Care Act as it relates to health disparities initiatives and begin the process of identifying areas relevant to disparities across CMS components
- Carry out activities in support of the HHS Strategic Action Plan
- Compile Summary of Minority Health Activities Across the Agency
- Maximize the effectiveness of existing CMS minority health initiatives by leading an effort to identify where the integration of these initiatives will improve outcomes

The office Director will report directly to the Administrator of CMS while providing leadership and direction to other components of CMS to address HHS’ and CMS’ goals as they relate to improving minority health and ultimately eliminating disparities across various access and clinical conditions.

Proposed CMS Office of Minority Health Staff Positions
• Director
• Deputy Director
• Program Manager
• Communication Specialists (2 positions)

The staffing and final organizational structure for the CMS Office of Minority Health will reflect strategic needs and funding allocation for the office. Currently, the plan calls for four positions. Staffing will be assessed as the functions and needs of the CMS Office of Minority Health become clearer.

Highlights of CMS FY 2010 Health Disparity Activities:

Reduce Disparities in Population Health

- **Neonatal Outcomes Improvement Project (NOIP):** Prematurity has been the greatest contributor to U.S. infant morbidity and mortality rates. African Americans and low-income populations are among the groups with high infant mortality rates in the U.S. To address the problem of premature births in the U.S., in 2005, CMS convened a group of nationally-recognized experts in quality improvement, pediatrics, neonatology and obstetrics, as well as State Medicaid medical directors, to develop a project to promote the use of evidence-based clinical practices to improve care of high-risk newborns through the NOIP. In 2007 and 2008, CMS awarded Medicaid Transformation Grants to several States that adopted innovative methods to improve their Medicaid programs, with some states using their grants specifically for NOIP intervention implementation. In 2010, CMS began to expand access to the NOIP collaborative to all States by offering education and packaged intervention strategies on public/private collaboratives and opportunities for networking with other states.
- **Mississippi Health First (MHF):** This statewide 18-month project is intended to improve care for underserved populations in Mississippi that have diabetes. It is supported by a partnership of Federal, non-federal, and local organizations that are focusing their efforts on reducing diabetes disparities in Mississippi using a grass-roots/ community-based approach. For example, patients will receive diabetes self-management training in their home communities, in locations such as community centers, instead of in hospitals or other traditional health care settings, such as doctors' offices or outpatient clinics.

Increase the Availability of Data

- **MIPPA Section 185 Report to Congress:** CMS will submit a series of reports to Congress on the evaluation, implementation, and effectiveness of approaches for the collection of data that allow for the ongoing, accurate, and timely collection and evaluation of data on disparities in health care services and performance on the basis of race, ethnicity, and gender.
- **Collaboration with the Social Security Administration (SSA) and Census Bureau to Improve Race and Ethnicity Data:** Through this initiative, CMS will begin the exploration of identifying options/vehicles that might be used to improve the accuracy of race and ethnicity data by partnering with SSA and the Census Bureau. CMS will be able to perform critical program and analytic work using accurate race and ethnicity data (e.g.,

monitoring for unintended consequences of changes to the payment system, health care quality disparities, or reduction in disparities).

- **Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities:** The purpose of this program is to evaluate the impact that patient navigation has on reducing disparities in cancer screening, detection, treatment, and Medicare costs. The demonstration sites have been employing a randomized control design to study the impact of various evidence based, culturally competent models of patient navigator programs designed to help minority beneficiaries navigate the healthcare system in a more timely and informative manner; facilitate cancer screening, diagnosis, and treatment to improve healthcare access and outcomes; and lower total costs to Medicare. Patient navigation services provided under this demonstration have included assistance with appointment scheduling and transportation, care coordination, and information on cancer screening and treatment. Nearly 13,000 Medicare fee-for-service beneficiaries have participated in this study over the past four-years.
- **Centers of Excellence:** AHRQ, on behalf of CMS, issued grant awards to Centers of Excellence to improve and enhance the initial core child health measures and to develop new quality measures meaningful to State Medicaid and Children’s Health Insurance (CHIP) programs. One goal of the Centers of Excellence is to develop or enhance measurement methods to assess disparities in quality by race, ethnicity, socioeconomic status, geographic region and residence, and special health care needs. The Centers of Excellence approach will create a cohort of entities with expertise in health care quality measurement specific to the needs of children and their health care delivery system.

Reduce Disparities in Access to Care

- **Connecting Kids to Coverage Challenge** – An estimated five million uninsured children are eligible for Medicaid or the Children’s Health Insurance Program (CHIP) but not enrolled. The “Connecting Kids to Coverage Challenge” issued by Secretary Sebelius on February 4, 2010, is a five-year long campaign challenging federal officials, governors, mayors, community organizations, tribal leaders and faith-based organizations to boost national enrollment. CMS has built an unprecedented coalition of partners, ranging from state governors to national advocacy organizations, led Webinars, hosted a conference for grantees and partners, developed a toolkit of supporting materials, and piloted a campaign targeting athletics coaches – all with the end goal of enrolling kids in CHIP and educating families about availability.

Goals and Programmatic Activities to Address Health Disparities—Phase I FY 2011: CMS will address the goals of the HHS Strategic Action Plan in the following ways:

- **Access to Care** – Improve health and healthcare outcomes for racial and ethnic minorities and for underserved populations and communities. Address social determinants that impact health outcomes. Improve healthcare outcomes by encouraging providers, consumers and patients to use evidence-based information to make informed treatment decisions. Assess the use of non-traditional ways to access healthcare through the use of trusted sources, community based interventions, telemedicine, mobile medicine and social media.
- **Quality of Healthcare** – Strengthen and broaden the Agency’s leadership for addressing health disparities. Increase the awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, socioeconomic and other health disparities through data and information collection and dissemination; education; and training both internal and external to CMS.
- **Workforce Diversity and Cultural Competency** – Promote cultural competency among health care providers to ensure understanding of language, values, beliefs of the racial and ethnic groups to deliver healthcare with respect and understanding. Improve cultural and linguistic competency and the diversity of the health-related workforce.
- **Data** – Identify goals and objectives related to improving minority health and eliminating health disparities. Ascertain critical variables for assessing health disparities and their availability. Determine the accuracy and validity of data in hand. Develop and support strategies for the collection, synthesis and analysis of data. Improve data availability by coordinating its use and dissemination. Support demonstration projects and program evaluations to impact health disparities outcomes and report results annually.
- **Other (Leadership)** – Externally, set the bar for establishing health disparities elimination policies and practices and provides forums for sharing success stories and lessons learned throughout the community of stakeholders. Strengthen and broaden leadership for addressing health disparities at all levels.

As demonstrated by Table 4 below, phase 1 programmatic activities for the CMS Office of Minority Health reflect how the work of the CMS OMH connects with the broader work of CMS, how it coordinates with and supports the priorities of HHS and other individual offices of minority health, and how it implements the statutory intent.

Table 4: CMS—Phase 1 FY2011 Minority Health Activities

Proposed activities for FY 2011 reflect the continuation of activities carried out in FY 2010

Mission Areas

Payment and Innovative Care Delivery Models Creation

- Advance policy awareness and understanding of possible unintended consequences of payment models and their impact on racial/ethnic and disadvantaged populations
- Identify goals and objectives related to improving minority health and eliminating health disparities

Data Collection, Synthesis, Analysis, and Reporting

- Inventory critical variables for assessing health disparities, including race and ethnicity
- Develop a plan to acquire or improve the quality of available data

Partnership Expansion and Knowledge Transfer

- Develop a strategy to disseminate existing CMS consumer information in multiple languages
- Build relationships/solicit input from minority health professional groups
- Update community of stakeholders on CMS' progress in closing the health disparities gap for underserved populations

Food and Drug Administration

Agency Mission: The Food and Drug Administration (FDA) is charged with protecting public health by assuring the safety, efficacy, and security of human and veterinary drugs, the food supply, biological products, medical devices, cosmetics, radiation-emitting products and by regulating tobacco. Specifically, FDA is responsible for advancing public health by:

- Helping to speed innovations that make medicines and foods safer and more effective
- Providing the public with the accurate, science-based information they need to use medicines and foods to improve their health
- Regulating the manufacture, marketing, and distribution of tobacco products to protect the public and reduce tobacco use by minors
- Addressing the Nation's counterterrorism capability and ensuring the security of the supply of foods and medical products

The FDA is committed to bringing the best science and public health to all Americans. FDA is undertaking obesity prevention programs targeting minority populations. It is part of a coalition of Latino consumers and providers called "Latino Initiatives Committee Por Tu Familia," which plans educational workshops to promote healthy behaviors. FDA also manages partnership agreements with national and community-based organizations to increase access to FDA health information for Hispanic Americans, Asian-Americans, Pacific Islanders, and Native Hawaiians.

FDA recognizes that communications must be adapted to meet the needs of many groups who differ with respect to literacy, language, culture, race/ethnicity, disability, and other factors. FDA involves consumers in many of its advisory committees to help ensure development and dissemination of accurate and culturally and linguistically appropriate information. As part of FDA's Strategic Plan for Risk Communication, FDA committed to specific actions designed to improve capacity to effectively communicate with different populations. These include:

- Training FDA staff on health literacy and basic risk communication principles, considerations, and applications
- Partnering with consumer and patient organizations to increase availability of FDA communications in a variety of languages and for literacy-challenged audiences
- Regularly measuring plain language and appropriate reading level for audiences targeted by communications

Mission, Function, and Goals of the FDA Office of Minority Health: The director of the FDA Office of Minority Health will report directly to the Commissioner and serve as a focal point for ongoing and new activities to meet the public health needs of minority populations. The FDA OMH will work to support FDA's mission, the OS Office of Minority Health's efforts to eliminate racial and ethnic disparities, and the HHS Strategic Action Plan. This mission will be achieved by:

- Coordinating minority health efforts across the FDA
- Advocating within and outside FDA for the appropriate participation of racial and ethnic minorities in clinical trials and analyses of subpopulation data
- Communicating FDA information to minority groups
- Promoting the participation of minority health professionals in FDA activities

Strategic Implementation of the FDA Office of Minority Health: The director of the FDA Office of Minority Health will be charged with preparing a strategic plan for the new Office. This plan will reflect how the work of the Office connects with the broader work of FDA, how it coordinates with and supports the HHS Strategic Action Plan, and other HHS offices of minority health, and implements the statutory intent. The overarching framework for the work of the Office – and all of FDA – is the strategic goals and objectives, and the cross-cutting strategic priorities that the Commissioner has identified to guide agency activities over the next five years.

