

REPORT TO CONGRESS
ON MINORITY HEALTH ACTIVITIES
AS REQUIRED BY THE
PATIENT PROTECTION AND
AFFORDABLE CARE ACT (P.L. 111-148)
FROM THE
DEPARTMENT OF HEALTH AND
HUMAN SERVICES
OFFICE OF THE SECRETARY
OFFICE OF MINORITY HEALTH
FOR THE FISCAL YEARS 2011 AND 2012

TABLE OF CONTENTS

Executive Summary	i
Background	1
The Impact of the Affordable Care Act on Health Disparities	1
Ending Insurance Discrimination.....	1
Affordable Insurance Coverage.....	2
Preventive Care	2
Health Care Providers for Underserved Communities.....	3
Diversity and Cultural Competency of the Workforce	3
Improved Data Collection and Reporting Standards.....	4
Provisions Within the Affordable Care Act to Strengthen the Department of Health and Human Services Minority Health Infrastructure	4
Reauthorization of the Office of Minority Health	4
Elevation of the Office of Minority Health	4
Redesignation of the National Center on Minority Health and Health Disparities.....	5
HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS Disparities Action Plan)	5
Report Requirement	6
Summary of Minority Health Activities	8
HHS Minority Health Activities Summary	9
Office of the Secretary, Office of Minority Health (OMH)	9
Highlights of OMH’s Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)	11
National Institutes of Health (NIH) / National Institute on Minority Health and Health Disparities (NIMHD)	15
Highlights of NIH’s Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan).....	16
Individual Offices of Minority Health	19
Agency for Healthcare Research and Quality (AHRQ).....	19
Centers for Disease Control and Prevention (CDC).....	22
Centers for Medicare & Medicaid Services (CMS)	26
Food and Drug Administration (FDA)	29
Health Resources and Services Administration (HRSA)	33
Substance Abuse and Mental Health Services Administration (SAMHSA)	36
Other HHS Agencies’ Minority Health Activities	39
Administration for Children and Families (ACF).....	39
Administration for Community Living (ACL).....	40
Assistant Secretary for Planning and Evaluation (ASPE)	41
Indian Health Service (IHS)	42
Office for Civil Rights (OCR).....	43

Office of Adolescent Health (OAH).....	44
Office of the Assistant Secretary for Preparedness and Response (ASPR)	45
Office of Disease Prevention and Health Promotion (ODPHP)	47
Office of the National Coordinator for Health Information Technology (ONC).....	48
Office on Women’s Health (OWH)	49
President’s Council on Fitness, Sports, and Nutrition (PCFSN)	50
Coordination, Integration, and Accountability.....	52
HHS Health Disparities Council	52
Federal Interagency Health Equity Team.....	52
Federal Collaboration on Health Disparities Research	53
Conclusion	53
Appendix A. HHS Disparities Action Plan Secretarial Priorities, Goals, and Strategies	
Appendix B. Highlighted Agency Activities Categorized by HHS Disparities Action Plan	
Appendix C. U.S. Department of Health and Human Services Regions	
Appendix D. Data Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status	
Appendix E. U.S. Department of Health and Human Services Health Disparities Council	
Acronyms	

ACA	Affordable Care Act
ACF	Administration for Children and Families
ACL	Administration for Community Living
AHRQ	Agency for Healthcare Research and Quality
AI/AN	American Indian/Alaska Native
ASPA	Office of the Assistant Secretary for Public Affairs
ASPE	Assistant Secretary for Planning and Evaluation
ASPR	Office of the Assistant Secretary for Preparedness and Response
CBPR	Community-based Participatory Research
CDC	Centers for Disease Control and Prevention
CHC	Community Health Center
CHIP	Children's Health Insurance Program
CHW	Community Health Worker
CMS	Centers for Medicare & Medicaid Services
EHR	Electronic Health Records
FDA	Food and Drug Administration
FCHDR	Federal Collaboration on Health Disparities Research
FIHET	Federal Interagency Health Equity Team
FQHC	Federally Qualified Health Centers
GAO	Government Accountability Office
HBCU	Historically Black Colleges and Universities
HHS	Department of Health and Human Services
HIT	Health Information Technology
HRAC	AI/AN Health Research Advisory Council

HRSA	Health Resources and Services Administration
IHS	Indian Health Service
LEP	Limited English Proficiency
NCI	National Cancer Institute (National Institutes of Health)
NHLBI	National Heart, Lung and Blood Institute (National Institutes of Health)
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases (National Institutes of Health)
NIH	National Institutes of Health
NIMHD	National Institute on Minority Health and Health Disparities
NINR	National Institute of Nursing Research (National Institutes of Health)
NPA	National Partnership for Action to End Health Disparities
NSS	National Stakeholder Strategy for Achieving Health Equity
OAH	Office of Adolescent Health
OBHE	Office of Behavioral Health Equity (Substance Abuse and Mental Health Services Administration)
OBSSR	Office of Behavioral and Social Sciences Research (National Institutes of Health)
OCR	Office for Civil Rights
ODPHP	Office of Disease Prevention and Health Promotion
OHE	Office of Health Equity (Health Resources and Services Administration)
OMH	Office of Minority Health
OMHHE	Office of Minority Health and Health Equity (Centers for Disease Control and Prevention)
ONC	Office of the National Coordinator for Health Information Technology
OS	Office of the Secretary
OWH	Office on Women's Health
PCFSN	President's Council on Fitness, Sports, and Nutrition
PHR	Personal Health Record
RFA	Request for Application
SAMHSA	Substance Abuse and Mental Health Services Administration

Executive Summary

Medical advances and new technologies have provided Americans with the potential for longer, healthier lives more than ever before. However, persistent and well-documented health disparities continue to exist among racial and ethnic minorities and underserved populations.

The Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152, together referred to as the Affordable Care Act) includes a number of provisions that will improve the health of racial and ethnic minorities and other underserved or vulnerable populations by addressing many of the factors that have long been associated with health disparities, including expanding access to affordable, quality health coverage. Within the health care law, there are also specific requirements that address minority health issues: (1) elevation of the Office of Minority Health to the Office of the Secretary and authorization of appropriations for carrying out the duties of the Office of Minority Health through 2016; (2) establishment of individual Offices of Minority Health within the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA); and (3) elevation of the National Center on Minority Health and Health Disparities to an institute within the National Institutes of Health.

