



Update on Obama Administration Activities to Reduce Health Disparities January 12, 2010

As part of his “plan to lower health care costs and ensure affordable, accessible health coverage for all,” President Obama cited tackling disparities in health care as a necessary goal. Throughout the long and intense debate over health care reform legislation, coalitions and interest groups have been encouraging members of Congress and the Administration to include provisions that promote health equity and reduce health disparities. Research has shown that the United States spends more than any other country on health care, including \$2.2 trillion in 2007, yet disparities in health and health care still exist.

Advisory Committee on Minority Health

The Obama Administration has been and continues to be dedicated to addressing health disparities, as can be seen through examples such as the most recent meeting of the HHS Advisory Committee on Minority Health that meets approximately four times a year to provide the HHS Secretary with information and strategies for reducing health disparities. The Committee’s first report entitled, “Ensuring that Health Care Reform Will Meet the Health Care Needs of Minority Communities and Eliminate Health Disparities,” is currently available online

(http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMH_HealthCareAccessReport.pdf).

The Advisory Committee on Minority Health most recently met on January 5, 2010. General overview and updates were provided to the committee members and public audience by Garth Graham, Deputy Assistant Secretary for Minority Health (Office of Minority Health) at HHS; Caya Lewis, Director of Outreach and Public Health Policy in the Office on Health Reform at HHS; Rosaly Correa-de-Araujo, Deputy Director of the Office on Disability at HHS; Stephen Corbin, Senior Vice President of the Community Impacts Division with Special Olympics International; and Rick Rader, Director of the Morton J. Kent Habilitation Center at Orange Grove. In addition, the Committee discussed next steps and future goals and priorities. A list of members, with links to biographies, is available online (<http://minorityhealth.hhs.gov/templates/content.aspx?ID=7540&lvl=2&lvlid=103>).

During the January 5 meeting, Committee members and Dr. Graham discussed (1) the status of the National Plan for Action being developed by the Office of Minority Health (OMH); (2) issues relating to health disparities in the House and Senate health care reform legislation; and (3) an update on H1N1 vaccines available to underserved populations. Additionally, members stated their strong desire to increase the distribution of Committee products and ideas, including outreach to Congressional offices, agency officials, and the general public, and appeared to welcome assistance by the public in spreading the word.

National Plan for Action – After nearly two years, the development of the National Plan for Action (<http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlID=31>) is nearing its final stages. This Plan, which outlines twenty strategies for eliminating health disparities, is currently out for public review and comment with a **deadline of February 12**. The Committee agreed that the Plan should be broader than HHS and spark multi-government agency, individual community, and private sector discussion and collaboration regarding work to reduce health disparities. Additional details of the plan are discussed below.

Health Care Legislation – Dr. Graham summarized OMH and Committee actions related to health care reform legislation. These have included participation in briefings and providing access to the independent reports developed by the Committee. Additionally, Dr. Graham provided a summary of key provisions in



the bills that support the work of the Office and the Committee. The House bill includes language that would reauthorize OMH. The Senate bill goes farther and in addition to reauthorizing OMH, it includes language that would create additional minority health offices within the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Agency for Healthcare Research and Quality (AHRQ). In addition, both the Senate and House versions would elevate the National Institutes of Health (NIH) National Center on Minority Health and Health Disparities (NCMHD) from center to institute status. Dr. Graham suggested that the Committee conduct a detailed review of the health care bill provisions relating to minority health and use its next report as a forum to comment on these.

H1N1 Vaccine – Lastly, Dr. Graham discussed and commended the hard work and subsequent successes that two task forces have had in ensuring access to the H1N1 vaccine for minority and underserved populations.

National Plan for Action

The National Plan for Action was developed as one of the three tasks undertaken by the National Partnership for Action (NPA) to End Health Disparities, a network of almost 50 partner organizations working together to achieve the goal of “a nation free of health disparities, with quality health outcomes for all.” NPA is one of the main activities developed and led by OMH relating to issues of health disparities. A full list of NPA partner organizations is available online (<http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=9>).

NPA was formed after the OMH-sponsored 2006 National Leadership Summit for Eliminating Racial and Ethnic Disparities in Health as a way to coordinate actions related to promoting health and health care equity and reducing disparities. The three primary responsibilities of NPA are to develop (1) the National Plan for Action, (2) ten Regional Blueprints for Action, and (3) various programs designed and carried out independently by all of the NPA partners. NPA bases much of its action on the use of a bottom up approach through extensive local involvement. In addition, NPA has been seeking active involvement from representatives of various research and academic institutions, and incorporated their comments and suggestions into the development of the Blueprints and the Plan.

The Plan begins by summarizing the history of health disparities in the United States as well as providing a background on the creation of and need for NPA and the Plan. It continues by summarizing the stated Administration priority of developing the health profession workforce and increasing minority representation. The Plan cites statistics and presents maps of the United States that show the almost 14,000 Health Professional Shortage Areas (HPSAs), specifically in relation to primary care, dental, and mental health workers. A shortage in workforce is just one of the many issues affecting the level of health disparities in the country, but its prevalence in the Plan suggests OMH's priority of addressing this as a key part of its solution.

The Plan goes on to cite twenty strategies organized around five key objectives: awareness, leadership, health and health system experiences, cultural and linguistic competency, and coordination of research/evaluation. Summaries of the strategies most relevant to the work of institutions of higher education are provided below.

Strategy 2: Partnerships (awareness) – Increase the number and types of public and private partnerships at the local, regional, state, or national level geared towards developing and implementing strategies relating to the reduction of health disparities that exist in the United States.



PUBLIC POLICY

COUNCIL ON SOCIAL WORK EDUCATION

Strategy 6: Funding and Research Priorities (leadership) – Provide assistance to communities to develop and write grants, increase community representation on relevant advisory committees or review panels, and connect community-based organizations to researchers and existing research to help them develop and implement new programs and policies.

Strategy 13: Workforce Training (cultural and linguistic competency) – Encourage the use of proven best practices in continuing education related to linguistic and cultural competency for health professionals and develop tele- or video-conferencing opportunities for rural or other isolated communities.

Strategy 14: Diversity (cultural and linguistic competency) – Work with schools to identify and provide support to programs designed to increase minority recruitment to health profession fields, encourage associations to develop the goal of recruiting a diverse membership, and develop policy recommendations to increase diversity in the health profession workforce.

Strategy 18: Authentic Community-Based Research (and Action) and Community-Originated Intervention Strategies (research and evaluation) – Identify best practices for replication of and increase the participation of community members in the creation of community-based health care strategies, and develop partnerships to identify and guide research priorities and incorporate community-based evaluation and assessments.

Strategy 19: Coordination of Research (research and evaluation) – Focus on collaborative research relating to identifying why health disparities exist and identify best practices for reduction of health disparities, interventions in practice, and evaluations of methods.

Again, OMH is currently seeking comments on the draft of the Plan **until February 12**. Submitting comments is a great opportunity for universities to show their involvement in and commitment to the issues of health disparities in health and health care and also provide suggestions that point to the unique role that universities could play in helping reduce these disparities. To review the Plan and submit comments, please use the links below.

- Draft National Plan for Action:
<http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlID=31>.
- Submission form for Comments:
<http://minorityhealth.hhs.gov/npa/templates/publiccomment.aspx?lvl=2&lvlid=31&CommentID=00>.