FDA's first goal is to get its Office of Minority Health established. In the interim, FDA offices will continue their on-going minority health activities. Over time, these offices will become important partners to the FDA Office of Minority Health.

FDA conducted a nation-wide search for the Director of the new Office of Minority Health. A slate of candidates exists, but the selection process has been put on hold pending resolution of the Continuing Resolution. Final selection will be made by mid- to late-2011. The staffing and final organizational structure for the OMH will reflect the strategic needs and funding allocation for the Office.

Highlights of FDA FY 2010 Health Disparity Activities:

Reduce Disparities in Population Health

- **Tobacco and Smoking Cessation Project.** This collaborative project with HRSA will provide evidence-based educational information to post-partum women, migrant workers and their families to regarding the health risks posed by tobacco product use.

Increase the Availability of Data

- **Subpopulation Demographic Data in Clinical Trials:** Over the years the Center for Drug Evaluation and Research has taken several actions to strengthen demographic (sex, age and racial subgroups) data review and enforcement of requirements for sponsors to submit these data. Recently, FDA published a *Federal Register* notice seeking comments on issues related to the enrollment of certain populations in clinical trials. FDA is currently reviewing the numerous responses submitted. Section 901 of the Food and Drug Amendment Act requires the Agency to report to Congress best practice approaches for increasing the participation of various subpopulations, including racial/ethnic groups, in clinical drug trials.

Reduce Disparities in Quality of Healthcare

- **Safe Medication Use:** Four video (Spanish with English subtitles) projects are under development which uses an engaging "novella" infotainment format to raise awareness and educate underserved Hispanic/Latino women on safe medication use. Issues addressed include: record keeping of prescribed or over-the-counter medicines, reading the label, skipping doses or sharing medications; safe ways to take medications; and the importance of consulting your health provider (doctor, nurse, or pharmacist) to learn more about safe use of these products.

Other Actions of Agency Significance

- **FDA OMH Internal Steering Committee:** FDA-OMH has established an internal steering committee to assist the Office with infrastructure development and coordination of FDA minority health-related activities. The steering committee provides ongoing guidance to OMH on critical issues such as: promoting tools and activities that can be used to pursue the goals and purposes of the new office; coordinating systems of outreach within the FDA; and exploring ways to institutionalize the mission of the new office within the FDA community.

Goals and Programmatic Activities to Address Health Disparities—Phase I FY2011: The FDA Office of Minority Health will achieve its mission by providing leadership within FDA and the broader scientific community, and by collaborating with other government agencies and private organizations to support scientific research and sponsor scientific and consumer outreach efforts related to minority health. Table 5 which is below presents the phase 1 programmatic activities proposed for the FDA Office of Minority Health’s mission areas.

Table 5: FDA—Phase 1 FY2011 Minority Health Activities

Proposed activities for FY 2011 reflect the continuation of activities carried out in FY 2010

Mission Areas

Coordination of FDA Minority Health Efforts

- Compile summary of minority health activities across the Agency
- Identify FDA/OMH representative to HHS Health Disparities Council
- Submit a report describing FDA/OMH activities

Advocate for Clinical Trials Participation/ Data Analyses

- Advance regulatory science and promote data standardization on JANUS Senior Management Team

Communicate Agency Information to Minority Groups

- Disseminate existing FDA consumer information in multiple languages
- Work with minority groups to disseminate FDA information to their networks and constituents

Promote Participation of Minority Health Professionals

- Generate awareness of new office with at least 15 stakeholder groups
- Build relationships with and solicit input from minority health professional groups to promote participation on FDA advisory committees
- Track participation of minority health professionals on FDA Advisory Committees
- Track and expand outreach of existing FDA internship/ fellowship programs for minority health professionals

Health Resources and Services Administration

Agency Mission: HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. HRSA’s mission is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. HRSA seeks to achieve its mission through four primary strategic goals: (1) improving access to quality care and services; (2) strengthening the health

workforce (including addressing diversity and cultural and linguistic competency); (3) building healthy communities; and (4) improving health equity. HRSA will contribute to the HHS Strategic Action Plan by:

- Reducing disparities in quality of care across populations and communities
- Monitoring, identifying, and advancing evidence-based and promising practices to achieve health equity
- Leveraging HRSA programs and policies to further integrate services and address the social determinants of health
- Partnering with diverse communities to create, develop, and disseminate innovative community-based health equity solutions, with a particular focus on populations with the greatest health disparities

Mission, Function, and Goals of the HRSA Office of Health Equity: The mission of HRSA's Office of Health Equity (OHE) is to strengthen the agency's leadership role in reducing health disparities for disadvantaged and underserved populations and to promote and support policies, interventions, and activities that result in health equity.

OHE serves as the principal advisor to the HRSA Administrator on minority health and health equity issues. OHE is led by a Director who is responsible for providing leadership and direction to the agency in these areas. This includes, but is not limited to:

- Providing leadership for HRSA-wide policies, strategies, action planning, implementation and evaluation to eliminate health disparities
- Coordinating HRSA's response to Presidential Executive Orders, Congressional mandates, and Secretarial and other HHS Initiatives
- Providing timely performance reports on HRSA minority health and health equity programs, policies, and initiatives
- Managing agency-wide data and information systems for minority health activities and crosscutting agency health equity activities
- Developing and implementing demonstration and other special projects to advance health equity

- Coordinating cross-agency efforts in concert with program leaders to maximize the impact of HRSA programs on minority and disparity populations
- Representing the agency to HHS and external stakeholders

Strategic Implementation of the HRSA Office of Health Equity: In January 2010, the Office of Minority Health and Health Disparities was renamed the Office of Health Equity (OHE) in order to better align with the mission and goals of HRSA. One of HRSA's four goals is to "Improve Health Equity." HRSA has hired an OHE director who will be starting by April 2011. Twelve FTEs are in place and are leading the coordination of program and policy development. A new OHE Strategic plan will be finalized after the OHE lead is on board.

Highlights of HRSA's FY 2010 Health Disparities Activities:

Reduce Disparities in Population Health

- **Regional Collaborative for the Pacific Basin:** A cooperative agreement between HRSA and CDC provides support to the Pacific Islands Health Officers Association to: (1) establish and serve as a regional Primary Care Office representing the six US-Affiliated Pacific Basin jurisdictions; (2) respond more effectively to the epidemic of non-communicable diseases in the region; (3) assess USAPI laboratory capacity, and develop a coherent regional strategy; (4) assist development of effective systems of quality assurance through sustained technical assistance; (5) plan and seek resources for the development of a USAPI EpiCenter to build regional capacity for surveillance and provide support for updating health professional shortage area (HPSA) and medically underserved area (MUA) designations; (6) develop and advance a dynamic strategic plan that addresses the primary care and public health needs of the jurisdictions; (7) support the development of public health education programs; and (8) support regional meetings to prevent the spread of tuberculosis, advance health professional education, and promote planning, resource-sharing, policy-making, and networking to help ensure a collaborative approach towards health system development.
- **The First Time Motherhood/New Parents Initiative:** This Initiative is a social-marketing project that allows states to concurrently increase awareness of existing preconception/inter-conception, prenatal care, and parenting services/programs and address the relationship between such services and health/birth outcomes and a healthy first year of life. To date, 11 states have been awarded a two-year grant to improve parental and infant health status and behaviors.

- **The Sickle Cell Service Demonstration Program:** The purpose of this program is to develop and establish systemic mechanisms to enhance the prevention and treatment of sickle cell disease through: (1) coordination of service delivery for individuals with sickle cell disease; (2) genetic counseling and testing; (3) bundling of technical services related to the prevention and treatment of sickle cell disease; (4) training of health professionals; and (6) identifying and establishing other efforts related to the expansion and coordination of education, treatment, and continuity of care programs for individuals with sickle cell disease.
- **Thalassemia Program:** The purpose of this program is support the demonstration of a model system of comprehensive care and medical management for individuals and families at-risk or affected by Thalassemia. Such models involve a complex network of services ranging from screening, diagnosis, counseling, education, and psychosocial services to specialized medical care including regular red blood cell transfusions and the monitoring, prevention, and treatment of iron overload resulting from repeated transfusions. Expected outcomes include better coordination of services in a best practices model with improved communication to providers with increased involvement of primary care providers.
- **Ryan White HIV/AIDS Program:** Funds are used to provide a continuum of care (i.e. medical and support services) including outpatient and ambulatory medical care; AIDS drug assistance program; AIDS pharmaceutical assistance; oral health; early intervention services; health insurance premium and cost sharing assistance; medical nutrition therapy; hospice services; home and community-based health services; mental health services; substance abuse home health care; and medical case management, including treatment adherence services. Support services may include outreach; medical transportation; linguistic services; respite care for caregivers; case management; and substance abuse residential services. Funds also support the Special Projects of National Significance, the AIDS Education and Training Centers Program, the Dental Programs, and the Minority AIDS Initiative. The Program serves an estimated 529,000 individuals and families annually. In calendar year 2008 (latest statistics), 73 percent of those receiving Ryan White HIV/AIDS Program services were racial/ethnic minorities.
- **Promoting Promotores de Salud and Community Health Workers:** Community health workers (CHWs) such as Promotores de Salud can play an important role in connecting the communities they serve with appropriate health care and serve low-income communities that have less access to health resources. One of the most important features of CHW programs is that they strengthen already existing community networks. CDC has provided leadership in documenting and acknowledging the role of community health workers by establishing the first national database in 1993. In addition HRSA

through the Bureau of Primary Health Care supports a number of community health worker programs. Building on these activities HHS will work to establish a National Center on Promotores and Community Health Workers. The Center will promote appropriate management practices and other activities that recognize and support the role of promotores de salud and community health workers.