Section 10334(a)(3) of the Affordable Care Act requires that a report be submitted not later than one year after enactment, and biennially thereafter, describing the activities carried out under sections 1707 and 1707A of the Public Health Service Act (as amended). On March 23, 2011, the Department of Health and Human Services (HHS) submitted its first Report to Congress that provided information on HHS' programs and activities on minority health and health disparities, establishment of the individual Offices of Minority Health, elevation of the National Center on Minority Health and Health Disparities, and actions undertaken to ensure cohesive and coordinated minority health and health disparities activities. This report, which summarizes activities in fiscal years 2011 and 2012, responds to the reporting requirement and provides an update to Congress on HHS programs and activities related to minority health.

Significant progress has been achieved in implementing the provisions of the Affordable Care Act that address health disparities. Since the first 2011 Report to Congress on Minority Health Activities, all of the individual Offices of Minority Health have been established. The leadership of AHRQ, CDC, CMS, FDA, HRSA, and SAMHSA has appointed permanent directors of their respective Offices of Minority Health.

During fiscal years 2011 and 2012, the Office of Minority Health, the National Institute on Minority Health and Health Disparities, the individual Offices of Minority Health within six HHS agencies, and various other HHS agencies and offices carried out programs and developed policies to reduce disparities in health and health care for minority populations. These activities included leadership and coordination of national health disparities action plans; community-based participatory research; access to quality health care for minority and underserved populations; dissemination of community grants; increasing the diversity and cultural

competency of the health and human services workforce; integration of research and establishment of networks that connect funded institutions, researchers, and the community; improving the participation of racial and ethnic minorities in chronic condition research studies; strengthening state leadership and supporting programs to improve the health and health care for vulnerable populations across the lifespan; expanding diverse language-based programs; improving data collection and reporting on health disparities at the national and state levels; increasing access to and implementation of health information technology; improving health literacy; providing technical assistance and professional training; and building capacity to address gaps in services.

HHS Agency Actions During Fiscal Years 2011 and 2012

- Enhanced strategic planning to drive targeted and collaborative efforts to reduce disparities;
- Increased integration of disparities related efforts across agencies;
- Increased collaboration on disparities related projects and activities;
- Expanded partnerships within HHS and with external partners;
- Increased information sharing with community groups; and
- Improved data collection.

Furthermore, under the leadership of Health and Human Services Secretary Kathleen Sebelius, HHS released the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (the HHS Disparities Action Plan) on April 8, 2011. The first of its kind for the Department of Health and Human Services, the HHS Disparities Action Plan is the most comprehensive federal commitment on health disparities and charges all HHS operating and staff divisions to heighten the impact of HHS policies and programs to reduce health disparities. The HHS Disparities Action Plan builds on the foundation of the Affordable Care Act and leverages other national initiatives such as Healthy People 2020, the National Prevention Strategy, the National HIV/AIDS Strategy, and the HHS Environmental Justice Strategy. This strategic action plan represents an unprecedented time of coordination and collaboration across the department and with external partners, guided by a clear road map, to achieve the vision of “a nation free of disparities in health and health care”.

Background

In 1985, the U.S. Department of Health and Human Services (HHS) released the Report of the Secretary’s Task Force on Black and Minority Health, a landmark report documenting the persistence of health disparities among minorities in the United States. Also known as the Heckler Report, it called such disparities “an affront both to our [nation’s] ideals and to the ongoing genius of American medicine.” In the decades since the release of that report, much has changed—including significant improvements in health and human services throughout the nation. Nevertheless, health and health care disparities have persisted. Beyond the heavy burden that health disparities represent for the individuals and communities affected, there are additional societal and economic burdens borne by the country as a whole.

Many of the health barriers that racial and ethnic minorities face are the result of interrelated elements that affect individuals across their lifespan. These factors or determinants of health influence the health and well-being of individuals and communities. Placing an emphasis on prevention and wellness is not only a key strategy to reduce disparities but also to improve the health of our nation.

Major Dimensions of Disparities Include:

- Disparities in health insurance coverage;
- Disparities in access to health care;
- Disparities in the quality of care provided;
- Inability of providers to recognize and address disparities;
- Disparities in levels of health; and
- Disparities in data on the amount, causes, and solutions to differences in health and health care.

The Impact of the Affordable Care Act on Health Disparities

Historically, not all Americans have had equal access to health care—or similar health outcomes. Racial and ethnic minorities have the highest rates of being uninsured, are less likely to receive preventive care, have higher rates of many chronic conditions, and are less likely to receive quality health care.

Enacted in March 2010, the Affordable Care Act makes health insurance more affordable and provides better access to quality health care for all Americans. Because of the health care law, approximately 27 million people will gain access to coverage by 2017.² Already the Affordable Care Act is making a difference, and millions of Americans are benefiting from the provisions of the law, including minority and underserved populations.

Ending Insurance Discrimination

Under the Affordable Care Act, insurance companies can no longer deny coverage to children because of a pre-existing condition such as asthma or diabetes, and in 2014 discriminating against anyone with a pre-existing condition will be prohibited. Insurance companies can also no longer put a lifetime dollar limit on coverage or cancel coverage by finding an accidental mistake on paperwork. These are important consumer protections for all Americans, including racial and ethnic minorities who suffer disproportionately from many chronic diseases.

¹ Waidman, T. (2009). *Estimating the Cost of Racial and Ethnic Health Disparities*. Urban Institute.

² Congressional Budget Office’s February 2013 Estimates of the Effects of the Affordable Care Act on Health Insurance Coverage. (2013). Retrieved from http://cbo.gov/sites/default/files/cbofiles/attachments/43900_ACAInsuranceCoverageEffects.pdf

Affordable Insurance Coverage

The Affordable Care Act expands access to affordable health insurance coverage. Racial and ethnic minorities comprise one-third of the nation's population, but comprise more than one-half of the nation's uninsured. Young adults, who have had some of the highest rates of being uninsured, can now stay on their parents' health plans until the age of 26, and already more than three million young adults have gained access to coverage (Table 1). Additionally, because of the health care law, new health insurance marketplaces will be established in 2014, empowering individuals, families, and businesses to access affordable, high-quality health plans and compare prices and benefits.

