

Mission



Drivers for Change

- Significant racial/ethnic health disparities
- Minorities are 34% of U.S. population today and 40% of population by 2030
- Impact on American healthcare expenditures with fewer resources
- Healthy People goal to eliminate disparities
- ACA
- Social Determinants of Health

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Affordable Care Act Provisions

Health Disparities and Health Equity

- Awareness and outreach
- Collaboration on community priorities
- Cultural competency
- Data collection
- Language access and literacy
- Minority health infrastructure
- Research and evaluation
- Workforce

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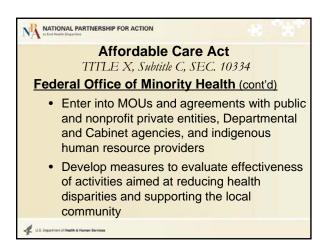
Affordable Care Act TITLE X, Subtitle C, SEC. 10334

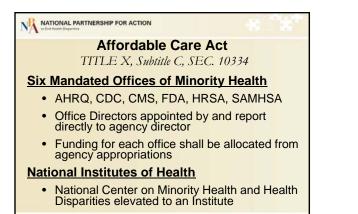
Federal Office of Minority Health

- Reauthorized through 2016 within the Office of the Secretary
- Retains existing duties, authorities, funding, staff, and other entities
- Awards grants and contracts

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 Select Social Determinants Factors that Influence Health

 Social and Economic Factors

 Social and Economic Factors

 Beducation

 Education

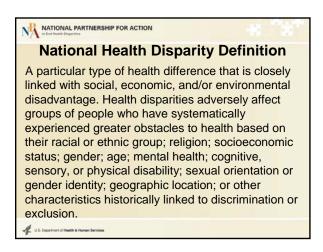
 Employment

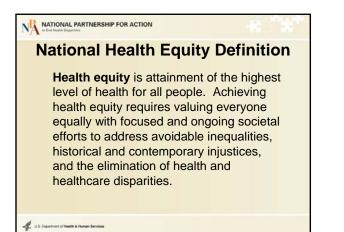
 Income

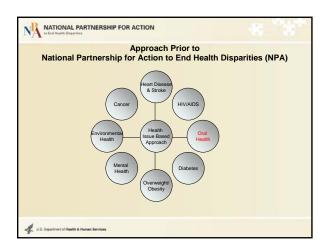
 Family and Social Support

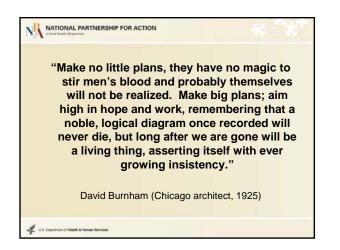
 Community Safety

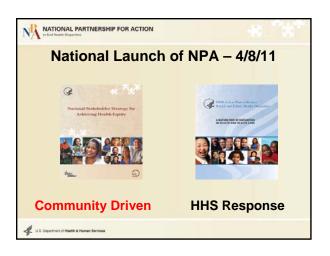
	ONAL PARTNERSHIP FOR ACTION					
		PEOPLE Mishama	HEALTHY PEOPLE 2010		Healthy People 2020	
Target	1990	2000	2010		2020	
Överlarching Goals	Decrease mortality: infants- adults Increase independe nce among older adults	Increase span of healthy life Reduce health disparities Achieve access to preventive services for all	Increase quality and years of healthy life Eliminate health disparities	of pre- injury Achie dispa of all Creat envir healt Prom	h high quality, longer lives free eventable disease, disability, and premature death even health equity, eliminate arities and improve the health groups te social and physical onments that promote good h for all hote quality of life, healthy lopment, healthy behaviors ss life stages	

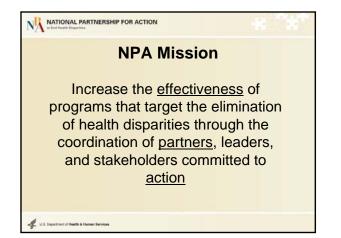


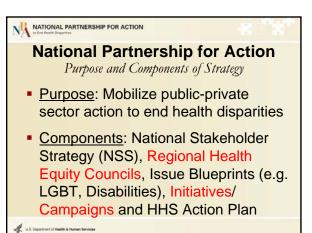


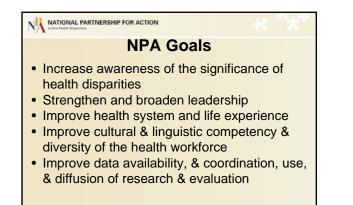












	A.	tion Plan Development Pro-		
Pro-Meetings	Regional Conversations	Analysis & Input	Content Refinement	Contact Reviews and Recommendation
Comunity	Reports 1, 2, 3	Office of Minority Health	1	
Native Hawairan & Papific Islander	Repon 4	Federal Team	Implementation Strategy	Consensus
Commity Native Howakan B Packe Islander Native Anancan Carittisaan Acadamia	Region 5 Region 5	Natoral Visionary Panel	Evaluation Strategy	Meeting
Carthhean	Reports 7,8	Federal Team		National
Acadama	Report X.12	Office of Microstly Health		Acrem