- **Healthy Start Eliminating Disparities in Perinatal Health - General Health:** Since 1991, 4 to 5-year grants are awarded to communities with infant mortality rates 1.5 times the national average and are at risk of poor perinatal health outcomes (e.g., low birthweight; preterm delivery). Since FY 2000, 5-year grants have also been awarded to communities along the US-Mexico Border, Alaska Native, Native Hawaiian, and Pacific Islander. Through a lifespan approach and a focus on the inter-conception health of women, Healthy Start is reducing health disparities in access to and utilization of health services, improving the quality of the local health care system, empowering women and their families, and increasing consumer and community voices and participation in health care decisions. A total of 104 communities in 39 States, Washington, D.C. and Puerto Rico that are served by Healthy Start have large minority populations with high rates of unemployment, poverty and major crime. One of the most significant accomplishments to date is a decrease in the number of infant deaths among Healthy Start participants.
- **Xylitol for Caries Prevention in Inner-City Children:** This randomized controlled clinical trial addresses the prevention of dental caries (tooth decay) in inner-city school children using xylitol-containing snacks. Dental caries disproportionately affects poor and minority children with a significant proportion of treatment costs borne by Medicaid. Six hundred children (5-6 years, >95% on free/reduced school lunch, 94% African-American) attending kindergarten in five East Cleveland City Schools will be recruited and randomized into the xylitol or the placebo (sorbitol) control groups. The results of this study will be useful in adding a new public health strategy in the prevention of dental caries for children with the greatest vulnerability to tooth decay.

Reduce Disparities in Access to Healthcare

- **Health Center Program:** Health centers are community-based and patient-directed organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing. Approximately 2/3 of patients supported by the Health Center Program are racial and ethnic minorities. The program's primary purpose is to expand access to comprehensive, culturally competent, quality primary health care

services. Through the Affordable Care Act, the number of health center patients is expected to nearly double from the current 19 million people served.

Reduce Disparities in Quality of Healthcare

- **Patient Navigator Program:** This program develops and operates patient navigator services that improve health care outcomes for individuals with cancer or other chronic diseases, with specific emphasis on health disparity populations. Grant recipients recruit, train, and employ patient navigators with direct knowledge of the communities they serve to coordinate care for patients with chronic illnesses.
- **Text4baby:** Text4baby is a free mobile information service designed to promote healthy birth outcomes and to reduce infant mortality among underserved populations. Women who sign up for the service by texting BABY (or BEBE for Spanish) to 511411 will receive three, free SMS text messages each week, timed to their due date or baby's date of birth. Since its launch in February 2010, over 100,000 subscribers have enrolled in the program. An evaluation funded by HHS is underway to examine the characteristics of women who utilize the text4baby mobile phone-based program, assess their experience with the program, and determine whether text4baby is associated with timely access to prenatal care and healthy behaviors during pregnancy and through the first year of the infant's life.
- **SU FAMILIA HELP LINE:** The National Alliance for Hispanic Health operates the Su Familia Help Line, providing bilingual, culturally proficient resources through professionals, scholars, and information specialists who supply referrals to health care consumers and providers in communities throughout the nation. The helpline is based on a patient navigation model, providing the caller with health information and referrals tailored to their specific circumstances and needs, including referral to local providers. Since its inception in July 2001 it has helped 42,218 people connect to information and local services improving the health of communities and the nation.

Increase Healthcare Workforce Diversity and Cultural Competency

- **Centers of Excellence (COE) Program:** The program provides grant support for activities to develop an educational pipeline to enhance academic performance of underrepresented minority (URM) students, support URM faculty development, facilitate research on health issues particularly affecting URM groups, and provide training to URM students at community-based health facilities and to increase the supply and quality of URM individuals in the health professions workforce. To accomplish these goals, grantees develop a large competitive applicant pool and

establish an educational pipeline for health professions careers; strengthen programs to enhance the academic performance of URM students; improve the capacity of such schools to train, recruit, and retain URM faculty; implement activities to improve the information resources, clinical education, curricula, and cultural competence of the graduates as they relate to minority health issues; facilitate faculty and student research on health issues particularly affecting URM groups; and carry out a program that trains students in providing health care services to a significant number of URMs at community-based health facilities. A total of twenty awards were made in FY 2010.

- **Health Care Opportunity Program (HCOP) Program:** The program provides grant support for activities to develop an educational pipeline to enhance academic performance of economically and educationally disadvantaged students and prepare them for careers in the health professions and service to underserved communities. To accomplish these goals, grantees develop a larger more competitive applicant pool, identify, recruit, and select individuals from disadvantaged backgrounds for education and training in an eligible health profession; facilitate the entry of disadvantaged individuals into health or allied health professions schools; provide counseling, mentoring, or other services designated to assist individuals to successfully complete their education; provide preliminary education and health research training to assist students to successfully complete regular courses of education at such a school; provide stipends to students participating in academic enhancement programs; and identify existing sources of financial aid. A total of thirty-five awards were made in FY 2010.
- **Scholarships for Disadvantaged Students (SDS) Program:** The program provides financial support to increase diversity in the health professions and nursing workforce by providing grants to eligible health professions and nursing schools for use in awarding scholarships to financially needy students from disadvantaged backgrounds. Many of these students are from under-represented racial and ethnic backgrounds, and entrance into a career as a health professional will help diversity the health workforce to ensure culturally effective care and reduce health disparities. Health disciplines eligible for funding include allopathic medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, chiropractic, behavioral and mental health, public health, nursing, allied health, and physician assistants. In FY 2009, approximately 28,000 students were awarded SDS scholarships. Of this number, 15,000 were identified as under-represented minorities. A total of 308 awards were made in FY 2010.
- **Nursing Workforce Diversity (NWD) Program:** This program provides financial grant support for projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds, including racial and ethnic minorities under-

represented racial and ethnic backgrounds among registered nurses through stipends, scholarships, and retention activities to assist students throughout the educational pipeline. To achieve this goal, grantees funded through the NWD Program assist students to become registered nurses (RNs), assist diploma or associate degree RNs to become baccalaureate-prepared RNs, and prepare practicing RNs for advanced nursing education in order to meet the needs of the registered nurse workforce. Forty-five awards were made in FY 2010, which provided academic and financial support to over 14,000 students.

- **National Health Service Corps (NHSC) Scholarship Program:** NHSC helps every U.S. state and most territories provide desperately needed primary health care in areas where health care providers are in short supply. Health professions students receive scholarship support in return for service in a health professional shortage area (HPSA). The purpose of the program is to provide scholarships to enable students motivated to care for underserved people to enter and complete health professions training that would be otherwise unaffordable. HPSA communities gain access to needed health care services that often continue after a scholar's 2 to 4 year service commitment has ended.
- **Funds awarded to the National Hispanic Medical Association (NHMA) to increase diversity and address disparities of public health leaders:** The purpose is to strengthen the health workforce by assuring that a cadre of physicians who are knowledgeable and able to employ leadership principles and develop policies that address public health interventions to improve the health outcomes of Hispanic and other underserved populations. NHMA has increased the number of Hispanic physicians at both the resident and mid career level who are adept in addressing public health policy to improve equity and eliminate health disparities.

Goals and Programmatic Activities to Address Health Disparities—Phase I FY2011: The focus of OHE's efforts based on HHS' Health Disparities Strategic Plan is as follows:

- **Reduce Disparities in Health Insurance Coverage and Access to Care** – Actively address issues in the health care system that lead to gaps in health care access and outcomes and address social determinants that also impact health outcomes for minority and other disadvantaged populations.
- **Prepare the Healthcare Workforce to Address Health Disparities and Promote Cultural Competency** – Develop strategies to improve cultural competency of the health care workforce. Provide advice, education and training in cultural competence to HRSA staff and grantees.

- **Reduce Disparities by Increasing the Availability of Data to Track and Monitor Progress**
 - Develop, promote and support data collection strategies, research and program evaluation that inform policy-making in order to impact health outcomes of minority and disadvantaged populations.

Activities for FY 2011 are under development in accordance with HRSA's operational planning process. Final decisions on initiatives and activities will be made based on alignment with the HHS Strategic Action Plan and budgetary considerations. As shown in table 6 below, activities will focus on:

Table 6: HRSA—Phase 1 FY 2011 Health Equity Activities	
<i>Proposed activities for FY 2011 reflect the continuation of activities carried out in FY 2010</i>	
Mission Areas	
<i>Leadership and Infrastructure Development</i>	
•	Provide leadership to HRSA’s programs and initiatives with the ultimate goal of eliminating health disparities
•	Strengthen Agency collaboration on health equity issues
•	Ensure that health equity is appropriately addressed in activities focusing on HRSA’s strategic priorities of oral health and behavioral health
<i>Workforce Diversity and Cultural Competency</i>	
•	Develop strategies and provide support to HRSA’s health workforce programs to increase diversity in the health workforce
<i>Data</i>	
•	Develop, promote and support data collection strategies, research and program evaluation that informs policy-making in order to impact health outcomes of minority and disadvantaged populations

Substance Abuse and Mental Health Services Administration

Agency Mission: SAMHSA is charged with reducing the impact of substance abuse and mental illness on communities, with the knowledge that prevention works, treatment is effective, and people recover from mental and substance use disorders.

The agency recognizes that certain racial and ethnic populations in the United States historically have been under- or inappropriately served by the behavioral health system with striking disparities in access, quality, and outcomes of care. As a result, American Indians and Alaska Natives, African Americans, Asian Americans, Native Hawaiian, Pacific Islanders, and Latinos bear a disproportionately high burden of disability from mental and substance use disorders. Contributors to this higher disability burden include barriers to access (including stigma, lack of insurance coverage, language, etc.) and poor engagement in services compounded with endemic social risk factors. Across its strategic initiatives, SAMHSA will encourage behavioral health services and systems to incorporate respect for, and understanding of, the histories,

traditions, beliefs, language, sociopolitical contexts, and cultures of diverse racial and ethnic populations.