Table 1. Expansion in Insurance Coverage as a Result of the Affordable Care Act³

Benefit	Estimated Number of Individuals Affected				Effective Date
	African Americans	American Indian/Alaska Natives	Asian Americans and Pacific Islanders	Latinos	
Expanded Insurance					
Expanded Insurance Coverage (Ages 0-64)	6,800,000*	579,000**	2,000,000***	10,200,000****	As early as January 1, 2014

Preventive Care

The Affordable Care Act helps to reduce disparities by making prevention more affordable and accessible. The law requires new health plans to cover recommended preventive services, such as blood pressure and cholesterol screening, mammograms and Pap smears, and vaccinations, with no cost-sharing (e.g., copayment, coinsurance or deductible). Millions of elderly and disabled Americans with Medicare also have access to many preventive services with no cost-sharing, such as an annual wellness visit and cancer screenings. Table 2 depicts the estimated number of racial and ethnic minorities who have access to preventive services with no cost-sharing.

Table 2. Key Preventive Benefits of the Affordable Care Act³

Benefit	Estimated Number of Individuals Affected			Effective Date
	African Americans	Asian Americans and Pacific Islanders	Latinos	
Preventive Health Services (Private Insurance)	5,500,000	2,700,000	6,100,000	September 23, 2010

³* Information on expanded insurance coverage for Ages 0-64 was derived from HHS.gov/HealthCare Fact Sheet, "The Affordable Care Act and African Americans" (2013). Retrieved from:

<http://www.hhs.gov/healthcare/facts/factsheets/2012/04/aca-and-african-americans04122012a.html>

**Information on expanded insurance coverage for Ages 0-64 was derived from HHS.gov/HealthCare Fact Sheet, "The Affordable Care Act and American Indian and Alaska Native People" (2013). Retrieved from:

<http://www.hhs.gov/healthcare/facts/factsheets/2011/03/americanindianhealth03212011a.html>

***Information on expanded insurance coverage for Ages 0-64 was derived from HHS.gov/HealthCare Fact Sheet, "The Affordable Care Act and Asian Americans and Pacific Islanders" (2013). Retrieved from:

<http://www.hhs.gov/healthcare/facts/factsheets/2012/05/asian-americans05012012a.html>

****Information on expanded insurance coverage for Ages 0-64 was derived from HHS.gov/HealthCare Fact Sheet, "The Affordable Care Act and Latinos" (2013). Retrieved from:

<http://www.hhs.gov/healthcare/facts/factsheets/2012/04/aca-and-latinos04102012a.html>

Benefit	Estimated Number of Individuals Affected			Effective Date
	African Americans	Asian Americans and Pacific Islanders	Latinos	
Preventive Health Services (Medicare)	4,500,000	867,000	3,900,000	January 1, 2011

Health Care Providers for Underserved Communities

The Affordable Care Act increases funding for community health centers, which provide comprehensive, high-quality preventive and primary health care. In 2010, of the 19.5 million people treated at community health centers supported by the Health Resources and Services Administration, more than half of the patients were racial and ethnic minorities. Health centers have received funding to create new health center sites in medically underserved areas, to expand preventive and primary health care services, and to support major construction and renovation projects.

Diversity and Cultural Competency of the Workforce

Numerous studies indicate that racial and ethnic minority health care providers are more likely to practice in medically underserved areas and provide health care to large numbers of minorities who are uninsured or underinsured.⁴⁻⁷ Increasing the diversity and cultural and linguistic competency of the public health and healthcare workforces are important strategies to address health and healthcare disparities. Investments through the Affordable Care Act and the American Recovery and Reinvestment Act of 2009 have helped to triple the number of clinicians in the National Health Service Corps (NHSC), a network of primary care providers who practice in underserved and vulnerable communities, from 3,000 to 10,000 clinicians over the past three years.⁸ The Corps provides scholarships and loan repayment to medical students and primary care physicians, as well as other health professionals, in exchange for a commitment to practice in an underserved area. HRSA reports that in fiscal year 2012, the program resulted in 10.4 million patients being served by NHSC clinicians and in 9,908 scholarship and loan repayment agreements to place NHSC clinicians in communities with limited access to care. The Affordable Care Act also strengthens cultural competency training for health care providers.

⁴ Kington, R., Tisnado, D., & Carlisle, D. M. (2001). Increasing racial and ethnic diversity among physicians: An intervention to address health disparities? In B. D. Smedley, A. Y. Stith, L. Colburn, & C. H. Evans (Eds.), *The right thing to do, the smart thing to do: Enhancing diversity in health professions – Summary of the symposium on diversity in health professions in honor of Herbert W. Nickens, M.D.* (pp. 57-90). Washington, DC: Institute of Medicine. Retrieved from <http://www.ethnicphysicians.org/publications/NAP%20Article.pdf>

⁵ Komaromy, M., Grumbach, K., Drake, M., Vranizan, K., Luri, N., Keane, D., & Bindman, A. B. (1996). The role of Black and Hispanic physicians in providing health care for underserved populations. *New England Journal of Medicine*, 334, 1305-1310.

⁶ Cooper-Patrick, L., Gallo, J. J., Gonzales, J. J., Vu, H. T., Powe, N. R., Nelson, C., & Ford, D. E. (1999). Race, gender and partnership in the patient-physician relationship. *Journal of the American Medical Association*, 282(6), 583-589.

⁷ The Affordable Care Act helps African Americans. (n.d.). *The White House*. Retrieved from: http://www.whitehouse.gov/sites/default/files/docs/the_aca_helps_african_americans_fact_sheet_0.pdf

⁸ Community Health Centers and the Affordable Care Act: Increasing access to affordable, cost effective, high quality care. (2010). *Healthcare.gov*. Retrieved from <http://www.healthcare.gov/news/factsheets/2010/08/increasing-access.html>

Improved Data Collection and Reporting Standards

In accordance with section 4302 of the Affordable Care Act, HHS adopted new data standards for the collection of race, ethnicity, sex, primary language, and disability status for self-reported data collected from population-based health surveys on October 31, 2011. The goal of section 4302 is to improve efforts to reduce disparities through the standardization, collection, analysis, and reporting of data on health and health care disparities. Data collection is fundamental to the department's efforts to understand the causes of health disparities, design effective responses, and evaluate progress in reducing disparities.

