The National Partnership for Action
End Health Disparities

“Health Outcomes Among Children and Families Living in Rural Communities”

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Director, Division of Policy and Data

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What is a Health Disparity?

“A health disparity is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial and/or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

– National Definition
Health Equity

“Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.”

– National Definition
OMH’s Marching Orders

- **Build Meaningful Community Participation in Partnerships**
  - Design the National Stakeholder Strategy (NSS) based on community feedback (2006 Leadership Summit, Regional Conversations, Public Review)

- **Tear Down Internal and External Silos**
  - Across HHS promote integrated approaches, evidence based programs and best practices
  - Create multilevel Health Equity Councils for the sharing of expertise horizontally and vertically across sectors

- **Build and Sustain Multicultural and Diverse Partnerships**
  - Ensure wide awareness of the NPA movement and clear communications about how to connect to it
  - Evaluate and report progress over time
Health disparities among racial and ethnic minorities and other populations are undisputed yet they are persistent and pervasive.

Health of racial and ethnic minorities and underserved populations is tied to America’s health.

No one sector can create the conditions for better health alone—a cohesive and inclusive national strategy that leverages public and private sector investments and creates critical partnerships is needed.
NPA Mission

Increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action.
## National Health Disparity Approach

<table>
<thead>
<tr>
<th>Prior to NPA (4/11)</th>
<th>Subsequent to NPA</th>
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<tbody>
<tr>
<td>Siloed</td>
<td>Coordinated</td>
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<tr>
<td></td>
<td>Works with public, private and non-profit organizations at the local, state, tribal, and federal level</td>
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<tr>
<td>Health-issued based</td>
<td>Comprehensive</td>
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<td></td>
<td>Moves beyond controlling disease and addresses the social factors that are the root causes of poor health</td>
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<td>Led by health sector</td>
<td>Multi-sector</td>
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<td></td>
<td>Requires action and commitment from many sectors, including housing, employment, education, transportation, environment, as well as health</td>
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<td>Community-based</td>
<td>Community-driven</td>
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<td>Collaborates with those on the frontlines; builds on and expands effective programs</td>
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NPA Goals

**Goal 1: Awareness**
Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations

**Goal 2: Leadership**
Strengthen and broaden leadership for addressing health disparities at all levels

**Goal 3: Health System and Life Experience**
Improve health and healthcare outcomes for racial, ethnic, and underserved populations

**Goal 4: Cultural and Linguistic Competency**
Improve cultural and linguistic competency and the diversity of the health-related workforce

**Goal 5: Data, Research, and Evaluation**
Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes
National Stakeholder Strategy (NSS)

- Developed with input from thousands of individuals and organizations
- Establishes common set of national goals and strategies
- Encourages stakeholders to identify and implement strategies and actions most important for their communities
## NPA Goals and Strategies

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
<th>Strategies</th>
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</table>
| 1    | **AWARENESS**—Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations | **1. Healthcare Agenda.** Ensure that ending health disparities is a priority on local, state, regional, tribal and federal healthcare agendas.  

**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 end health 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-tier 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. |
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<thead>
<tr>
<th>Goal</th>
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<th>Strategies</th>
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<tbody>
<tr>
<td>2</td>
<td>LEADERSHIP—Strengthen and broaden leadership for addressing health disparities at all levels</td>
<td>5. <strong>Capacity Building.</strong> Build capacity at all levels of decisionmaking to promote community solutions for ending health disparities.</td>
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<tr>
<td></td>
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<td>6. <strong>Funding Priorities.</strong> Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services.</td>
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<td>7. <strong>Youth.</strong> 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.</td>
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<tr>
<td>Goal</td>
<td>Description</td>
<td>Strategies</td>
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| 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. |
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<th>Description</th>
<th>Strategies</th>
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</table>
| 3    | **HEALTH SYSTEM AND LIFE EXPERIENCE**—Improve health and healthcare outcomes for racial, ethnic, and underserved populations | 12. **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.  