Mental and substance use disorders also disproportionately affect individuals who are lesbian, gay, bisexual, and transgender (LGBT). Many behavioral health problems affecting LGBT youth and adults, such as substance abuse, underage drinking, depression, anxiety, suicidal ideation and suicide may be related to experiences of family conflict, bullying, abuse, discrimination and social exclusion. SAMHSA seeks to better understand these problems, increase awareness, and improve quality and effectiveness of behavioral health care for the LGBT community.

As SAMHSA moves forward with its current agency Strategic Plan, it will address the experiences, barriers, needs, and outcomes for these and other groups including women, children, older adults, persons with disabilities, persons who are deaf or hard of hearing, people facing economic hardship, people living in healthcare workforce shortage areas, and other underserved populations. This work will be guided by the leadership of the newly established Office of Behavioral Health Equity.

Mission, Function, and Goals of SAMHSA Office of Behavioral Health Equity (OBHE): The vision of OBHE is to ensure that populations experiencing behavioral health disparities are equally served. It is OBHE's intent that diverse populations (i.e., culturally, racially and ethnically diverse individuals and families), sexual minority populations (i.e., LGBT), and other groups vulnerable to behavioral health disparities, are provided the services and supports to thrive, participate in, and contribute to healthy communities.

OBHE will coordinate SAMHSA policies and programs to promote cross-cultural partnerships, relevant data collection, culturally appropriate outreach and engagement, and ready access to quality services for disparity populations, leading to improved behavioral health outcomes.

Strategic Implementation of the SAMHSA Office of Behavioral Health Equity: OBHE resides in SAMHSA's Office of Planning, Policy and Innovation and the Director of OBHE reports to the SAMHSA Administrator. OBHE is in the process of developing its strategic plan for 2011 and 2012 with benchmarks, time-frames, metrics and performance measures. Selected performance measures will be developed for the Administrator and senior leadership performance plans. OBHE's work will be aligned with the HHS Strategic Action Plan and the following federal drivers:

- Work from the OS Office of Minority Health and other HHS Offices of Minority Health

- The AHRQ National Healthcare Disparities Report which identifies improving, maintaining, and worsening health indicators, including depression, illicit drug use and suicide
- SAMHSA’s eight Strategic Initiatives: prevention of substance abuse and mental illness; trauma and justice; military families; health reform; recovery services and supports; health information technology; data, outcomes and quality; and public awareness and support. These eight initiatives are the drivers for SAMHSA’s program, policies and budgeting. The SAMHSA Administrator is committed to ensuring that the specific issues for minority and disparity populations are addressed in each strategic initiative.
- Input and guidance from ethnic/racial and LGBT stakeholder groups and national and local leadership, the SAMHSA National Advisory Councils, and research and providers with expertise in behavioral health disparities.

Proposed SAMHSA Office of Behavioral Equity Staff Plan
• Director (.25 FTE)
• Staff member (.10 FTE)
• Staff member to be hired

The SAMHSA Administrator has identified the permanent director for OBHE. This individual currently serves as Senior Advisor to the Administrator and coordinates six SAMHSA workgroups that focus on health disparities issues: the Pacific Jurisdictions Work Group, Tribal Issues, Eliminating Mental Health Disparities, Substance Abuse Minority Stakeholder Groups, the Services to Science Prevention Initiative, and the Sexual-Gender Minority Interest Group. A cross-agency workgroup comprised of liaisons from each work group and staff representatives from each of SAMHSA’s Centers and Offices meet regularly. This work group will function as internal advisors to the OBHE.

Highlights of SAMHSA’s FY 2010 Health Disparities Activities:

Reduce Disparities in Population Health

- **Office of Indian Alcohol and Substance Abuse:** The Office of Indian Alcohol and Substance Abuse takes a lead role in fostering interagency coordination on tribal substance abuse programs, providing technical assistance to tribal governments to develop and enhance alcohol and substance abuse prevention programs, coordinating the development of a memorandum of agreement—in consultation with tribes—to establish features of the program, and coordinating with the Department of Interior, Bureau of Indian Education, programs that improve opportunities for at-risk Indian youth.

- **Capacity Building for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Young Adults:** This program assists grantees in building a solid infrastructure for delivering and sustaining quality and accessible state of the science substance abuse and HIV prevention services. The aim is to engage colleges, universities, and community-level domestic public and private non-profit entities to prevent and reduce the onset of substance abuse and transmission of HIV/AIDS among at-risk racial/ethnic minority young adults, ages 18-24.
- **Substance Abuse/HIV/Hepatitis Prevention Programs on campuses of Historically Black Colleges and Universities (HBCUs):** This program supports outreach strategies to carry out substance abuse/HIV/hepatitis prevention education and awareness activities, and distributes appropriate information and materials to HBCUs.
- **Strategic Prevention Framework State Incentive Grants (SPF SIG):** SAMHSA provides funding to states and federally recognized Tribes and Tribal organizations to implement SAMHSA's Strategic Prevention Framework in order to: prevent the onset and reduce the progression of substance abuse, including underage drinking; reduce substance abuse-related problems in communities; and build prevention capacity and infrastructure at the State/Tribal and community levels.
- **Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS:** This program is designed to address gaps in substance abuse treatment services and/or to increase the ability of States, units of local government, American Indian/Alaska Native tribes and tribal organizations, and community and faith-based organizations to help specific populations or geographic areas with serious, emerging substance abuse problems.

Reduce Disparities in Quality of Healthcare

- **Campaign for Mental Health Recovery (CMHR):** The CMHR program is a comprehensive social marketing campaign with an interactive Web site and multi-media educational materials focused on reducing stigma related to people with mental health disorders. The first phase of CMHR's social marketing campaign was "What a Difference a Friend Makes" that targets young adults 18-25 and includes television, radio, print, outdoor, and interactive web-based public service announcements. The second phase of the campaign targets young adult multicultural audiences including Latino Americans, African Americans, Asian Americans, and American Indians.
- **Eliminating Mental Health Disparities:** The overall goal of this project is to develop and implement strategies that will facilitate the elimination of disparities across the life span. A workgroup serves as a vehicle to develop and implement strategies to facilitate the elimination of disparities across the life span at the federal, state and local levels.

Increase Healthcare Workforce Diversity and Cultural Competency

- **National Network to Eliminate Disparities in Behavioral Health (NNED):** The NNED supports the development of policies, practices, standards, and research to eliminate behavioral health disparities. This virtual online community of over 600 community-based organizations and leaders addresses the behavioral health needs of diverse racial, ethnic, cultural, and sexual minority communities through training, technical assistance and information sharing opportunities. Community organizations and providers have opportunities to partner with researchers and participate in learning groups and communities of practice focused on issues and problems identified by the communities.

Other Projects of National Significance

- **National Resources Center:** The Center works to: (1) establish a national network of HBCUs; (2) support culturally appropriate substance abuse and mental health disorders prevention and treatment student health services on HBCU campuses; and (3) design accredited courses, minors/majors and undergraduate and graduate degree programs.

Goals and Programmatic Activities to Address Health Disparities- Phase I FY2011: Table 7 outlines the phase 1 programmatic activities for OBHE.

Table 7: SAMHSA—Phase 1 FY2011 Behavioral Health Equity Activities

Proposed activities for FY 2011 reflect the continuation of activities carried out in FY 2010

Mission Areas

Reduce Disparities in Quality of Care

OBHE will develop a web-page of information, resources, and ongoing SAMHSA and other federal initiatives. This will be part of the SAMHSA website. OBHE will continue to support SAMHSA's Spanish-language website.

Reduce Disparities in Access to Care and Population Health

OBHE has identified key action steps to address behavioral health disparities in each of the eight Strategic Initiatives. OBHE will work with the Strategic Initiative leaders to ensure that these disparity-focused policies and practices are implemented. Two examples are provided below:

- ***Strategic Initiative #1: Prevention of Mental and Addiction Disorders*** includes a focus on suicide prevention. The highest rates of suicide occur among tribal populations; highest rates of attempts among Latina adolescents. Higher suicide attempts and mental health disorders occur among LGBT youth who encounter rejection versus acceptance. OBHE is working with the SAMHSA suicide prevention team to include a priority focus on these populations in the upcoming RFAs. It will be crafting a policy to require the development and implementation of best practice guidelines for health and human service providers to prevent and reduce family rejection of youth who are LGBT.
- ***Strategic Initiative #4: Health Care Reform*** efforts recognize that racial and ethnic minority populations are disproportionately uninsured, face systemic barriers to health care services and experience worse health outcomes. OBHE will develop strategies to increase the enrollment of diverse racial, ethnic and sexual minority populations in public and private health insurance, as States and territories implement expanded eligibility. OBHE will develop, coordinate and evaluate a technical assistance strategy to states and territories to improve outreach and enrollment of un-insured, underserved diverse populations.

Increase Workforce Diversity and Cultural Competency

OBHE will continue to expand the National Network to Eliminate Disparities in Behavioral Health (NNED: www.nned.net) which is a network of over 400 community-based organizations and affiliates serving ethnic, racial and LGBT populations. These organizations are networked to share best practices, to participate in learning collaboratives to be trained in evidence-based practices/programs, adaptation of evidence-based practices, and community-defined practices in order to continually improve the quality of services to minority communities.

Strengthen Leadership

OBHE will work with the Offices of Minority Health in the other five HHS agencies and the OS Office of Minority Health. It will provide leadership within SAMHSA and the broader health and behavioral health community and collaborate with other federal agencies, academic research centers, community and faith-based leadership, national and local organizations, provider groups, and consumers, youth and families.