Provisions Within the Affordable Care Act to Strengthen the Department of Health and Human Services Minority Health Infrastructure

The Affordable Care Act includes provisions that specifically improve efforts by HHS to address minority health and reduce health disparities. These include the elevation of the Office of Minority Health within the Office of the Secretary (OS), the elevation of the National Institute on Minority Health and Health Disparities within the National Institutes of Health (NIH); establishment of Offices of Minority Health (OMH) within six HHS agencies; and development of measures to evaluate the effectiveness of activities aimed at reducing health disparities.

Reauthorization of the Office of Minority Health

The Affordable Care Act authorized appropriations for the Office of Minority Health (OMH) through 2016. The law retains and strengthens existing authorities for improving minority health and the quality of health care minorities receive, and for eliminating health disparities. The Affordable Care Act also requires that OMH develop a report to Congress on Minority Health Activities. These authorities form the basis for the OMH activities that are reported below.

Elevation of the Office of Minority Health

The Department of Health and Human Services issued a change of reporting structure for the Deputy Assistant Secretary for Minority Health to report directly to the Secretary and be administratively supported by the Assistant Secretary for Health. The Deputy Assistant Secretary for Minority Health serves as the Director of the HHS Office of Minority Health and as principal advisor to the Secretary for health program activities that address minority populations, develops policies for the improvement of health status of minority populations, and coordinates all Public Health Service minority health activities⁵

Establishment of Six Individual Offices of Minority Health

The leadership of the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA) were directed by section 1707A of

⁵ <https://federalregister.gov/a/2013-23680>

the Public Health Service Act, as established by section 10334 of the Affordable Care Act, to create an Office of Minority Health within their agencies. The heads of the agencies also were required to appoint a director for their respective Office of Minority Health who would report directly to them. Funding that is reserved from each agency's appropriation is to be used to carry out minority health activities, including staffing for the office.

Since the 2011 Report to Congress on Minority Health Activities, all of the above named agencies have appointed permanent directors who meet regularly with the Deputy Assistant Secretary for Minority Health (DASMH) and who provide important leadership and coordination within their agencies on minority health and health equity.

Redesignation of the National Center on Minority Health and Health Disparities

The Affordable Care Act elevated the National Center on Minority Health and Health Disparities within the National Institutes of Health (NIH) to an Institute. Among other responsibilities, the new National Institute on Minority Health and Health Disparities (NIMHD) “*coordinates all research and activities conducted or supported*” by NIH on minority health and health disparities. The NIMHD also is authorized to “*plan, coordinate, review, and evaluate research and other activities conducted or supported by the institutes and centers*” of NIH.

HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS Disparities Action Plan)

The persistence of health disparities and the increasing diversity of the nation's population since the publication of the 1985 Report of the Secretary's Task Force on Black and Minority Health prompted HHS to strengthen its commitment to reducing racial and ethnic health disparities. The HHS leadership realized the pressing need to develop a national plan that would focus specifically on addressing health inequities that stemmed from social and environmental disadvantages affecting racial and ethnic minorities.

Released during fiscal year 2011, the HHS Disparities Action Plan not only responds to the input of stakeholders around the nation, but it also capitalizes on new and unprecedented opportunities in the Affordable Care Act to benefit diverse communities.

This comprehensive plan leverages key provisions of the Affordable Care Act. With the HHS Disparities Action Plan, the Department is committed to continuously assessing the impact of all policies and programs on racial and ethnic health disparities through several priorities, goals, and strategies. These include:

1. **Transform Health Care** – Strengthening the current health care system and building a high-value health care system requires insuring the uninsured, making coverage more secure for those who have it, and improving the quality of care for all populations. The HHS Disparities Action Plan outlines strategies to reduce health disparities by expanding access to health coverage and improving primary care services, care coordination, and health care quality.
2. **Strengthen the Workforce and Infrastructure** – There is a critical shortage of primary care physicians, nurses, behavioral health providers, long-term care workers, and

community health workers in the United States. With growing national diversity, the disparity between the racial and ethnic composition of the health care workforce and that of the population widens. Strategies for strengthening the health and human services' infrastructure and workforce outlined in the HHS Disparities Action Plan involve addressing this shortage, increasing workforce diversity, and improving the cultural competence of health professionals.

3. **Improve Americans' Health, Safety, and Well-Being** – In order to prevent and control chronic diseases, the HHS Disparities Action Plan helps to create environments that promote healthy behaviors in minority communities. This requires renewed commitment to prevention, with an emphasis on strengthening community-based approaches to reducing high-risk behaviors.
4. **Advance Scientific Knowledge and Innovation** – The HHS Disparities Action Plan outlines strategies to increase the availability and quality of data collected and reported on racial and ethnic minority populations; to improve patient-centered research in the areas of prevention, screening, and diagnostic and treatment services; and to strengthen existing information systems to reduce and improve the quality of health, public health, and biomedical research that will benefit all populations, including racial and ethnic minorities.
5. **Increase HHS's Efficiency, Transparency, and Accountability** – HHS seeks to promote better collaboration and coordination of HHS programs to address racial and ethnic health disparities in an efficient, transparent, and accountable manner. This will involve monitoring the HHS Disparities Action Plan.⁹

The HHS Disparities Action Plan offers a comprehensive commitment to addressing disparities related to insurance coverage, quality of care, workforce diversity, population health, and data collection. It is a clear example of how leaders at the highest levels have committed to making health equity a priority. It is also an example of how agencies throughout the Department are leveraging resources to eliminate health disparities.

By mobilizing HHS around these goals, the HHS Disparities Action Plan moves the country closer to realizing the vision of “a nation free of disparities in health and health care”.

Report Requirement

The Affordable Care Act requires the leaders of HHS agencies to report on minority health activities within their agencies:

“Not later than one year after the enactment of this section, and biennially thereafter, the Secretary of Health and Human Services shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under section 1707 of the Public Health Service Act (as amended by this subsection) during the period for which the report is being prepared.”

⁹ Koh, H. K., Graham, G., & Glied, S. (2011). Reducing racial and ethnic disparities: The action plan from the Department of Health and Human Services. *Health Affairs*, 30(10), 1822-1829.

