EXECUTIVE SUMMARY

Committee Attendees
Paul Juarez, PhD, Chair
Linda Frizzell, PhD
Gregory J. Maddox II, MD
Cynthia Mojica, PhD, MPH
Sela V. Panapasa, PhD
Rea Pañares, MHS
Beverly Patchell, PhD, APRN, PMH
Isabel Scarinci, PhD, MPH
Roland J. Thorpe, Jr., PhD
Winston F. Wong, MD

Federal Staff
Carol Jimenez, JD, Acting Director, Office of Minority Health (OMH), U.S. Department of
Health and Human Services
Minh Wendt, PhD, Public Health Advisor, Division of Policy and Data, Office of Minority
Health, U.S. Department of Health and Human Services (Designated Federal Officer, ACMH)
Alexis Bakos, PhD, MPH, RN, Senior Advisor to the Deputy Assistant Secretary for Minority
Health, and Acting Director, Division of Policy and Data, Office of Minority Health, U.S.
Department of Health and Human Services (Alternate Designated Federal Officer, ACMH)

Invited Presenters
Juliet Bui, MPA, MSW, Justice and Health/Behavioral Health Policy Lead, Division of Policy and Data, OMH
Sonsiere Cobb-Souza, Director, Division of Program Operation, OMH
Felix Lorenzo, PhD, MPH, CPH, ORISE Fellow, Office of the Director, OMH
LaJoy Mosby, MBA, Deputy Director, OMH Resource Center
Beverly Pratt, MA, Statistical & Science Policy, U.S. Office of Management and Budget (OMB)
Andrew Sanderson, MD, MPH, Medical Officer, Office of the Director, OMH
Anthony Welch, Press Secretary, Division of Information and Education, OMH
Stacey Williams, Regional Operations Officer, Office of the Director, OMH
DAY ONE – Thursday, March 23, 2017

Call to Order, Welcome, and Introductions
Paul Juarez, PhD, Chair

Dr. Juarez called the meeting to order, welcomed new and continuing Committee members, and invited members to introduce themselves.

OMH Welcome and Overview
Carol Jimenez, JD, Acting Director, Office of Minority Health (OMH), U.S. Department of Health and Human Services (HHS)

Ms. Jimenez welcomed committee members, invited OMH staff and meeting staff to introduce themselves, and reviewed the history, mission, and priorities of OMH.

Ms. Jimenez stated that it is important for the Committee to think about the OMH mission, priorities, and programs when they consider potential recommendations.

Ms. Jimenez noted that the work of OMH will be guided by the priorities of the new administration. Until those priorities are communicated, they will continue to move forward on existing priorities and initiatives.

Ms. Jimenez described current OMH funding opportunities and announced the theme and key activities for National Minority Health Month.

Justice and Health Portfolio
Juliet Bui, MPA, MSW, Justice and Health/Behavioral Health Policy Lead, Division of Policy and Data, OMH

Ms. Bui described OMH efforts to address health and behavioral health disparities among justice-involved populations. Those efforts include:

- Partnership with the National Academies of Sciences, Engineering, and Medicine (NASEM) Committee on National Statistics (CNSTAT) to convene a workshop that explored how indicators of justice system involvement could be added to population health surveys conducted by HHS. A peer-reviewed journal supplement is forthcoming. OMH will inform the Committee when it is published.
- Data brief with the Department of Justice (DOJ) Bureau of Justice Statistics focused on a survey of prison inmates regarding infectious diseases, access to treatment, and other health issues, with data reported by race and ethnicity.
- Participation in working groups within and outside of HHS to develop policies to address the health and well-being of individuals who have been involved with the justice system, from a social determinants of health (SDOH) lens.
- Participation in the Milestone 6 Workgroup (Reducing Violence and Providing a Second Chance) of the Task Force for Improving Life Outcomes for Boys and Young Men of Color and Underserved Youth.
OMH grant programs to address the reentry population include:

- HIV/AIDS Health Improvement for Re-entry Population 2012-2016
- Re-entry Community Linkages (2016-2021)

OMH behavioral health efforts include:

- An e-learning module on cultural competency and the National CLAS Standards for behavioral health practitioners
- MOUs with the Office of Behavioral Health Equity at the Substance Abuse and Mental Health Services Administration (SAMHSA) to support evaluation of SAMHSA’s Disparity Impact Strategy and implementation of the National CLAS Standards
- Development of a framework for behavioral health analysis with the National Conference of State Legislatures (NCSL)
- Partnership with the Office of the Surgeon General to support the Turn the Tide Rx campaign to address opioid use disorder and the Surgeon General’s Report on Alcohol, Drugs, and Health.
- Participation in the HHS Behavioral Health Coordinating Committee.