13. **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

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<th>Strategies</th>
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| 4    | CULTURAL AND LINQUISTIC COMPETENCY— Improve cultural and linguistic competency and the diversity of the health-related workforce | **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. |
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</table>
| 5    | DATA, 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 of 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. |
HHS Action Plan to Reduce Racial and Ethnic Health Disparities

The Five Goals of the HHS Action Plan

I. Transform Health Care (Coverage, Access & Quality)

II. Strengthen the Nation’s Health and Human Services Infrastructure & Workforce (Workforce)

III. Advance the Health, Safety, and Well-Being of the American People (Public & Population Health)

IV. Advance Scientific Knowledge and Innovation (Data & Research)

V. Increase Efficiency, Transparency, and Accountability of HHS Programs (Monitoring & Reporting)
# Complementary Plans

<table>
<thead>
<tr>
<th>Who is involved</th>
<th>National Stakeholder Strategy for Achieving Health Equity</th>
<th>HHS Action Plan to Reduce Racial and Ethnic Health Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple federal agencies and national organizations, thousands of people, in many sectors</td>
<td>All components of HHS and anyone whose care is impacted by HHS</td>
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<table>
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<tr>
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<th></th>
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<tbody>
<tr>
<td>National, Regional, State, Tribal and Local Initiatives</td>
<td>HHS Programs and Policies</td>
<td></td>
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<table>
<thead>
<tr>
<th>Focus</th>
<th>National Stakeholder Strategy for Achieving Health Equity</th>
<th>HHS Action Plan to Reduce Racial and Ethnic Health Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social determinants of health disparities</td>
<td>Health system component of racial and ethnic health disparities</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>How it can be used</th>
<th>National Stakeholder Strategy for Achieving Health Equity</th>
<th>HHS Action Plan to Reduce Racial and Ethnic Health Disparities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guide for federal, state, tribal, community and neighborhood initiatives</td>
<td>Specific direction for operating components of HHS</td>
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<tr>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Achieving health equity and reducing health disparities</td>
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NPA Implementation Framework

**STRATEGY**

National Stakeholder Strategy
- Awareness
- Leadership
- Health Systems & Life Experience
- Cultural & Linguistic Competency
- Data, Research, and Evaluation

Plans for Action
- FIHET Subcommittee Plans
- HHS Action Plan
- Blueprints for Action
- State Partnerships

**SCOPE**

Social determinants of health
- Increasing leadership and public demand
- Policies, procedures, and practices

**SUCCESS**

Successful implementation of goals, strategies, and actions
- Increased leadership and public demand to address the social determinants of health in order to achieve a healthier nation
- Improved policies, procedures, and practices of systems that affect social determinants of health
Federal Interagency Health Equity Team (FIHET)

**Objectives**

- Identify opportunities for federal collaboration, partnership, coordination, and/or action on efforts that are relevant to the NPA
- Provide leadership and guidance for national, regional, state, and local efforts that address health equity

| Agriculture | Health and Human Services |
| Commerce | Housing and Urban Development |
| Consumer Product Safety Commission | Justice |
| Defense | Labor |
| Education | Transportation |
| Environmental Protection Agency | Veterans Affairs |
Regional telephone, fax, e-mail, and Web sites are available for each Region:

- **Region 1 - Boston**
  Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
- **Region 2 - New York**
  New Jersey, New York, Puerto Rico, and the Virgin Islands
- **Region 3 - Philadelphia**
  Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia
- **Region 4 - Atlanta**
  Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
- **Region 5 - Chicago**
  Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- **Region 6 - Dallas**
  Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- **Region 7 - Kansas City**
  Iowa, Kansas, Missouri, and Nebraska
- **Region 8 - Denver**
  Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
- **Region 9 - San Francisco**
  Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau
- **Region 10 - Seattle**
  Alaska, Idaho, Oregon, and Washington
<table>
<thead>
<tr>
<th>Dates</th>
<th>Region</th>
<th>City/State</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 11-12</td>
<td>Region X</td>
<td>Boise, ID</td>
<td>✓</td>
</tr>
<tr>
<td>August 16-17</td>
<td>Region I</td>
<td>Exeter, NH</td>
<td>✓</td>
</tr>
<tr>
<td>August 23-24</td>
<td>Region IV</td>
<td>West Palm Beach, FL</td>
<td>✓</td>
</tr>
<tr>
<td>August 29-30</td>
<td>Region VI</td>
<td>New Orleans, LA</td>
<td>✓</td>
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<tr>
<td>September 8-9</td>
<td>Region III</td>
<td>Arlington, VA</td>
<td>✓</td>
</tr>
<tr>
<td>September 14-15</td>
<td>Region IX</td>
<td>Las Vegas, NV</td>
<td>✓</td>
</tr>
<tr>
<td>September 21-22</td>
<td>Region VIII</td>
<td>Salt Lake City, UT</td>
<td>✓</td>
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<tr>
<td>September 26-27</td>
<td>Region II</td>
<td>New York, NY</td>
<td>✓</td>
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<tr>
<td>October 3-4</td>
<td>Region V</td>
<td>Welch, Minnesota</td>
<td>✓</td>
</tr>
<tr>
<td>October 10-11</td>
<td>Region VII</td>
<td>Coralville, IA</td>
<td>✓</td>
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Regional Health Equity Councils (RHECs)