The information contained in this report responds to the requirement in the Affordable Care Act of 2010 (P.L. 111-148), at section 10334(a)(3) by highlighting information from agencies on their activities. HHS programs and activities on minority health and health disparities in fiscal years 2011 and 2012 include specific activities of the HHS Office of Minority Health, individual Offices of Minority Health established by the Affordable Care Act, and the newly elevated National Institute on Minority Health and Health Disparities. This report also addresses HHS' strategies for ensuring cohesive and coordinated minority health and health disparities activities and for assessing performance.

Through full implementation of the HHS Disparities Action Plan, the Department promotes integrated approaches, evidence-based programs, and best practices to reduce these disparities. For this report, the program activities of the various offices are organized by the goals and strategies of the HHS Disparities Action Plan. Use of this framework illustrates and institutionalizes the Department's commitment to assessing the impact of all policies and programs on racial and ethnic health disparities.

Summary of Minority Health Activities

The HHS Disparities Action Plan articulates a set of Secretarial priorities, tangible strategies, and high-impact actions to achieve the vision of “A nation free of disparities in health and health care.” Four overarching Secretarial priorities will assure coordination and transformation of the existing programs and new investments included in the HHS Disparities Action Plan. The cross-cutting priorities include:

1. **Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities**— Successful implementation of this priority across HHS will influence and transform agenda setting, data collection, and public health/clinical guidelines and practice. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) incorporated health disparity impact statements into its Request for Applications for four programs in fiscal year 2012.
2. **Increase the availability, quality, and use of data to improve the health of minority populations**—Effective data collection, analysis, and utilization is fundamental to the department’s efforts to understand the causes of health disparities, design effective responses, and evaluate progress in reducing disparities. As called for by the Affordable Care Act, HHS developed and adopted new data collection standards for race, ethnicity, sex, primary language and disability status. The HHS Disparities Action Plan also outlines strategies to ensure public access to data and identify high-need/disparity areas and align HHS investments accordingly.
3. **Measure and provide incentives for better healthcare quality for minority populations**—Racial and ethnic minorities often have higher rates of disease and reduced access to high quality health care services than non-Hispanic Whites. Providing incentives for quality care in these populations is critical for improving patient outcomes and creating a health care system that promotes equity. The HHS Disparities Action Plan calls for agencies to refine performance measures, develop cross-departmental and interagency collaborations, and expand health disparities projects to provide incentives to improve health care quality.
4. **Monitor and evaluate the Department’s success in implementing the HHS Disparities Action Plan**—HHS is committed to ensuring program integrity, effective program performance, and responsible stewardship of federal investments. The HHS Health Disparities Council is charged with overseeing the HHS Disparities Action Plan implementation and assists with coordinating minority health activities across HHS. Ongoing oversight by the Council will also help identify areas for collaboration across HHS to conduct joint health and health care disparities programs.

Guided by these priorities, HHS efforts to improve minority health are aligned under the goals and specific strategies of the HHS Disparities Action Plan. The following sections provide information on HHS programs conducted during fiscal years 2011 and 2012 to reduce disparities in health and health care for minority populations.

HHS Minority Health Activities Summary

The following sections provide information on HHS programs to reduce disparities in health and health care for minority populations during fiscal years 2011 and 2012. The departmental activity highlights for the reporting period are organized by HHS agency, including the Office of Minority Health, the National Institute on Minority Health and Health Disparities, the six individual Offices of Minority Health, and other HHS agencies implementing related activities. Each agency description is organized by the five HHS Disparities Action Plan goals and their corresponding strategies, and, where applicable, include:

- A description of the mission of the agency or office; and
- A summary of key activities addressing minority health and health disparities.

NOTE: Highlighted projects are typically in full or partial implementation unless otherwise noted, therefore, process and/or outcome evaluation data may not be available at this time.

Office of the Secretary, Office of Minority Health (OMH)

Agency Mission: The mission of OMH is to improve the health of racial and ethnic minorities through the development of health policies and programs that will eliminate health disparities. OMH accomplishes its work through coordination of HHS health disparity programs and activities; assessing policy and programmatic activities for health disparity implications; building awareness of issues impacting the health of racial and ethnic minorities; developing guidance and policy documents; collaborating and partnering with agencies within HHS, across the federal government, and with other public and private entities; funding demonstration programs; and supporting projects of national significance.

OMH programs address disease prevention, health promotion, risk reduction, healthier lifestyle choices, use of health care services, and barriers to health care. OMH's core functions are to:

- Promote the collection of health data by racial, ethnic, and primary language categories and strengthening infrastructures for data collection, reporting, and sharing;
- Work to increase awareness of the major health problems of racial and ethnic minorities and factors that influence health;
- Establish and strengthen networks, coalitions, and partnerships to identify and solve health problems;
- Develop and promote policies, programs, and practices to eliminate health disparities and achieve health equity;
- Foster research, demonstrations, scientific investigations, and evaluations aimed at improving health; and
- Fund demonstration programs that can inform health policy and the effectiveness of strategies for improving health.

OMH also has Regional Minority Health Consultants (RMHCs) in the 10 HHS regional offices (Appendix A) to serve as a focal point and technical resource on minority health issues within each region. The RMHCs help to build a network of consumers and professionals working on minority

health issues. Moreover, the RMHCs work with State Offices of Minority Health and provide technical assistance, as requested, to organizations that serve minority and underserved communities.

In fiscal years 2011 and 2012, OMH led HHS' programs and policies to eliminate health disparities. A primary example is OMH's work to provide leadership support for HHS efforts to identify goals that help guide and improve harmonization of minority health, health disparities, and health equity activities. OMH led and coordinated the development of the first-ever HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS Disparities Action Plan) and the National Stakeholder Strategy for Achieving Health Equity (National Stakeholder Strategy or NSS). Developed through a department-wide strategic planning process led by the Assistant Secretary for Health and the Assistant Secretary for Planning and Evaluation, the HHS Disparities Action Plan is focused on improving the health status of racial and ethnic minorities across their lifespan. (Please refer to the background section of this report for additional information on the HHS Disparities Action Plan.)