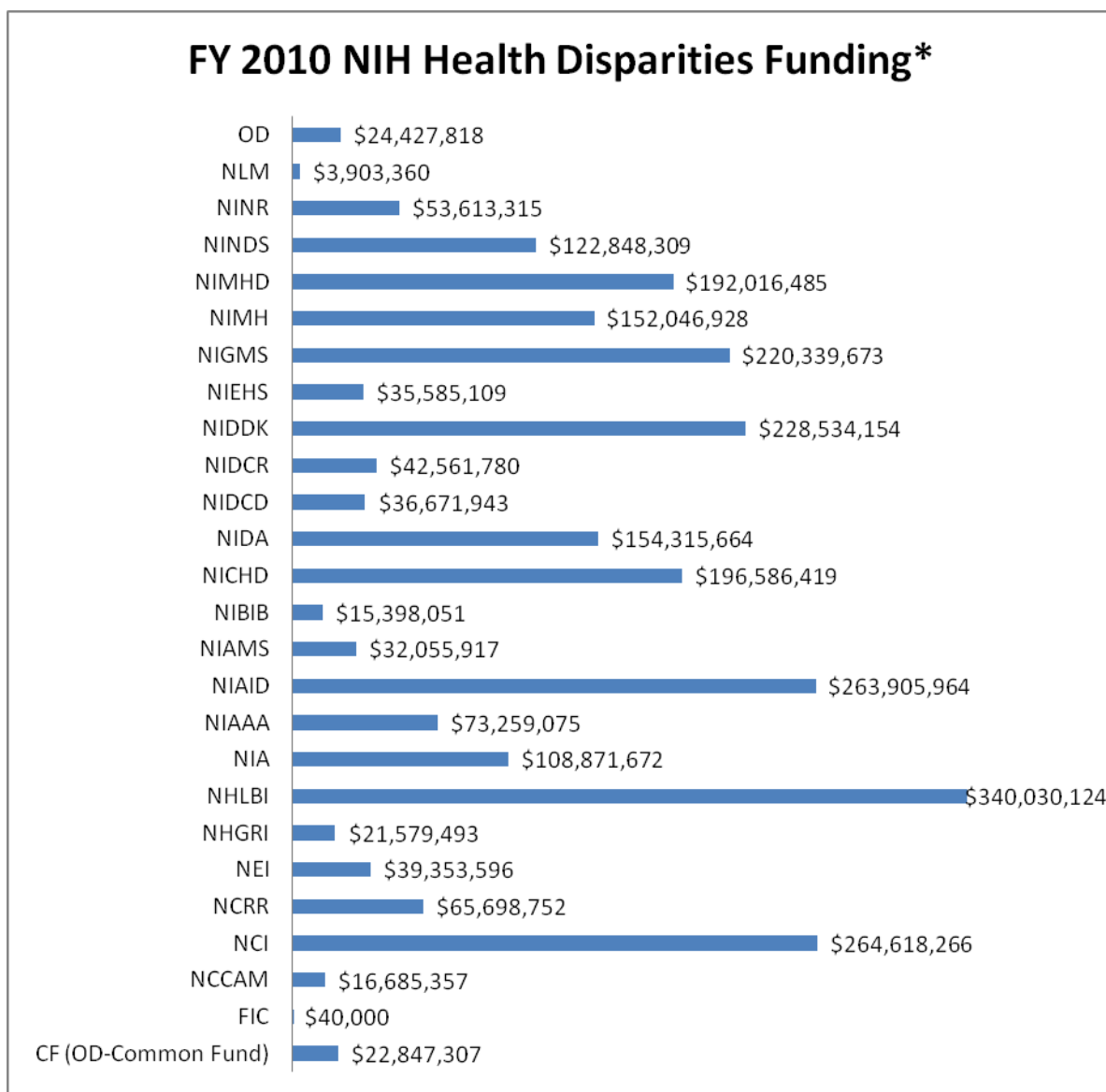
Increase Availability of Data

SAMHSA collects data via national surveys, cross-site evaluations and grantee performance measures.

- **Standardizing Collection of Race, Ethnicity and Sexual Minority Status:** OBHE is working with the SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ) to standardize identifiers so consistent data can be collected across SAMHSA block grant and discretionary grants.
- **National Survey Data:** OBHE is working with CBHSQ to incorporate standard ethnic/racial and LGBT identifiers in its national population and facility surveys. OBHE will work with CBHSQ to produce brief reports highlighting disparity populations.
- **Disparity Performance Measures for Grant Programs:** OBHE will work with evaluation teams of grant programs to identify populations served, outcomes for diverse populations, and effective strategies to engage diverse ethnic, racial and LGBT populations in the grant program.

National Institutes of Health

All Institutes and Centers of NIH and the Office of the Director support health disparities research. In FY 2010, NIH-supported health disparities research totaled just over \$2.7 billion. The chart below shows the percent of total FY 2010 NIH health disparities funding by Institute, Center, or Office (ICO). As noted below, NIMHD is responsible for developing the NIH Health Disparities Strategic Research Plan and Budget which also includes a description of health disparities research programs and activities funded by individual ICOs. Thus, for the purposes of this report this section includes a summary of NIMHD actions to respond to the Affordable Care Act and brief highlights of other NIH health disparity programs.



* OD stands for Office of the Director. Please refer to the acronyms list on page iii of this report for the full name of the NIH institutes and centers listed in this chart.

National Institute on Minority Health and Health Disparities

The Affordable Care Act re-designated the National Center on Minority Health and Health Disparities to an institute at the NIH. On September 13, 2010, HHS announced the transition of the Center to the National Institute on Minority Health and Health Disparities (NIMHD) with the release of a *Federal Register* notice. NIMHD's mission is to provide leadership dedicated to improving minority health and identifying, understanding, and eliminating health disparities. To accomplish this, NIMHD:

- Plans, reviews, coordinates, and evaluates all minority health and health disparities research and activities of the National Institutes of Health
- Conducts and supports minority health and health disparities research
- Promotes and supports the training of a diverse research workforce
- Translates and disseminates information
- Fosters collaborations and partnerships

In FY 2011, NIMHD will work through NIH channels to complete the administrative actions necessary for establishing the Institute. It will also work with its Advisory Council and various stakeholders to ensure full implementation of the provisions of the Affordable Care Act related to the new Institute.

One of the first official NIMHD acts was the release of the NIH Health Disparities Strategic Research Plan and Budget, Fiscal Years 2009-2013. The plan will provide a roadmap for the NIH ICOs as they move forward with a wide range of programs and initiatives aimed at overcoming health disparities. It includes NIH-wide activities; programs conducted or supported by the individual ICOs within their designated areas of expertise; and a variety of partnerships, collaborations, and networks either in place or planned to involve the entire spectrum of health disparities stakeholders. A second official step will be to release a revised definition of health disparity populations.

Highlights of FY 2010 NIMHD health disparity programs include:

- **Community-Based Participatory Research Program:** This program supports community-based participatory research grants that address the needs of diverse health disparity populations. In these programs, health disparity communities partner with university-

based researchers to identify health problems and design, test, and disseminate interventions to address them. Support for successful individual programs can last for up to 11 years as they proceed through the planning, intervention, and dissemination phases.

- **Advances in Health Disparities Research on Social Determinants of Health:** This program supports research studies on an array of social and health-related methods and interventions. The data gathered from the projects provide a framework to help advance understanding of the nature and means to address social, cultural, and environmental influences on health.
- **Building Research Infrastructure and Capacity Program:** This program provides support to build, strengthen, and/or enhance the research infrastructure and research training capacity of non-research intensive institutions that educate students from health disparity populations. Specific activities include, but are not limited to, research subprojects, alterations and renovations, equipment acquisition, career development training, and student enrichment programs.
- **Loan Repayment Program:** This loan repayment program increases the pool of extramural researchers who conduct health disparities research and clinical research. It defrays the costs of student loans of qualified health professionals with doctoral degrees.

Highlights of additional NIH FY 2010 health disparity programs include:

- **National Outreach Network (NON) Program:** The National Cancer Institute's (NCI) NON Program connects NCI-supported outreach and community education efforts with community-based cancer health disparities research and training programs. Integrating community outreach into NCI's existing cancer health disparities research programs enhances the Institute's ability to develop and disseminate culturally sensitive, evidence-based cancer information that is tailored to the specific needs and expectations of underserved areas. This approach is intended to increase consumer knowledge, community involvement in cancer research, and decision making skills. NCI-funded Community Health Educators (CHEs) at various grantee sites serve as the liaison between the NCI, the grantee institution, the researcher, and the community. CHE responsibilities include oversight, coordination, support, and logistical services needed to optimize communication, education, and outreach/dissemination. The intent is to ultimately match activities to the identified cancer burden, specific health disparities issues, and effectively promote the health of the community served.

- **Outreach Program in Minority Health and Health Disparities:** The National Institute of Arthritis and Musculoskeletal and Skin Disease’s outreach activities focus on providing information to minority populations or health care providers about preventing, diagnosing, or treating diseases or other conditions in minority populations. Two specific outreach programs include: (1) the Health Partnership Program which addresses health disparities in arthritis and other rheumatic diseases among minorities and promotes a community-based medical research program; and (2) the National Multicultural Outreach Initiative which creates and maintains a sustainable network of partners to assist in the development and dissemination of research-based, culturally relevant health messages and materials for racial/ethnic minorities.
- **Research Designed to Strengthen Capacity as a Strategy to Increase Leadership in Addressing Health Disparities:** The Eunice Kennedy Shriver National Institute of Child Health and Human Development’s Academic/Community Partnership Initiative involves local research and academic institutions in playing a vital role in providing capacity-building support to develop and more effectively engage community leaders in helping to address health disparities. Support is provided to engage the community, through convening meetings, workshops, and symposia, in the development and implementation of a research agenda to address health disparities. As part of the Extramural Associates Program, funds are awarded to develop leadership in research administration and to enhance and strengthen institutional research capacity at women’s colleges/universities, Historically Black Colleges and Universities, Hispanic-Serving Institutions, and Tribal Colleges.
- **Minority Access to Research Centers (MARC):** The National Institute of General Medical Sciences’ MARC awards provide support for undergraduate students who are underrepresented in the biomedical and behavioral sciences to improve their preparation for high-caliber graduate training at the Ph.D. level. The Program also supports efforts to strengthen the science course curricula, pedagogical skills of faculty, and biomedical research training at institutions with significant enrollments of students from underrepresented groups.
- **Native American Research Centers for Health (NARCH):** The National Institute of General Medical Sciences (NIGMS) of the National Institutes of Health and the Indian Health Service (IHS) have a joint partnership supporting the NARCH. The NARCH Initiative supports partnerships between AI/AN Tribes or Tribally-based organizations and institutions that conduct intensive academic-level biomedical, behavioral, and health services research. The partnership between NIGMS and IHS supports opportunities for conducting research, research training, and faculty development to meet the needs of AI/AN communities. As a developmental process, the Tribes and

Tribal Organizations are able to build a research infrastructure, including a core component for capacity building and the possibility of reducing the many health disparities so prevalent in AI/AN communities.