Objectives

- Drive regional action around common issues
- Leverage federal, regional, state, and local resources
- Infuse NPA goals and strategies into policies and practices
- Support and enhance state and community efforts
- Share stories and successes with broad constituencies

✓ Approximately 35 Participants in each of the 10 RHECs
✓ Includes non-traditional partners such as
  ✓ Microsoft
  ✓ Boston Public Housing
  ✓ State Delegates
  ✓ Representatives from health plans such as Aetna and BCBS
✓ Engages HHS Regional Directors and Regional Health Administrators
✓ Twelve month follow up and Technical Assistance plan is underway
Quotes From Inaugural RHEC Meetings - 2011

• “The Affordable Care Act is a vehicle. ... It’s up to all of us in this room to drive that vehicle in the direction that we want it to go.”

• “If there has ever been a time when we can feel excited about the possibilities, this is it.”

• “We’re trailblazers. This is historic. We’re laying a template for generations to come. We will make this nation better. I believe the resources will come; they’re there. There are only so many resources that the federal government can provide.”

• “I don’t need to know everything that you know. My brain is full. I just need to know how to partner with you.”

• “The RHEC has gotten us started, you won’t be able to put the genie back in the bottle.”
## Selected Priorities Across RHECs

<table>
<thead>
<tr>
<th>Goal</th>
<th>Priority</th>
</tr>
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<tbody>
<tr>
<td>Awareness</td>
<td>Communication</td>
</tr>
<tr>
<td>Leadership/ Governance</td>
<td>Membership</td>
</tr>
<tr>
<td></td>
<td>Partnerships and champions</td>
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<tr>
<td>Health System and Life Experience</td>
<td>Improve access to quality care</td>
</tr>
<tr>
<td></td>
<td>Identify intervention points and develop tailored strategies</td>
</tr>
<tr>
<td>Cultural and Linguistic Competency</td>
<td>Cultural competency education and training</td>
</tr>
<tr>
<td>Data, Research, and Evaluation</td>
<td>Improve data collection, usage, and reliability</td>
</tr>
<tr>
<td></td>
<td>Disseminate data</td>
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</table>
RHEC Milestones: Where are We Going?

3 months Fall 2011: Infrastructure Building
- Full membership
- Officers established
- Subcommittee structure
- Final charter

6 months: Plan Implementation
- Identification of success measures
- Final Regional Blueprint
- Implementation of ACA strategy
- Engagement of community in data capacity building
- Plan implementation

9 months: Plan Implementation and Assessment of Progress
- Participation in evaluation activities
- Plan implementation

12 months: Sustainability
- Face-to-face meeting to assess progress and plan for year 2
- Plan for financial sustainability
- Plan implementation
Objectives

- Support the NPA by leveraging resources and expanding the NPA’s reach and spheres of influence
- Form working partnerships to eliminate overlap and redundancies in programs and campaigns
- Examine existing agendas to ensure social determinants of health are addressed
- Serve as "movement ambassadors"

✓ Health care systems – e.g., BC/BS
✓ Employers and Business organizations
✓ National associations - e.g., National Rural Health Association
✓ Policy and practice centers
✓ Federal, state and local agencies
American Indian/Alaska Native (AI/AN) Partners