Another important leadership effort for OMH has been the development of the National Partnership for Action to End Health Disparities (NPA). The NPA was established to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation toward achieving health equity. There are four key implementation components of the NPA:

- 1) **Federal Interagency Health Equity Team (FIHET)** – An interagency federal team comprised of 12 federal agencies and departments that identifies opportunities for federal collaboration, partnership, coordination, and/or action on efforts that are relevant to the NPA and provides leadership and guidance for national, regional, state, tribal, and local efforts that address health equity.
- 2) **Regional Health Equity Councils (RHECs)** – Led by and comprised of up to 35 non-federal members, the 10 RHECs are regional coalitions that drive regional action around common issues and leverage federal, regional, state, tribal, and local resources to combat health disparities.
- 3) **State Offices of Minority Health** – The State Offices of Minority Health lead states' efforts in updating health disparity or health equity plans so that they align with the NPA and develop strategic partnerships.
- 4) **National Partners** – National partners include community and faith-based organizations, professional societies, government agencies, national non-profit organizations, advocacy groups, foundations, corporations, businesses, industry groups, and academic institutions that support the NPA by advancing the goals of the NPA within their organization's mission and operations and through leveraging resources and strategic partnerships.

The National Stakeholder Strategy was developed based on the input of more than 2,000 leaders and advocates from across the United States who called for collaborative actions to effectively and efficiently address health and health care disparities in this country. These leaders and advocates represented community-based organizations; faith-based organizations; the business sector; the public health community; the health care workforce; academia; and local, state, tribal, and federal governments.

The goals of the NPA and its National Stakeholder Strategy for Achieving Health Equity are:

- I. **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;
- II. **Leadership** – Strengthen and broaden leadership for addressing health disparities at all levels;
- III. **Health System and Life Experience** – Improve health and health care outcomes for racial, ethnic, and underserved populations;
- IV. **Cultural and Linguistic Competency** – Improve cultural and linguistic competency and the diversity of the health-related workforce; and
- V. **Data, Research, and Evaluation** – Improve data availability and the coordination, utilization, and diffusion of research and evaluation outcomes.

Together, the HHS Disparities Action Plan and the National Stakeholder Strategy provide visible and accountable federal leadership while also promoting collaborations among communities, states, Tribes, the private sector, and other stakeholders to more effectively reduce health disparities and achieve health equity.

Highlights of OMH's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

The rationale for and goals outlined by the HHS Disparities Action Plan are directly aligned with OMH's mission to improve the health of racial and ethnic minorities through the development of health policies and programs that will eliminate health disparities. The section below highlights a sample of OMH programs that address goals I through IV. Goal V (increasing the efficiency, transparency, and accountability of HHS programs) is addressed in the final section of the report, "Coordination, Integration, and Accountability."

Goal I: Transform Health Care

Many of OMH's program activities within Goal I focus on **reducing disparities in access to primary care services and care coordination** (Strategy I.B) and **reducing disparities in the quality of health care** (Strategy I.C). Programs often focus on specific racial or ethnic minority populations and demonstrate OMH's commitment to establishing and strengthening networks, coalitions, and partnerships to identify and reduce health disparities.

For example, Hepatitis B—a liver disease resulting from infection with Hepatitis B virus—among Asian Americans has been recognized by HHS, the World Health Organization, and numerous other public health organizations, as one of the most serious health disparities in the United States. Although Asian and Pacific Islander Americans together account for only five percent of the total population of the United States, they represent more than half of the estimated 1.2 million to 1.5 million Hepatitis B virus cases in the country.¹⁰ The *Hepatitis B United Mobilization Project* involves a public-private partnership between OMH; the Association of Asian Pacific Community

¹⁰ Office of Minority Health. (2008). Goals and strategies to address chronic hepatitis B in Asian American, Native Hawaiian, and other Pacific Islander populations. Retrieved from <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=190>

Health Organizations (AAPCHO); the Centers for Disease Control and Prevention (CDC). The project focuses on raising awareness, increasing testing and vaccination, and improving access to care and treatment to reduce Asian American and Native Hawaiian disparities in Hepatitis B and liver cancer.

Goal II: Strengthen the Nation’s Health and Human Services Infrastructure and Workforce

Program activities for OMH within Goal II focus on several key strategies outlined in the HHS Disparities Action Plan to build the capacity of the health and human services infrastructure and workforce to eliminate health disparities.

The enhancement of *The National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards)* to **increase the ability of health professions and health care systems to identify and address racial and ethnic disparities** (Strategy II.A) is led by OMH. Broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, the National CLAS Standards provide a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services to enhance health equity, inform quality, and eliminate health care disparities. OMH is enhancing the CLAS Standards for the first time since they were released in 2000 to recognize the nation’s increasing diversity, to reflect advancements in the field, and to ensure relevance with new national policies.

OMH is also leading efforts to **promote the use of Promotores de Salud and community health workers (CHWs)** (Strategy II.B) as trusted members of their community to provide health education and outreach, help community members navigate the health care system, and improve the quality of patient-provider interactions in clinical settings. OMH coordinates the *HHS Promotores de Salud Initiative*, which was launched in April 2011, with the goals of recognizing the important contributions of promotores in reaching vulnerable, low income, and underserved members of Latino populations and promoting the increased engagement of promotores to support health education and prevention efforts and access to health insurance programs. OMH is supporting the recruitment and training of promotores to increase health literacy among Hispanic older adults with chronic disease and their families so they may successfully navigate public health and social services. OMH is also supporting a program to train promotores in obesity prevention education.

Partnering with a range of academic institutions, including minority serving institutions, education associations, research centers, and service providers to support Strategy II.C, OMH efforts also focus on **increasing the diversity of health care and public health workforces**. Partners include the Charles Drew University of Medicine and Science, Harvard Medical School, Morehouse School of Medicine, United Negro College Fund Special Program Corporation, Association of Hispanic Colleges and Universities, Hispanic-Serving Health Professions Schools, Association of American Indian Physicians, National Council of Asian Pacific Islander Physicians, Tribal

Project Impact: Increasing the Diversity of the Health Care Workforce

In FY 2012, more than 400 providers were trained through the *American Indian/Alaska Native Health Disparities Grant Program (AI/AN Program)*, a collaborative effort between OMH and the Tribal Epidemiology Centers and Urban Indian Health Programs supported by the Indian Health Service.