- **Research Which Utilizes Integrative Research Methodologies to Improve Health and Healthcare Outcomes Which Will Address Health Disparities:** The Eunice Kennedy Shriver National Institute of Child Health and Human Development’s “integration-related” initiatives use multiple research methodologies to increase the understanding of how to improve healthcare and life experiences as a strategy for addressing disparities in health outcomes for racial/ethnic and underserved populations. Such initiatives are primarily implemented through the use of collaborative networks and multidisciplinary research centers and focus on the impact of life experiences on health outcomes. The goal of this approach is to facilitate the efficient and maximal use of resources. Biological, behavioral, social, and community level risk factors are targeted to provide a comprehensive approach to increase the understanding of the impact of life experiences on health outcomes.
- **Research Initiative for Scientific Enhancement (RISE):** The National Institute of General Medical Sciences’ RISE Program is a student development program for institutions with high enrollment of students from underrepresented groups. The goal of the program is to increase the number of students from groups underrepresented in biomedical and behavioral research who complete Ph.D. degree programs in these fields. The program supports institutional grants with well integrated developmental activities that may include, but are not limited to, research experiences at on- or off-campus laboratories, specialty courses with a focus on critical thinking and development of research skills, collaborative learning experiences, research careers seminars, scientific reading comprehension and writing skills, tutoring for excellence, and travel to scientific meetings. Support is also available for evaluation activities.
- **The Effect of Racial/Ethnic Discrimination/Bias on Health Care Delivery:** A National Heart, Lung, and Blood Institute project is assessing the effect of racial/ethnic discrimination/bias on health care delivery. Perceived discrimination (PD) can undermine care due to patients’ lack of trust in systems and providers. If sources of PD can be found, then actions/procedures of providers and systems can be altered to eliminate PD, decrease disparities, and improve health outcomes. Theory-based psychometric measures of PD in primary care among a group of patients who heavily utilize primary care and patients with hypertension will be developed. Cultural competence training will be provided to doctors, and patients will be assessed for improved symptoms, greater satisfaction, and higher levels of physician confidence in working cross culturally.

- **Reduce Health Disparities and Eliminate Health Inequities among Older Adults:** The National Institute on Aging is working to address health disparities and health inequities among older adults. There are many interacting factors related to race/ethnicity, gender, environment, SES, geography, place of birth, recency of immigration, and culture that affect the health and quality of life of older adults. Socioeconomic factors related to work, retirement, education, income, and wealth can have a serious impact on the health and well-being of the elderly. A person's culture can have an influence on health-related factors such as diet and food preferences and attitudes toward exercise. All of these factors must be understood in order to design effective interventions to improve health equity among various racial/ethnic and low SES population groups.
- **Center for Native Oral Health Research (Center):** With support from the National Institute of Dental and Craniofacial Research, the Center conducts research aimed at developing culturally acceptable and effective strategies to prevent infectious oral diseases. Although both dental caries and periodontal disease are preventable, American Indians and Alaska Natives suffer from these diseases at rates higher than other population groups. The Center conducts research about community practices and the use of community health workers to prevent oral diseases. Examples of projects include: (1) testing a dental disease prevention strategy for early childhood caries, targeted to mothers of newborns living on a Northern Plains American Indian reservation; and (2) the delivery of fluoride varnish and oral health promotion by Community Oral Health Specialists in a Tribal Head Start program.
- **Partnerships for Environmental Public Health (PEPH):** The National Institute of Environmental Health Sciences' PEPH Program brings together scientists, community members, educators, health providers, public health officials, and policy makers for the goal of advancing the impact of environmental health research at local, regional, and national levels. The aim is to improve the environmental health of those most at risk of disease caused by environmental exposures. A hallmark of this program is that communities are actively engaged in all stages of research, dissemination, and evaluation.

Administration on Aging

Under the Older Americans Act, the Administration on Aging (AoA) funds programs that provide home and community-based services to millions of older persons. AoA's mission is to develop a comprehensive, coordinated and cost-effective system of home and community-based services that help elderly persons maintain their health and independence in their homes and communities. The AoA's vision is to ensure the continuation of a vibrant aging services network

at state, territory, local, and tribal levels through funding of lower-cost, non-medical services and supports that provide the means by which many more seniors can maintain their independence.

In 2007 approximately 20% of individuals aged 60 and over were racial and ethnic minority. This population is expected to grow as America becomes more racially and ethnically diverse and older adults live longer. AoA has programs that reach minority older adults. Highlights of AoA FY 2010 health disparity activities include:

- **National Minority Aging Organizations (NMAO) Technical Assistance Centers Program:** The goal of the Centers is to reduce or eliminate health disparities among racial and ethnic minority elders by promoting positive health behaviors and encouraging healthier life styles. Four NMAOs were awarded cooperative agreements. Each Center is charged with providing technical assistance to communities for the establishment of peer volunteer corps trained to promote the use of chronic disease self management skills among older individuals.
- **National Resource Centers on Native American Elders:** The Centers gather information on the needs of Native elders and provide technical assistance to entities that deliver services to Native elders. The primary goal of the Centers is to enhance knowledge about older Native Americans thereby increasing and improving the delivery of services to them. Each Center addresses at least two areas of primary concern. Currently they include but are not limited to: health issues, long-term (and in-home) care, and elder abuse. The Centers incorporate the concepts and principles of cultural competency into all aspects of their staffing, programs, and activities.

Administration for Children and Families

Agency Mission: The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS), is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. Specifically, ACF funds State, Territory, local, and Tribal organizations to provide family assistance (welfare), child support, child care, Head Start, child welfare, and other programs relating to children and families. ACF assists these organizations through funding, policy direction, and information services to achieve the following:

- Families and individuals empowered to increase their own economic independence and productivity
- Strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children

- Partnerships with front-line service providers, states, localities, and tribal communities, to identify and implement solutions that transcend traditional program boundaries
- Services planned, reformed, and integrated to improve needed access
- A strong commitment to working with vulnerable populations, including people with developmental disabilities, refugees, and migrants, to address their needs, strengths, and abilities

Highlights of ACF FY 2010 health disparity programs include:

- **Institutes on Domestic Violence:** ACF supports several institutes focused on addressing domestic violence within specific health disparity populations, including Asian, Native Hawaiian, and Pacific Islander communities; African Americans; and immigrants and refugees. The institutes provide a range of services, which may include research, training and technical assistance, identification and development of culturally appropriate and promising practices, and materials dissemination.
- **Demonstration Projects to Address Health Professions Workforce Needs; Extension of Family-to-Family Health Information Centers (Health Profession Opportunity Grants):** Establishes a demonstration grant program through competitive grants to provide aid and supportive services to low-income individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to experience labor shortages or be in high demand. The grant is to serve low-income persons, including recipients of assistance under State Temporary Assistance for Needy Families (TANF) programs.
- **Family Violence and Child Abuse Prevention in Native American Communities:** Offers parent-child relationship and healthy relationships trainings to increase the number of children raised in environments free of family violence by adults with the skills to create healthy families. This initiative also promotes the awareness of family violence and child abuse prevention utilizing cultural resources, certifies Native American Pacific Islander foster families, and trains Kinship Caregivers.
- **Health Promotion and Prevention in Native American Communities:** Provides pre-marital education to students; increases students' knowledge on pre-marital education, dating violence, and communication; and provides pre-marital education to pregnant and parenting adolescents. This initiative also develops and implements a program to encourage healthy eating and exercise to reduce rates of diabetes among elderly tribal members. It also provides a comprehensive prevention and early intervention program

focused on building community members' awareness of and ability to confront challenges.

- **Hispanic Child Support Resource Center:** Provides materials to assist child support agencies in developing and enhancing partnerships with community and faith-based organizations as a means to provide child support services (including medical support) for underserved populations. The Hispanic Outreach Toolkit provides access to outreach materials (in English and Spanish) specifically designed for the Hispanic Community, such as posters, brochures, public service announcements, partnership letters, and other outreach materials to help State child support agencies create effective and culturally appropriate outreach initiatives.
- **Maternal, Infant, and Early Childhood Home Visiting Program:** Provides funding to States, Tribes, and Territories to develop and implement one or more evidence-based Maternal, Infant, and Early Childhood Visitation model(s) in at-risk communities. Model options are targeted at reducing infant and maternal mortality and its related causes by producing improvements in prenatal, maternal, and newborn health; child health and development; parenting skills; school readiness; juvenile delinquency; and family economic self-sufficiency.
- **Network Support and Resource Center for Native American Communities:** Develops a family/community wellness support system that will provide prevention, intervention, referral, and follow-up services to community members. This initiative also trains individuals to teach WellSpeak Sexual Health Education, provides sexual education to families, and provides capacity building to the three-member communities to conduct advocacy programs in their communities. It also trains and provides on-site support to the 26 Community Health Aides located in 21 villages' Health Clinics for the purpose of deploying Electronic Health Records. The initiative also provides culturally specific Native Hawaiian life skills and traditional teachings services and information to elders to help them with health, social, and housing issues to ensure that elders can stay in their homes.
- **Nutrition in Native American Communities:** Develops greater capacity of the organic farm by providing agricultural education to tribal members and renovating an existing building where instructional cooking and food preparation classes will be held.
- **Personal Responsibility Education:** Provides \$75 million per year through FY 2014 for Personal Responsibility Education grants to States for programs to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections, including HIV/AIDS in high-risk, vulnerable, and culturally

underrepresented populations. Funding is also available for 1) innovative teen pregnancy prevention strategies and services to high-risk, vulnerable, and culturally underrepresented populations; 2) allotments to Indian Tribes and Tribal organizations; and 3) research and evaluation, training, and technical assistance.