NATIONAL PARTNERSHIP FOR ACTION Examples of NPA Partners National Business Group on Health

- National Conference of State Legislatures
- American Heart Association
- Association of State and Territorial Health Officials

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National Business Group on Health

2008 Member Survey Findings

- Little initiative to track disparities among employees
- Majority of employers are unaware of disparities as a business issue
- Only 1/3 of respondents thought reducing disparities was an important or very important issue
- Few employers make employees aware of healthcare reduction strategies
- Disparities reduction criteria are not a requirement for selecting health plans
- Top barrier to implementing a disparities reduction program was lack of data identifying the problem

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NPA Goals and Strategies				
Goal	Description	Strategies		
1	AWARENESS- Increase awareness	1. Healthcare Agenda. Ensure that ending health disparities is a priority on local, state, regional, tribal and federal healthcare agendas.		
	of the significance of health disparities, their impact on the nations necessary to improve health outcomes for racial, ethnic, and underserved populations	2. Partnerships. Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to enchealth disparities and achieve health equity across the lifespan.		
		3. Media. Leverage local, regional, and national media outlets using traditional and new media approaches as well as information technology to reach a multi-ire audience—including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically isolated individuals—to encourage action and accountability.		
		4. Communication. Create and use communication mechanisms tailored for specific audiences across their lifespan, and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and reinvest in public health.		

	NPA Goals and Strategies					
Goal	Description	Strategies				
2	LEADERSHIP— Strengthen and broaden leadership for addressing health disparities at all levels	 Capacity Building. Build capacity at all levels of decisionmaking to promote community solutions for ending health disparities. Funding Priorities. Improve coordination, collaboration and opportunities for soliciting community input on funding priorities and involvement in research and services. 				
	levels	7. Youth. Invest in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives.				

NPA Goals and Strategies			
Goal	Description	Strategies	
3	HEALTH SYSTEM AND LIFE EXPERIENCE —Improve health and healthcare outcomes for racial, ethnic, and underserved populations	8. Access to Care. Ensure access to quality health care for all.	
		9. Children. Ensure the provision of needed services (e.g., mental, oral, vision, hearing, and physical health; nutrition; and those related to the social and physical environments) for at- risk children, including children in out-of-home care.	
		10. Older Adults . Enable the provision of needed services and programs to foster healthy aging.	
		11. Health Communication. Enhance and improve health service experience through improved health literacy, communications, and interactions.	

NPA Goals and Strategies				
Goal	Description	Strategies		
3	HEALTH SYSTEM AND LIFE EXPERIENCE —Improve health and healthcare outcomes for racial, ethnic, and underserved populations	 Education. Substantially increase, with a goal of 100%, high school graduation rates by working with schools, early childhood programs, community organizations, public health agencies, health plan providers, and businesses to promote the connection between educational attainment and long term health benefits. Social and Economic Conditions. Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes. 		

NPA Goals and Strategies			
Goal	Description	Strategies	
4 CULTURAL AND LINQUISTIC COMPETENCY —Improve cultural and linguistic competency and the diversity of the health-related workforce	LINQUISTIC COMPETENCY —Improve cultural	14. Workforce Training. Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities.	
	15. Diversity. Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems.		
		16. Ethics and Standards, and Financing for Interpreting and Translation Services. Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation. Encourage financing and reimbursement for health interpreting services.	

	NPA Goals and Strategies			
Goal	Description	Strategies		
5	RESEARCH AND EVALUATION —Improve data availability, and coordination, utilization, and diffusion of research and evaluation outcomes	17. Data. Ensure the availability of health data on all racial, ethnic, and underserved populations.		
		18. Community-Based Research and Action, and Community Originated Intervention Strategies. Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.		
		19. Coordination of Research. Support and improve coordination o research that enhances understanding about, and proposes methodology for, ending health and healthcare disparities.		
		20. Knowledge Transfer. Expand and enhance transfer of knowledge generated by research and evaluation for decisionmaking about policies, programs, and grantmaking related to health disparities and health equity.		

