



Racial and Ethnic Health Disparities: Reduction Initiatives at the Federal Level

U.S. Department of Health and Human Services

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Presentation Outline

- ◆ ***Office of Minority Health Mission***
- ◆ ***Demographics/Disparities***
- ◆ ***HHS's Disparities Response***
- ◆ ***OMH's Strategic Goals***
- ◆ ***Challenges***



Office of Minority Health

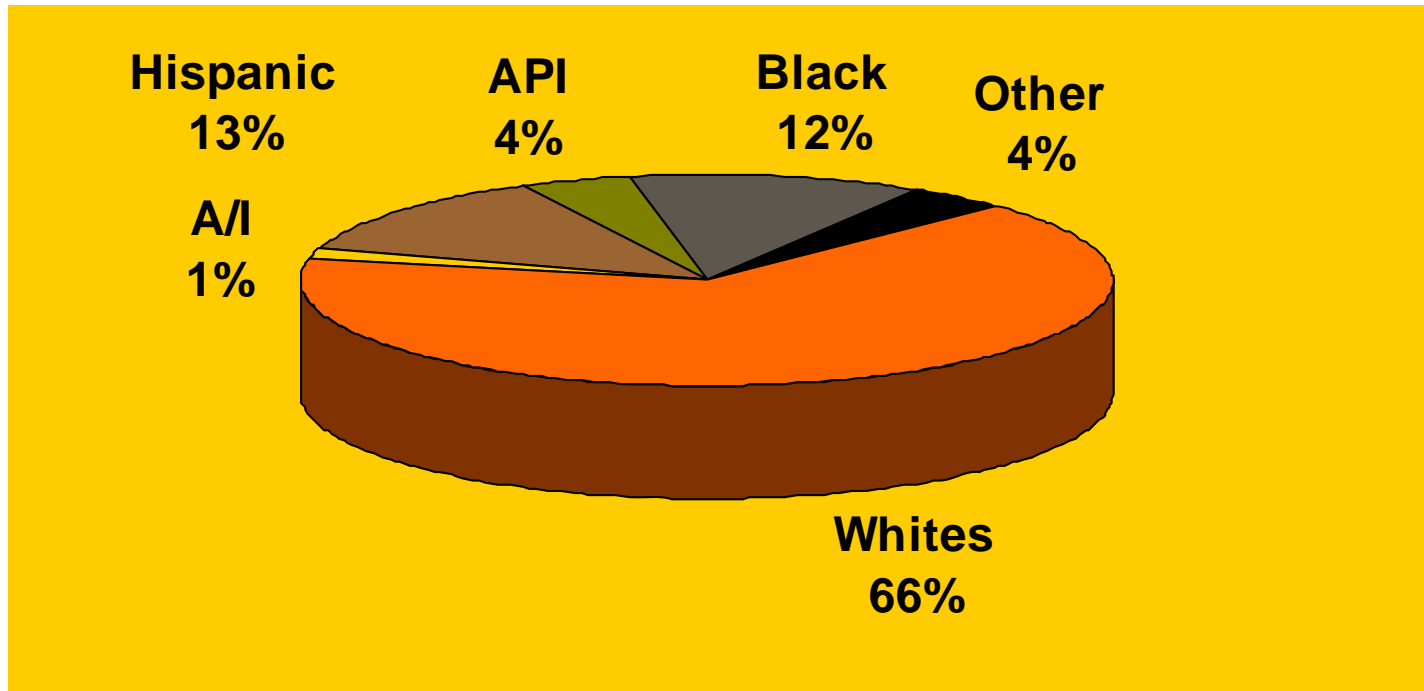
Congressionally mandated mission:

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





A Snapshot of the Nation's Diversity



US Census Demographic Estimates by Race:2001



Language Diversity in U.S.

- ◆ ***Spanish - 28 million***
- ◆ ***French - 2 million***
- ◆ ***Chinese - 2 million***
- ◆ ***German - 1.3million***
- ◆ ***Tagalog - 1.1 million***
- ◆ ***Vietnamese- 1 million***

- ◆ *Source: U.S. Census 2000*
 - ◆ *(Ages 5 and over)*



Populations Served by OMH

- ◆ ***Black/African Americans***
- ◆ ***Hispanic Americans***
- ◆ ***Asian Americans***
- ◆ ***Native Hawaiians and Other Pacific Islanders***
- ◆ ***American Indians/Alaska Natives***
- ◆ ***Multi-Racial Persons***



Populations Served by OMH (Cont'd)