- **Senior Support Network in Native American Communities:** Increases health care services to tribal members, particularly on programs geared towards elders. The project seeks to establish a coordinated case management system through which senior tribal members (age 60 or older) will have a single point of contact to learn about and be directed towards appropriate services.
- **Strengthening Families/Healthy Relationships in Native American Communities:** Improves child well being and social stability by providing family support services to disadvantaged parents and their children. The initiative provides relationship and marriage enrichment activities, couples mentoring, and marriage retreats; fatherhood, parenting, and culturally relevant co-parenting skills activities; and youth pre-marital education. It also develops integrated agricultural and culinary programs to encourage healthy, sustainable lifestyles for Native Hawaiian students and their families. It also establishes focus groups that provide guidance on curricula development and family recruitment; develops Community Coordinated Services Teams; and conducts cultural competency training for AIHFS staff and partner service agencies.
- **Women of Color Network: Expanding Leadership Opportunities within the Domestic Violence Field for Members of Underrepresented Groups:** Provides technical assistance and training that extends and strengthens ongoing national efforts to serve all victims of domestic violence by enhancing, supporting, promoting, and increasing the presence of leaders of underrepresented groups and promising allies within domestic violence programs and State domestic violence coalitions.

[Indian Health Service](#)

Agency Mission: The mission of the Indian Health Service (IHS) is to raise the physical, mental, social, and spiritual health of Indian people through comprehensive health service delivery. IHS is the principal Federal health care provider for AI/AN people. The services, programs, and activities supported by IHS are based on the special government-to-government relationship between the United States and AI/AN Tribes. Health care services are provided through a system of IHS and tribal hospitals, health clinics, and facilities to members of 564 federally recognized tribes in 35 states.

Health disparities are significant for Indian people. Historically, AI/AN communities have experienced lower life expectancies and poorer health outcomes compared to the general U.S. population. The life expectancy for AI/ANs is 5.2 years shorter than that of the general U.S. population who experience a life expectancy of 77.8 years. AI/AN populations are more likely to die from preventable causes of death including, tuberculosis (500% higher), alcoholism (514% higher), diabetes (177% higher), unintentional injuries (140% higher), homicide (92% higher), and suicide (82% higher).

Since enactment of the Indian Health Care Improvement Act (IHCIA) in 1976, the federal government has actively worked to address health care disparities and improve the quality of life of 1.9 million AI/ANs. The IHCIA was permanently reauthorized by the Affordable Care Act and provisions in the law will modernize the Indian health care system and improve health care for Indian people.

Programs, services, and activities supported by IHS in FY 2010 include:

Reduce Disparities in Population Health

- **Office of Direct Service and Contracting Tribes**
 - ***Tribal Management:*** The Tribal Management Grant (TMG) Program assist Tribes and/or Tribal organizations (T/TO) to assume all or part of existing IHS programs, services, functions and activities (PSFA) and further develop and improve their health program management capability. The TMG Program provides discretionary competitive grants to T/TO to establish goals and performance measures for current health programs; assess current management capacity to determine if new components are appropriate; analyze programs to determine if T/TO management is practicable; and develop infrastructure systems to manage or organize PSFA.
 - ***Contract Support Costs:*** Support reasonable costs for activities that Tribes and Tribal Organizations must carry out but that the Secretary either did not carry out in her direct operation of the program or provided from resources other than those under contract. Elements of contract support costs (CSC) include:
 - Pre-award costs (e.g., consultant and proposal planning services)
 - Start-up costs (e.g., purchase of administrative computer hardware and software)
 - Direct CSC (e.g., unemployment taxes on direct program salaries)
 - Indirect CSC (e.g., pooled costs)

- **Tribal Self-Governance:** Supports activities, including but not limited to, nation-to-nation negotiations of Self-Governance compacts and funding agreements; oversight of the IHS Director's Agency Lead Negotiators; technical assistance on Tribal consultation activities; analysis of Indian Health Care Improvement Act new authorities; and funding to support the activities of the IHS Director's Tribal Self-Governance Advisory Committee.

Reduce Disparities in Access to Care

- **Facilities Planning and Construction:** Supports the planning and construction of new or replacement health care facilities which will increase access to health care services to American Indian and Alaska Natives. Designs incorporate latest in medical technology and equipment, and processes to improve quality of patient care and health. Designs also incorporate sustainability building features that increase the efficient use of energy and water to support the IHS mission and goals.
- **Office of Environmental Health and Engineering**
 - **Maintenance and Improvement Program:** Supports the maintenance and improvement of IHS and Tribal healthcare facilities which are used to deliver health care services to American Indians and Alaska Natives. Efficient and effective buildings and infrastructure are necessary to deliver health care in direct support of the IHS' mission and goal.
 - **Sanitation Facilities Construction (SFC):** Identifies sanitation facilities needs in consultation with tribes throughout the United States. In collaboration with a variety of federal and state partners and tribes provides for the construction of sanitation facilities. At the beginning of FY2011 approximately 9% American Indian and Alaska Native homes lacked sanitation facilities compared to 1% of homes for the US general population. The SFC Program is a preventative health program with demonstrated positive benefits to the health status of Alaska Natives and American Indians. A cost benefit analysis completed in 2005 indicated that at least a twentyfold return in health benefits is achieved for every dollar IHS spends on sanitation facilities to serve eligible existing homes. The IHS Sanitation Facilities Construction Program has been the primary provider of these services since 1960.
 - **Facilities and Environmental Health Support Program:** Supports an extensive array of real property services, health care facilities and staff quarters construction services, maintenance and operation services, as well as community and institutional environmental health, injury prevention, and sanitation

facilities construction services. The program both directly and indirectly supports all of the IHS facilities performance measures and improved access to quality health services.

- **Medical Equipment Program:** Supports maintenance, replacement, and the purchase of new biomedical equipment at IHS and Tribal health care facilities. It directly supports the Agency's priorities by (1) renewing and strengthening our partnerships with tribes and (2) improving the quality of and access to care.
- **Injury Prevention Program:** The IHS Injury Prevention Program has developed effective strategies and initiatives to reduce the injury disparity experienced by AI/AN, including: (1) surveillance of community-based injuries; (2) development of targeted prevention programs based on surveillance data; (3) development of community coalitions to address specific community injury issues; (4) advanced injury prevention training of Tribal and federal staff and community members; and (5) creation of Tribal injury prevention programs through cooperative agreements. This program has been instrumental in reducing the unintentional injury mortality rate for AI/AN by 58% between 1973 and 2003.
- **Contract Health Services:** Contract Health Services (CHS) funds are used to purchase services from the private sector in situations where: (1) no IHS direct care facility exists; (2) the direct care element is incapable of providing required emergency and/or specialty care; (3) the direct care element has an overflow of medical care workload; and (4) supplementation of alternate resources is required (i.e., Medicare, private insurance) to provide comprehensive care to eligible Indian people. The CHS budget supports the purchase of essential healthcare services from community healthcare providers that include, but are not limited to, inpatient and outpatient care, routine and emergency ambulatory care, medical support services including laboratory, pharmacy, nutrition, diagnostic imaging, and physical therapy. Additional services include treatment and services for diabetes, cancer, heart disease, injuries, mental health, domestic violence, maternal and child health, elder care, orthopedic services, and transportation.

Reduce Disparities in Quality of Healthcare

- **Alaska Immunizations:** Supports the provision of vaccines for preventable diseases, immunization consultation/education, research, and liver disease treatment and management through direct patient care, surveillance, and education. The Alaska Hepatitis B and Haemophilus Immunization Programs budget supports these priorities through direct patient care, surveillance, and educating AI/AN patients.

- **Office of Clinical and Preventive Services**

- ***Hospital and Health Clinics:*** IHS Hospitals and Health Clinics (H&HC) funds essential personal health services for 1.9 million AI/ANs including medical and surgical inpatient care, routine and emergency ambulatory care, and medical support services including laboratory, pharmacy, nutrition, diagnostic imaging, medical records, and physical therapy, as well as many community health initiatives. Eighteen performance measures and key program assessment measures are directly related to the H&HC budget, including a variety of clinical measures such as prenatal HIV screening, pap smear and mammography screening, domestic violence screening, immunization rates, community-based cardiovascular disease and obesity prevention, depression screening, and reducing tobacco usage. There are numerous activities under H&HC, listed below are several highlights:

HIV National Program

The IHS HIV National Program leads the HIV testing expansion project with the following demonstrated outcomes: increase in IHS-served AI/AN prenatal HIV screening over baseline; and increase in IHS-served AI/AN HIV screening over non-participating sites.

Division of Nursing

Established a regional training collaborative effort with the NIH Clinical Center Department of Nursing and Arizona State University to build the capability of IHS nursing staff to search for, identify, and incorporate the best available research and evidence into their clinical practice so as to improve the quality of nursing care. Training has been provided to over 100 nursing staff from Billings, Navajo, Oklahoma, and Phoenix Areas.

Improving Patient Care Program

The IHS Improving Patient Care (IPC) Program is a collaborative of 68 primary care clinics working with a national team of experts on improving the quality of and access to primary care in the outpatient setting. By incorporating the Improving Patient Care Model and establishing an Indian Health Medical Home, a patient-centered system will result. In addition to improved patient care, seamless health care across multiple settings, and improved patient satisfaction, staff will be functioning at their highest level of licensure and training and work as a multidisciplinary team that will result in improved staff satisfaction.