Objectives

- Coordination of AI/AN activities with the NPA

- Draft report on the AI/AN health disparities under review

- Tribal outreach activities at national tribal conference to create awareness of the NPA and the potential AI/AN Blueprint as part of the NPA

- Tribal community representatives nominated and selected to be members of each of the Regional Health Equity Councils
State Offices of Minority Health (SOMHs)

Objectives

- Engage communities through periodic meetings
- Develop strategic partnerships
- Mobilize networks
- Improve awareness and communications through different media outlets
- Lead states’ efforts in updating health disparity or health equity plans so that they align with the NPA

- Twenty SOMHs funded to raise public awareness about health disparities (August 2011)
- SOMHs success stories
- Ohio Commission on Minority Health: Plan alignment with NPA; funding demonstration grant programs
- Indiana Office of Minority Health: Cultural competency training and annual conference
- Kansas Blue Ribbon Panel on Infant Mortality: three-city tour reached ~800 people
Local Community Partners for Data Capacity Building

Objectives

- To build community capacity to access and use data and improve communities’ participation in designing, implementing, and monitoring solutions to end health disparities

✓ Communicate and reach out to local leaders, advocates, and community groups about the NPA’s data capacity building effort through the RHECs, NPA partners, and other networks
✓ Conduct inventory of state sources of local data that are relevant to social determinants of health and health disparities and develop a directory
✓ Develop a guide for how to access, understand, interpret, and use data relevant to health disparities
✓ Help build data capacity of local leaders, advocates, and community groups through the distribution of the directory, guide, use of a social media site, technical assistance, and training
✓ Link local leaders, advocates, and community groups with RHECs, Tribal Community Representatives, and SOMHs
Measuring Progress: The NPA Evaluation Plan

• Determine the extent to which the NPA infrastructure and strategies have contributed to the elimination of health disparities and the attainment of improved health at the national, regional and state levels.

• Support innovation, learning, decision making, and accountability
1. To what extent has a structure been established to support actions that will contribute to the elimination of health disparities and how was this infrastructure established?

2. How are leaders in the public, private, nonprofit, and community sectors engaged in collaborative, efficient, and equitable working partnerships to eliminate health disparities?

3. How many and what types of identifiable actions are being implemented at the community, state, tribal, regional, and national levels that relate directly to the 5 goals and 20 strategies in the NSS and Blueprints for Action?

4. To what extent has public awareness and understanding about health disparities and their determinants and potential solutions been improved?

5. How well is the nation progressing toward improved outcomes in social determinants of health that help achieve the NPA’s mission to eliminate health disparities and achieve health equity?

6. How much is the work to end health disparities integrated into stakeholder strategies and mainstream systems in and beyond the health sector?

7. What are the promising practices for implementing actions that contribute to ending health disparities?
NPA Measures of Success

For Office of the Assistant Secretary of Health:

• Increase in states, territories, HHS agencies, other federal entities, and other established partners with plans for addressing health disparities and/or aligning efforts with NPA goals and strategies

For FIHET, RHECs, SOMHs, Tribal Community Representatives and partners:

• Capacity to achieve goals and implement actions
• Alignment between stated goals and actions to achieve those goals
• Goal attainment
• Alignment among national, regional, state, tribal, and local efforts
• Institutionalized (sustained) efforts

For Local Leaders, Advocates, and Community Groups:

• Increased use of data for strategy planning and improvement and decisionmaking
NPA Online Partner Pledge

NPA Online Partner Pledge

The online partner pledge is open to community and faith-based organizations, professional societies, government agencies, national non-profit organizations, advocacy groups, foundations, corporations, businesses of all sizes, industry groups, colleges and universities, and individuals like you all over the country.

As a pledged partner in the National Partnership for Action, you agree to:

- Support the goals of the NPA;
- Raise awareness around health disparities and promote health equity and
- Commit to help develop, plan, and implement efforts to reduce or eliminate health disparities.

Joining the NPA is now simpler than ever. Just click below to take the online partner pledge to show your -- or your organization's -- commitment to a nation free of disparities in health and health care.
For More Information

www.minORITYHEALTH.HHS.GOV/NPA

1 - 855 - JOIN - NPA