- ◆ ***Racial/ethnic minority subgroups***
- ◆ ***Immigrant populations***
- ◆ ***Migrant populations***
- ◆ ***Linguistically diverse populations***



OMH's Priority Diseases and Health Conditions

- ◆ ***(1) Heart Disease & Stroke***
- ◆ ***(2) Cancer***
- ◆ ***(3) Diabetes***
- ◆ ***(4) HIV/AIDS***
- ◆ ***(5) Infant Mortality***
- ◆ ***(6) Vaccine Prevention Diseases***



Crosscutting Issues

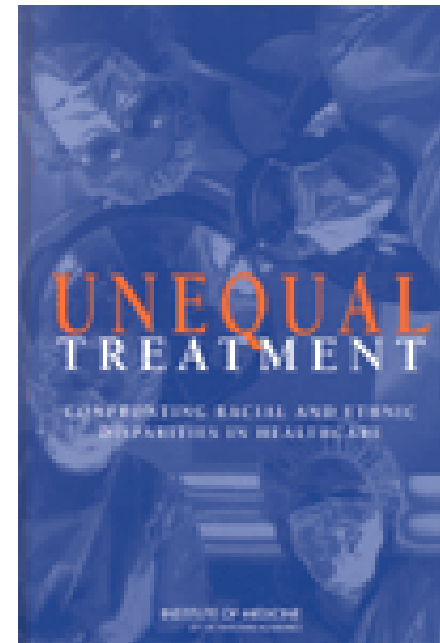
- ◆ ***Health Care Access and Quality***
- ◆ ***Racial/Ethnic Data Collection and Use***
- ◆ ***Workforce Diversity***
- ◆ ***Culturally and Linguistically Appropriate Services***
- ◆ ***Trust/Trustworthiness in Health Care and Clinical Research***



The Health Disparities Divide!

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (IOM, 2002)

- ***Racial and ethnic disparities in health care exist and, are unacceptable***
- ***Minorities receive lower quality of health care even when socio-economic and access-related factors were controlled***
- ***Bias, stereotyping, prejudice, and clinical uncertainty may contribute to racial and ethnic disparities in healthcare***