Epidemiology Centers, and Urban Indian Health Programs. These collaborative efforts support internships, fellowships, and graduate student and faculty development programs intended to:

- Increase the pool of students from all racial and ethnic backgrounds who are interested in science and health careers;
- Provide opportunities for students to participate in program development and research with public health stakeholders across the country;
- Build leadership capacity among minority professionals and faculty through extensive training in leadership, health systems, health disparities, and health policy; and
- Increase the availability of graduate medical education and the number of culturally, linguistically, and socially competent health care professionals practicing and/or serving in medically underserved urban areas.

Goal III: Advance the Health, Safety, and Well-Being of the American People

OMH's key program activities within Goal III focus on **increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A). In collaboration with a range of federal, state, tribal, academic, community, and faith-based partners, OMH supports the development, implementation, and assessment of evidence-based interventions to close the modifiable gaps in health, longevity, and quality of life among racial and ethnic minorities.

Many programs involve the **development of networks to address environmental barriers and the social determinants of health to increase access to and utilization of care**. For example, the *Partnerships Active in Communities to Achieve Health Equity Program (PAC)* supports community-based networks that use evidence-based disease intervention strategies and address social determinants and environmental barriers to health care access, which in turn increase access to and utilization of preventive, medical, and supportive services. OMH's PAC partners include a range of community health centers (CHCs), faith-based organizations, local health care and social services departments or providers, disease intervention and/or chronic disease management programs, behavioral and substance abuse treatment programs, schools, and supportive service programs.

Project Impact: Eliminating Disparities Through Community-Based Partnerships

As a result of the efforts of the *Partnerships Active in Communities to Achieve Health Equity Program (PAC)*, nearly 30,000 individuals received access to preventive and health care services; 5,000 individuals received cholesterol, diabetes, and breast cancer screenings; and almost 3,000 individuals benefitted from language interpretation services.

Other programs focus on **outreach and education campaigns regarding preventive benefits in relation to specific conditions and/or populations**. Launched in September 2011, the *HHS Million Hearts™* is a public-private partnership focused on preventing one million heart attacks and strokes by 2017. The initiative aims to empower Americans to make healthy choices such as avoiding or stopping tobacco use and reducing salt and trans fats consumption and to improve clinical care by focusing on the evidence-based “ABCS” – Aspirin for people at risk, Blood pressure control, Cholesterol management, and Smoking cessation – to prevent heart attacks and strokes. Through stakeholder outreach and engagement, webinars, and social media, OMH has contributed to the diffusion of best practices to improve cardiovascular health of racial and ethnic

minority populations. The *Million Hearts™ Stroke Belt Project* is a local adaptation of the program supported by OMH and CMS OMH in three high-disparity Alabama counties (two urban, one rural) that provides training workshops for patients and implementation of regularly scheduled health assessments over a one-year period. Current partners for this project include the Morehouse School of Medicine and the National Baptist Convention. In another example, OMH partnered with the Office of the National Coordinator for Health Information Technology (ONC) to release the *Reducing Cancer among Women of Color Application (App) Challenge* in August 2012. The app challenge is a call to software entrepreneurs and developers to create an application for mobile devices that provides information directly to women at high risk of breast, cervical, uterine, and ovarian cancers or women who already have been diagnosed with these cancers. The app must be able to communicate with electronic health records used by their health care providers and other members of their health care teams, protect patient privacy, and promote patient engagement and caregiver support with emphasis on connections to community health workers.

OMH also supports **collaborative community-based projects to promote healthy behavior and decrease health disparities among youth and young adults.**

These programs feature collaboration among a range of partners, including institutions of higher education (including minority serving institutions), primary and secondary schools, community organizations and institutions, and the community at large. For example, the *Youth Empowerment Program (YEP)* addresses unhealthy behaviors in minority at-risk youth (ages 10-18) and provides them with opportunities to learn skills and gain experiences that contribute to more positive lifestyles and enhance their capacity to make healthier life choices. The *Minority Community HIV/AIDS Partnership: Preventing Risky Behaviors Among Minority College Students (MCHP)* demonstrates the effectiveness of partnerships in improving the health status, relative to HIV/AIDS, of young adults, particularly racial and ethnic minorities (ages 18-24). The *National Minority Male Health Project* promotes healthy lifestyles through community-focused outreach, health education, and intervention programs for males attending consortium member minority serving institutions. The project also trains professionals and paraprofessionals to improve the delivery of culturally appropriate male health services to the target population.

Project Impact: Preventing and Eliminating Disparities Among Youth and Young Adults

- Through the *National Minority Male Health Project*, more than 33,000 adolescents/young adult males were screened for chronic diseases (e.g., cardiovascular disease, diabetes, and prostate cancer), injury, alcohol, tobacco, and other drugs, and HIV/AIDS.
- The *Youth Empowerment Program (YEP)* reached nearly 80,000 at-risk minority youth and their families, of which 55 percent of youth cohort participants were female.

Goal IV: Advance Scientific Knowledge and Innovation

Many of OMH's program activities within Goal IV focus on **increasing the availability and quality of data collected and reported on racial and ethnic minority populations** (Strategy IV.A). For example, the Morehouse School of Medicine project, *Maximizing Impact of Disparities Data to Drive Community Action and Enable Improvements in Health Equity*, helps to assess, enhance, and disseminate disparities data for health equity advocates and community coalitions at local, state, and national levels. The project also helps to expand sources of usable data, with appropriate privacy protections, including emerging sources such as electronic health record and health information exchange data plus all-payer datasets. OMH also co-funded the University of

Michigan Institute for Social Research *Pacific Islander Health Study (PIHS)*, which collected voluntary information on demographic characteristics, housing, health, health behavior, mental health, oral health, health care utilization, psycho-social stressors, nutrition, physical activity, and religion from a sample of U.S. Pacific Islander adults and adolescents living in California. The PIHS represents a promising model for data collection in numerically small but densely clustered populations like Native Hawaiians and Pacific Islanders, and it was developed to address the need for evidence-based data collection on the health and health care utilization among these populations.

At the state level, OMH partners with state and territorial offices of minority health through the *State Partnership Grant Program to Improve Minority Health (SPG)* to address data needs within the states regarding health disparities. The data collection activities help guide state efforts to prioritize, develop, and monitor: (1) partnerships and systems to improve access to health care; (2) targeted health issue interventions that promote science-based health promotion and disease prevention research; and (3) development of strategic plans and policies and state-level health practices. The 44 projects funded under the SPG engaged approximately 600,000 partner organizations and citizens during fiscal year 2012.