**National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)**

*Andrew Sanderson, MD, MPH, Medical Officer, Office of the Director, OMH*

Dr. Sanderson provided an overview of the National CLAS Standards and their implementation.

The standards were first implemented by OMH in 2000 and were updated in 2013. They are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for culturally and linguistically appropriate services.

OMH monitors CLAS implementation at the national, state, and local level and provides support as needed. There is no mandate to implement the standards, but many health and health service organizations want to adopt them.

OMH promotes the standards through webinars, conference presentations, and partnerships. The ACMH could help OMH identify groups that would be amenable to outreach regarding CLAS.

OMH ensures that all HHS agencies incorporate CLAS in their grants language and policy guidance and conducts evaluation studies to measure awareness and monitor implementation of the Standards.

The Think Cultural Health website provides extensive resources for providers and stakeholders.
Division of Information and Education/Resource Center  
*Anthony Welch, Press Secretary, Division of Information and Education, OMH*  
*LaJoy Mosby, MBA, Deputy Director, OMH Resource Center*

National Minority Health Month

Mr. Welch provided an overview of National Minority Health Month (NMHM) 2017. This year’s theme is “Bridging Health Equity Across Communities.” Key events include a Twitter Town Hall on April 12 and a Health Equity Call to Action Thunderclap on April 28. The OMH website has extensive resources related to NMHM.

OMH Resource Center (OMHRC)

Ms. Mosby provided an overview of OMHRC, which was created through the authorizing legislation that established OMH.

OMHRC helps the ACMH, health professionals, and researchers explore the latest information on minority health; locate information about racial and ethnic populations; improve capacity to secure resources, implement programs, and analyze results; and access outreach and social marketing material to increase health knowledge for communities.

Information Services

The OMHRC Knowledge Center has 56,000 records in its database. The catalog is available online, and the Knowledge Center is also accessible in person. OMHRC can conduct customized searches to support the Committee.

The OMHRC website has population profiles for each of the four major racial and ethnic groups, with a focus on health disparities. The profiles compile the latest data from the Centers for Disease Control and Prevention (CDC) and other federal resources in one location.

Improving Capacity

OMHRC provides technical assistance (TA) to support organizational infrastructure, community outreach, programmatic design, and training initiatives.

OMHRC can conduct funding searches for community-based organizations (CBOs), healthcare facilities, academic institutions, and individuals.

OMHRC’s Higher Education Technical Assistance Project (HETAP) is a five-year initiative funded by OMH to support the needs of institutions of higher education, including minority-serving institutions.

Outreach and Social Marketing

OMHRC develops materials for use by public and private organizations, including social media messages; OMH newsletters for health professionals and organizations; and conferences to promote OMH programs and the services of OMHRC.
National Partnerships for Action to End Health Disparities (NPA)

Carol Jimenez, JD, Acting Director, OMH
Felix Lorenzo, PhD, MPH, CPH, ORISE Fellow, Office of the Director, OMH

Ms. Jimenez and Dr. Lorenzo provided an overview of the NPA, including its history, mission, goals, implementation structure, priorities, activities and emerging areas of interest.


The mission of the NPA 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 and by bringing attention to the social determinants of health.

The NPA has five overarching goals to achieve its mission:

- Increase awareness of health disparities, their impact on the nation, and the actions that are necessary to improve health outcomes for racial and ethnic minorities and underserved populations
- Strengthen and broaden leadership for addressing health disparities
- Strengthen the health system and improve life experience for the underserved
- Improve cultural and linguistic competency and diversity of the health-related workforce
- Improve data availability and coordination and share research and evaluation outcomes.

The NPA implementation structure includes a Federal Interagency Health Equity Team (FIHET), Regional Health Equity Councils (RHECs), State Offices of Minority Health (SOMHs), and national partners.

The NPA priority areas are:

- Health care access outreach and education
- Integrate health equity in all policies and programs
- Strengthen the community health worker (CHW) workforce
- Foster youth education and engagement
- Implement the National CLAS Standards

Emerging areas of interest for the NPA include oral health, rural health, and health information technology. The RHECs have formed cross-RHEC work groups on oral health, CHWs, and an AI/AN Caucus to address issues of overarching concern.

In November 2016, the FIHET published a *Compendium of Publicly Available Data sets and Other Data-Related Resources* that includes links to 132 data sets and HHS resources on health conditions and other factors that impact the health of minority populations.