- ***Special Diabetes Program for Indians:*** The IHS Division of Diabetes Treatment and Prevention oversees the Special Diabetes Program for Indians (SDPI). Through this grant program AI/AN communities have used the funds to make quality diabetes practices common place in local health facilities. Our evaluation of diabetes clinical measures suggests that population-level diabetes-related health is better among our AI/AN patients since the implementation of SDPI. The program calculates the yearly prevalence of diabetes in the AI/AN population, compares it to national data for other ethnic and minority groups, and provides these data to Tribes and other interested parties to raise awareness and hopefully initiate action to prevent diabetes, and provides grants to over 400 Indian communities for the prevention and treatment of diabetes. The SDPI Diabetes Prevention Program Demonstration funds 36 communities to implement lifestyle curriculum for people at risk for diabetes. The SDPI Healthy Heart Demonstration Project was funded in 30 Indian health programs to implement an intensive, clinic-based case management intervention to reduce cardiovascular disease risk factors in individuals with diabetes.
- ***Dental Health:*** The purpose of the IHS Dental Program is to raise the oral health status of the AI/AN population to the highest possible level through the provision of quality preventive and treatment services, at both the community and clinic levels.
- ***Mental Health:*** The IHS Mental Health/Social Service (MH/SS) program strives to support AI/AN communities in eliminating behavioral health diseases and conditions by: (1) maximizing positive behavioral health and resiliency in individuals, families, and communities; (2) improving the overall health care of AI/ANs; (3) reducing the prevalence and incidence of behavioral health diseases; (4) supporting the efforts of AI/AN communities toward achieving excellence in holistic behavioral health treatment, rehabilitation, and prevention services for individuals and their families; (5) supporting Tribal and Urban Indian behavioral health treatment and prevention efforts; (6) promoting the capacity for self-determination and self-governance; and (7) supporting AI/AN communities and service providers by actively participating in professional, regulatory, educational, and community organizations at the National, State, Urban, and Tribal levels. The MH/SS program is a community-oriented clinical and preventive mental health service program that provides primarily outpatient mental health and related services, crisis triage, case management, prevention programming, and outreach services.

- **Alcohol and Substance Abuse:** The IHS Alcohol and Substance Abuse Program (ASAP) provides alcohol and substance abuse treatment and prevention services within rural and urban communities, with a focus on holistic and culturally-based approaches. The ASAP exists as part of an integrated behavioral health team that works collaboratively to reduce the incidence of alcoholism and other drug dependencies in AI/AN communities. Services are provided at both the community and clinic levels. One major initiative of ASAP is the Methamphetamine and Suicide Prevention Initiative (MSPI). The MSPI is a Congressionally appropriated, nationally-coordinated demonstration/pilot program, focusing on providing targeted methamphetamine and suicide prevention and intervention resources to communities in Indian Country with the greatest need for these programs.
- **Public Health Nursing:** The IHS Public Health Nursing (PHN) is a community health nursing program that focuses on the goal of promoting health and quality of life, and preventing disease and disability in the community that is served. Public Health Nursing prevention activities are tracked in the PHN data system. In the most recent data year FY 2009, PHN provided 428,207 public health activities which exceed their target. PHN contributes to overall performance measure including tobacco screening, domestic violence screening, depression screening, pap smears, adult influenza vaccine and adult pneumococcal vaccine.
- **Health Education:** The IHS Health Education program focuses on the importance of educating our AI/AN clients in a manner that empowers them to make better choices in their lifestyles and how they utilize health services.
- **Community Health Representatives:** Originally established by the Office of Economic Opportunity in 1968, the Community Health Representatives (CHR) Program was transferred to IHS at a time when IHS was looking for ways to support Tribes in self-determination through the provision of health care. Under the concept of utilizing community members as health para-professionals to expand health services and initiate community change, CHRs serve tribal members and communities to provide health care, health promotion and disease prevention services to AI/AN communities.

Increase Health Care Workforce Diversity and Cultural Competency

- **Indian Health Professions:** Supports the recruitment and retention of health professionals in critical health professional shortage areas through the IHS Loan Repayment Program and Scholarship Program. Support is also provided to three grant programs which provide health professions training funding to colleges and universities:

(1) Indians Into Nursing Program; (2) Indians Into Medicine Program; and, (3) Indians Into Psychology Program.

COORDINATION, INTEGRATION, AND ACCOUNTABILITY

The Department of Health and Human Services is committed to improving coordination, planning, partnership, integration, and evaluation of its health disparities programs as a means for improving the health and healthcare of racial and ethnic minorities and other vulnerable populations. Senior HHS leaders have collaboratively developed cross-cutting goals and strategies that serve as the basis for the HHS Strategic Action Plan. An evaluation plan that assesses HHS performance has also been developed and HHS agency heads and OMH directors are being held accountable for performance. In addition to the evaluation plan, performance plans, and data reports mentioned in the agency highlights above, HHS will use four groups, described below, to drive programs and policies within the Department, improve coordination and partnership across the Federal sector, and to maximize investments in research.

In addition to this report to Congress on minority health activities, the Affordable Care Act requires that “not later than 1 year after the date of enactment, and biennially thereafter, the heads of each of the agencies of the Department of Health and Human Services shall submit to the Deputy Assistant Secretary for Minority Health a report summarizing the minority health activities of each of the respective agencies.” Subsequent to the first report, HHS agencies are required to submit a report to the Deputy Assistant Secretary for Minority Health on a biennial basis. The agency reports will be used to gather health disparities expenditures and progress in addressing health disparities for use in reports to Congress on minority health activities.

A description of the HHS Health Disparities Council, Federal Interagency Health Equity Team, Federal Collaboration on Health Disparities Research, and HHS American Indian/Alaska Native Health Research Advisory Council follows.

HHS Health Disparities Council

The Health Disparities Council is an important coordinating body for HHS that includes the Directors of all of the Offices of Minority Health and a representative from the Office of Civil Rights. The Council is chaired by the Assistant Secretary for Minority Health and its work is coordinated and supported by the OS Office of Minority Health. The Council is being transformed in accordance with the importance that both HHS and Congress place on improving minority health and reducing health disparities. The purpose of the updated and strengthened Council is to:

- Coordinate the efforts of HHS components on a cohesive set of health disparity reduction strategies, creating synergy and efficiencies where appropriate
- Assure successful implementation of any HHS strategic action plan designed to reduce racial and ethnic disparities, including National Partnership for Action to End Health Disparities or National Stakeholder Strategy for Achieving Health Equity strategies that are aligned with the HHS Strategic Action Plan
- Provide a forum for sharing information related to progress on health disparity reduction plans, identifying successful strategies and new opportunities to reduce health disparities
- Leverage the policies, programs, and resources of HHS agencies in support of health disparity reduction goals
- Track progress on implementation of relevant HHS plans, helping to evaluate the impact of short-term actions and longer-term strategies using measures of intended results
- Keep agency heads updated on investments made by each agency in furtherance of the HHS Strategic Action Plan, assuring that agencies are also kept abreast of overall HHS progress and results

Federal Interagency Health Equity Team

The OS Office of Minority Health established the Federal Interagency Health Equity Team (FIHET) to guide the development of the National Stakeholder Strategy for Achieving Health Equity and implementing the NPA. The FIHET's composition was specifically tailored to support action across federal sector agencies whose collective missions address the determinants of health. The Team is comprised of representatives from the federal Departments of Health and Human Services, Agriculture, Commerce, Defense, Education, Housing and Urban Development, Homeland Security, Justice, Labor, Transportation, Veterans Affairs, as well as from the Environmental Protection Agency. Two of the FIHET's goals are to: 1) identify opportunities for federal agency collaboration, partnership, and coordination on efforts that are relevant to the National Plan for Action; and 2) help guide and provide leadership for national, regional, state, and local efforts funded by their respective agencies.

Federal Collaboration on Health Disparities Research

The Federal Collaboration on Health Disparities Research (FCHDR) was established to engage a wide range of federal agencies in cross-agency research partnerships to promote more coordinated efforts that target health improvement in populations disproportionately affected by disease, injury and/or disability. Research developed through the FCHDR will lead to new or better programs, policies and practices to reduce or eliminate health disparities. The FCHDR supports the NPA and National Stakeholder Strategy goal for improved coordination and use of research and evaluation outcomes and is addressing the following five objectives:

- Identify health disparities challenges including the scientific and practical evidence most relevant to underpinning future policy and action
- Increase and maintain awareness about federal government efforts and opportunities to address health disparities
- Determine how evidence can be translated into practice to address health disparities and promote innovation
- Advise on possible objectives and measures for future research, building on the successes and experiences of health disparities experts
- Publish reports that will contribute to the development of the FCHDR strategic vision and plan

HHS American Indian/Alaska Native Health Research Advisory Council

The HHS American Indian and Alaska Native (AI/AN) Health Research Advisory Council (HRAC) was established to provide a venue for the Department to consult with Tribes about health research priorities and needs in AI/AN communities, and collaborative approaches in addressing these issues and needs. The HRAC is comprised of elected Tribal officials from each of the 12 Indian Health Service Areas, and Washington-based Tribal organizations that have been designated by elected Tribal officials, in their official capacity, to act on behalf of the elected officials. The Council serves three primary functions: (1) obtaining input from Tribal leaders on health research priorities and needs for their communities; (2) providing a forum through which HHS operating and staff divisions can better communicate and coordinate AI/AN health research activities; and (3) providing a conduit for disseminating information to Tribes about research findings from studies focusing on the health of AI/AN populations.

Conclusion

There is a significant body of evidence which shows that health disparities for racial, ethnic, and low socioeconomic status communities are persistent and pervasive. Reducing health disparities will take time and require solutions that are complex and comprehensive. These solutions must improve access to quality health care and address the social determinants of health (e.g., accessibility of education and job opportunities, availability and accessibility of nutritious foods, adequate transportation, affordable housing, safe living conditions, quality of air and water, etc.).

The Affordable Care Act provides new opportunities to improve the health and well-being of millions of Americans. Through the HHS minority health efforts, improving the health and health outcomes of Americans is within reach.