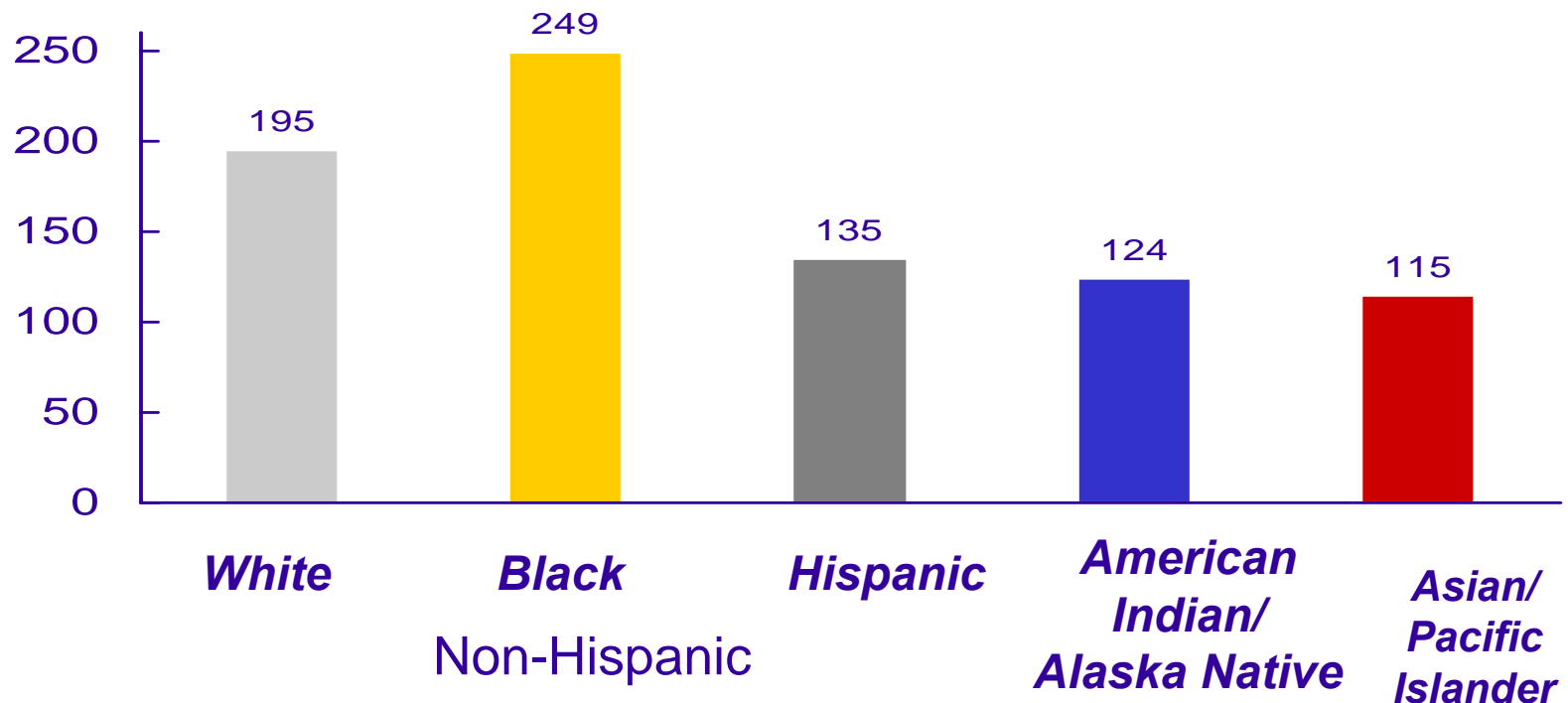




Coronary Heart Disease Death Rates, 2000

(age adjusted to the year 2000 standard population)