Additional information on the NPA is available at [https://minorityhealth.hhs.gov/npa](https://minorityhealth.hhs.gov/npa).
**Regional Operations**  
*Stacey Williams, Regional Operations Officer, Office of the Director, OMH*

Ms. Williams described the regional operations of OMH.

The Regional Operations Officer (ROO) serves as the point of contact at the central office for HHS Regional Minority Health Consultants (RMHCs) and SOMHs.

The RMHC position was created in the 1990s, when OMH assigned a staff member in each regional office to assist states with the creation and development of a SOMH. The RMHCs implement regional projects focused on minority health.

The ROO conducts monthly bi-regional conference calls for SOMHs and their respective RMHCs and coordinates opportunities for collaboration within and across regions.

**Program Operations**  
*Sonsiere Cobb-Souza, Director, Division of Program Operation, OMH*

Ms. Cobb-Souza highlighted OMH demonstration programs and funding opportunities.

OMH currently manages four demonstration grants:
- Communities Addressing Childhood Trauma
- Re-entry Community Linkages Program
- National Workforce Diversity Pipeline Program
- State Partnership Initiative to Address Health Disparities.

OMH has four competitive funding opportunities for fiscal year 2017:
- National Lupus Outreach & Clinical Trial Education Program
- Partnerships to Achieve Health Equity
- American Indian/Alaska Native Health Equity Initiative
- Minority Youth Violence Prevention: Integrating Social Determinants of Health and Community Policing Approaches


**Partnerships**  
*Alexis Bakos, PhD, MPH, RN, Senior Advisor, Office of the Director and Acting Director, Division of Policy and Data, OMH*

Dr. Bakos described OMH partnerships that could amplify the Committee’s work and help it identify new areas to address.

**Office of the Surgeon General**
- Turn the Tide Rx Tour (April-August 2016)

**American Indian & Alaska Native Behavioral Risk Factor Surveillance System (BRFSS) Oversample**

- OMH is working with the CDC’s National Center for Chronic Disease Prevention and Health Promotion to conduct an oversample in 11 states with the highest population of AI/AN, using the 2017 BRFSS.
- OMH will monitor sampling progress and provide periodic updates to CDC and will conduct targeted outreach campaigns to maximize community participation while the project is in the field.
- In developing the interagency agreement for this project, OMH ensured that the raw data would be made available to the Tribal Epidemiology Centers (TECs) and that the TECs would be acknowledged as public health authorities.

**2014 Native Hawaiian & Pacific Islander (NHPI) National Health Interview Survey**

- OMH partnered with the National Center for Health Statistics (NCHS) to conduct the first federal survey designed exclusively to measure the health of the NHPI population.
- The Public Use File was released on March 15, 2017.

**Data Policies**

*Minh Wendt, PhD, Data Policy Lead, Division of Policy and Data, OMH*

Dr. Wendt provided an overview of the OMH data policy portfolio at the national and local level as well as OMH activities in research and publication.

At the national level, OMH engages in numerous partnerships and collaborations that address data. OMH staff participates in several federal interagency work groups, including Healthy People 2020 (HP 2020), the OMB Interagency Work Group for Research on Race and Ethnicity, and the FIHET/NPA Data Work Group.

OMH collaborated with the Office of Disease Prevention and Health Promotion to create a health data disparities tool for HP 2020 that is embedded in over 100 objectives, using National Health Interview Survey data. The tool summarizes health disparities and changes in health disparities over time for measurable population-based HP 2020 objectives.

OMH is developing a framework to support the sharing of administrative and secondary data and is pilot testing the framework in two communities (Sarasota, Florida, and Tacoma-Pierce County, Washington). They are also implementing a community data intermediaries project that supports local data needs.

OMH also invests in research and publishing efforts, including a series of OMH data briefs and articles for peer-reviewed journals.
Committee Business

Committee members identified potential topics to address in the next two years, including:

- Workforce development, especially in shortage areas
- Rural populations
- Data issues, including sampling strategies, the lack of data on small populations, the lack of data on healthcare facilities, data sharing, and transparency
- Terminology (e.g., “people of color” does not include tribal populations)
- SDOH (i.e., how to address them or help others address them)
- Behavioral health (including integrated health care, opioids).
- Immigration from a health perspective
- Changes in the marketplace/healthcare transformation.

After further discussion, the following issues emerged as the top two priorities:

1. Review and update 2011 Workforce Development report (include behavioral health)
2. Opioid crisis (including behavioral health, workforce development, CLAS).

Committee members discussed the status and impact of its previous recommendations. Dr. Bakos said she could provide an update at a future meeting.

Committee members agreed to address workforce development at the next meeting and the opioid crisis at the first meeting in 2018.

Committee members agreed to hold the next meeting at the end of August. Agenda items would include an update on the status of the Committee’s prior recommendations and presentations on workforce development.

DAY TWO – Friday, March 24, 2017

Call to Order and Committee Discussion

Paul Juarez, PhD, Chair

Dr. Juarez called the meeting to order and invited Committee members to share reflections on the first day.

Committee members expressed an interest in connecting with the RHECs and the FIHET. Dr. Bakos said she would send Committee members a list of RHEC co-chairs.

Committee members discussed how, and whether, the Committee could work with the regional offices of OMH. They agreed to invite RMHCs to make a presentation when the Committee addresses the opioid crisis.

Health and Well-being of Boys and Men of Color
Dr. Juarez provided a brief overview of the prior administration’s initiatives to address the health and well-being of boys and young men of color and research initiatives showing that early exposure to adverse childhood experiences increases the risk of health disparities later in life.

Committee members discussed whether to develop a report on this topic, as previously planned. A consensus emerged to remove the topic from the Committee’s working agenda. Dr. Juarez noted that the Committee could request updates when it becomes clear how this issue aligns with the priorities of the new administration.

Dr. Bakos suggested that the Committee request an update from Dr. Cameron Webb, a physician and White House Fellow who will oversee the Task Force going forward.

Committee members engaged in further discussion about priorities for the coming year and agreed that the next meeting would focus on the opioid crisis, instead of workforce development.

**OMB Interagency Work Group for Research on Race and Ethnicity**

*Beverly Pratt, MA, Statistical & Science Policy, U.S. Office of Management and Budget (OMB)*

Ms. Pratt provided an overview of proposals from the Federal Interagency Working Group for Research on Race and Ethnicity (IWG).

The IWG was formed to exchange research findings, identify implementation issues, and collaborate on a shared research agenda to improve federal data on race and ethnicity. It published a *Federal Register* notice on March 1, 2017 requesting public comment on its proposals to revise the standards for maintaining, collecting, and presenting federal data on race and ethnicity.

Ms. Pratt described the proposed revisions in the four areas being reviewed:
- Questionnaire format and nonresponse
- Classification of a Middle Eastern or North African (MENA) race/ethnicity category
- Additional minimum reporting categories for American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White groups
- Relevance of terminology.

The IWG has made no recommendations to OMB, and OMB has made no decisions regarding the areas being reviewed. The 60-day comment period closes at 11:59 p.m. on April 30, 2017. The IWG will review the comments and prepare recommendations to OMB by June 30, 2017. Those recommendations will be made available to the public. OMB will make any and all decisions regarding any potential revisions to the 1997 standards by December 1, 2017.

**Deliverables Discussion**
Committee members discussed how to frame the work on opioid abuse/behavioral health.

Dr. Panapasa noted that the issue of terminology arose several times during the meeting. Committee members agreed to include that as an agenda item for the next meeting.

Wrap Up
Dr. Juarez volunteered to lead the effort to identify data sets to review, using the FIHET Data Compendium as a starting point.

Dr. Juarez asked OMH to provide information on current partnerships that might shed light on opioid abuse.

Committee members agreed to have an interim conference call to develop the agenda for the next meeting.

The meeting was adjourned at 1:05 p.m.

ACTION ITEMS
- OMH will inform Committee members when the journal supplement on adding indicators of criminal justice system involvement to HHS population health surveys is published.
- OMH will provide detailed information on how Committee members can participate in the April 28 Thunderclap for National Minority Health Month.
- Dr. Bakos will look into whether the DOJ survey of incarcerated populations included privately owned prisons and will provide the information to the Committee.
- Dr. Bakos will send Committee members a list of RHEC co-chairs.
- OMH will send the Surgeon General’s report on alcohol, drugs, and health to Committee members.
- Dr. Bakos will request a speaker from the Surgeon General’s office to address the opioid crisis the next meeting.
- OMH will provide information on current partnerships that might shed light on opioid use.
- Dr. Juarez will lead the effort to identify data sets that might have data on the opioid crisis in racial and ethnic minority communities, using the FIHET Data Compendium as a starting point. Committee members will suggest other data sets.
- Dr. Bakos will determine whether the FIHET could assist in identifying data sets.
- Dr. Juarez will get ICB 10 codes related to opioid abuse.
- The Committee will have one interim conference call to plan the agenda for the next meeting.