Per 100,000 population

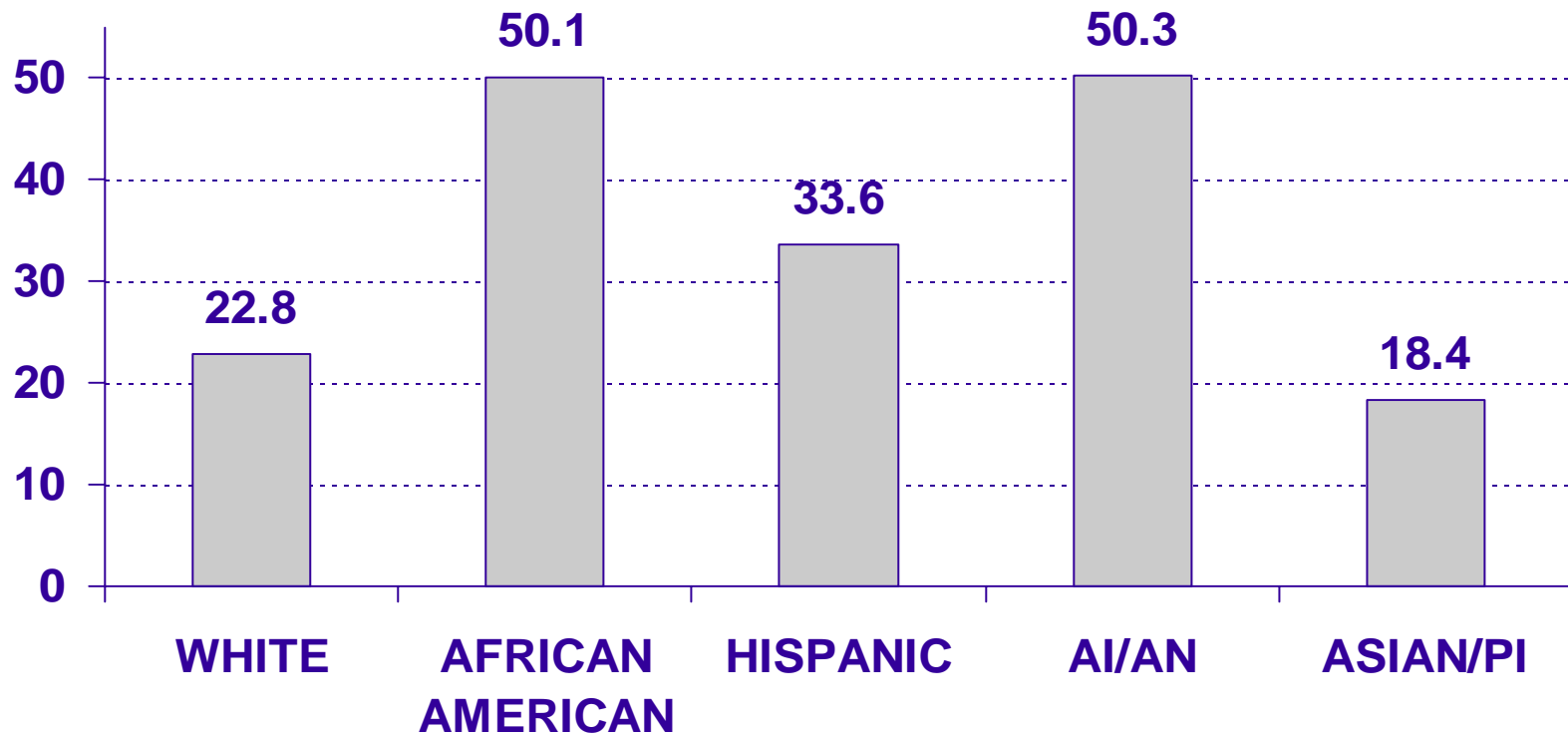


Source: CDC/NCHS, *National Vital Statistics System*



Diabetes-Related Death Rate, 1999

(Deaths per 100,000 population)





HHS Key Policy Development Response

- ◆ ***HHS Council on Health Disparities***
 - ***Deputy Assistant Secretary for Minority Health serves as Executive Director***
 - ***HHS Health Disparities Strategic Framework is in development and will shape OMH's work***
 - ***Focus of subcommittees corresponds with OMH priorities***



Closing the Gap Initiatives Phase II

- ◆ ***Launch of Infant Mortality Campaign***
- ◆ ***Expansion of Hepatitis B Initiative***
- ◆ ***Development of Mental Health and Primary Care Initiative***
- ◆ ***Development of American Indian/Alaska Native Disparities Agenda***
- ◆ ***Implementation of Trust/Trustworthiness in Healthcare and Research Initiative***



OMH's Strategic Goals

- ▶ ***Cultural and Linguistic Competence/Health Literacy***
- ▶ ***Population Specific Initiatives***
- ▶ ***Enhanced Racial/Ethnic Data Collection***
- ▶ ***Workforce Development***
- ▶ ***Dissemination of Knowledge***





Cultural and Linguistic Competency/Health Literacy

- ◆ ***OMH will:***
 - ***Coordinate implementation of cultural competency training programs***
 - ***Implement Strategic Plan for the Center for Cultural and Linguistic Competency in Health Care***
 - ***Partner with Centers for Medicare & Medicaid Services to train Quality Improvement Organizations***



Population-Specific Initiatives

- ◆ ***To improve and focus future policy and programmatic activity, OMH will continue to develop and test community-based approaches in select health issue areas***
 - ***Includes OMH-supported grant programs***
 - ***Includes working with other HHS divisions on “Closing the Gap” Initiatives***



Enhanced Racial/Ethnic Data Collection

- ◆ ***Through the HHS Data Council, OMH will improve the collection and reporting of racial/ethnic data. Specific focus is to:***
 - ***Explore data release methods that preserve privacy and confidentiality***
 - ***Support data collection for small/subpopulations***
 - ***Support a Pacific Islander communities survey***
 - ***Standardize collection and reporting of racial/ethnic data and terms***



Improved Quality through Health Information Technology

- ◆ ***OMH will coordinate health IT implementation in racial/ethnic and underserved communities to ensure appropriate distribution of new technologies***
 - ***Phase I will explore potential efforts in American Indian/Alaska Native Communities***



Workforce Development

- ◆ ***OMH will enhance current efforts to increase the diversity of the public health and healthcare workforce through HHS pipeline and other programs***



Dissemination of Results

- ◆ ***Build evidence to inform minority health and health disparities approaches***
- ◆ ***Increase dissemination of information and results/evidence***
- ◆ ***Facilitate use of evidence-based practices***



Improving Systems and Programs

- ◆ ***Management tools to improve quality and impacts:***
 - ***Development of plans with benchmarks and targets for assessing and reporting on progress***
 - ***Strengthened compliance monitoring on partnership agreements***
 - ***Strengthened project and program evaluations tied more directly with intervention effectiveness and impacts***



Challenges

- ◆ *Health Disparities is a complex issue*
- ◆ *Multiple strategies are needed to eliminate health disparities—private and public partnerships*
- ◆ *Need to use emerging technology applications as tools to eliminate health disparities*
- ◆ *Need to design systems that are culturally and linguistically responsive to diverse patients*
- ◆ *Need to continue to develop minority health professions workforce that reflects the landscape of this country*
- ◆ *Need to conduct more research and evaluation to develop more effective health promotion and disease prevention interventions*



“I will now take questions from the floor”