National Institutes of Health (NIH) / National Institute on Minority Health and Health Disparities (NIMHD)

Agency Mission: The mission of NIH is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, to lengthen life, and to reduce the burdens of illness and disability. To achieve its mission, NIH provides leadership and direction to programs designed to improve the health of the nation by conducting and supporting biomedical research and activities that foster workforce development. Under this scope, all institutes and centers of NIH and the Office of the Director support health disparities research. Each strives to: conduct and support intensive research on the factors underlying health disparities; expand and enhance research capacity to create a culturally sensitive and culturally competent workforce; and engage in aggressive, proactive, community outreach, information dissemination, and public health education.

Scientific research to improve minority health and eliminate health disparities is led by the National Institute on Minority Health and Health Disparities (NIMHD). To achieve its mission, NIMHD conducts and supports research on minority health and health disparities; promotes and supports the training of a diverse research workforce; translates and disseminates research information; and fosters innovative collaborations and partnerships. In addition, the Affordable Care Act (Public Law 111-148) elevated the National Center on Minority Health and Health Disparities to an institute at NIH. The Affordable Care Act also charged NIMHD with the responsibility to plan, coordinate, review, and evaluate all minority health and health disparities research activities conducted and supported by NIH.

NIMHD supports the implementation of the Affordable Care Act through various activities that include:

- Representation on relevant HHS working groups such as the Health Disparities Council;
- Issuance of the first Endowment Program funding opportunity announcement for which eligible NIMHD Centers of Excellence grantees could apply;
- Implementation of its new organizational structure and recruitment of a diverse team of professionals to lead the NIMHD charge to plan, coordinate, and evaluate the NIH minority health and health disparities research activities;
- Development of the NIH Health Disparities Strategic Plan 2014-2018 through the creation of transdisciplinary working groups with representatives from the NIH institutes and centers who are charged with developing an innovative research strategy to address health disparities with proposed measurable goals, activities, and budgets; and
- Planning and coordinating a 2012 Science of Eliminating Health Disparities Summit through partnership with the NIH institutes and centers, HHS agencies, and several other federal departments to highlight current activities and disseminate data on progress, innovation, successes, and challenges of national and global efforts to improve minority health and eliminate health disparities.

Highlights of NIH's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

The mission-driven program activities of NIH fall within two key areas identified in the HHS Disparities Action Plan: (1) fostering workforce development; and (2) providing leadership and direction to programs designed to improve the health of the nation by conducting and supporting biomedical research. As noted below, many of the programs focus on both areas.

Goal II: Strengthen the Nation's Health and Human Services Infrastructure and Workforce

Several key program activities for NIH within Goal II focus on **increasing diversity of health care and public health workforces** (Strategy II. C). NIH creates pipeline programs to engage students in public health and biomedical sciences professions and uses diverse mechanisms, such as predoctoral, postdoctoral, early investigator, and mid-career, and diversity supplements, to diversify and better prepare the scientific workforce.

For example, *the NIH Academy: A Health Disparities Training Program for NIH Postbaccalaureates* is a year-long training program intended to build a community of biomedical scientists and health care providers of the future. This collaboration between five universities, the Mayo Clinic, and a community-based organization in Washington, DC, explores the scientific, socio-economic, cultural, environmental, and political factors that contribute to health disparities. Funded by the National Cancer Institute (NCI), the *Continuing Umbrella of Research Experience (CURE)* program focuses on increasing the number of competitive/independent cancer researchers representing racially/ethnically underrepresented groups, individuals with disabilities, socioeconomically disadvantaged persons, and first generation college students. A partnership between cancer centers, academic institutions, and community-based organizations, CURE provides a continuum of training and career development, beginning at the high school level and extending through a junior investigator position and obtainment of an independent research grant. The *Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD)* sponsors the *Realizing Health Equity in Maternal and Child Health through Scientific Workforce Diversity*

awards to provide opportunities for trainees and investigators at diverse levels of training to gain essential knowledge, skills, and expertise in conducting research focused in an array of health equity areas related to maternal and child health. Research strategies also focus on multiple levels (e.g., individual, family, school) to broaden the scope of investigation of the complexities involved in disentangling health inequities. Through these training opportunities NIH seeks to increase the research competitiveness of investigators in launching larger scale studies to improve health equity in maternal and child health outcomes.

Goal IV: Advance Scientific Knowledge and Innovation

Program activities for NIH within Goal IV typically focus on **conducting and supporting research to inform disparities-reduction initiatives** (Strategy IV.B), often with a focus on specific chronic conditions and/or populations. In support of both NIH's and NIMHD's mission, these programs address health disparities by: (1) fostering innovative, multidisciplinary collaborations to conduct and support intensive research on the factors underlying health disparities and to train diverse researchers; and (2) bridging the gap between research and practice through proactive community outreach, information dissemination, and public health education.

NIH supports several **innovative collaborations to address cancer and other related comorbidities that contribute to health disparities** that involve partnership with academic institutions, community-based organizations, federally qualified community health centers, and/or community health educators.

- Through the use of transdisciplinary teams, the *Centers for Population Health and Health Disparities (CPHHD)* explore the development and progression of cancer, the multifactorial causes of health disparities, and new or improved intervention or prevention approaches to enhance health outcomes and reduce health disparities. This initiative is jointly-funded by NCI; the National Heart, Lung and Blood Institute (NHLBI); and the Office of Behavioral and Social Sciences Research (OBSSR).
- The *National Outreach Network (NON)* connects NIH-supported outreach and community education efforts with community-based cancer health disparities research and training programs for cancer health disparities reduction. It also encourages a close relationship between research and training programs for workforce diversity. NON aims to build and sustain a network for education, community outreach, and research dissemination, particularly among underserved and at-risk communities. The fundamental goal of NON is to increase consumer knowledge and decision-making skills and enhance community involvement in cancer research. Community Health Educators (CHEs), which may include promotores, at various grantee sites serve as liaisons between the NIH, the grantee institution, the researcher, and the community. CHEs play a significant role in achieving the goals of the network, providing the oversight, coordination, support, and logistical services needed to enhance culturally appropriate communication, education, and outreach/dissemination activities within underserved and at-risk populations.
- The *Northern Manhattan Healthy Heart Initiative* utilizes a randomized controlled trial of 800 Hispanic patients to examine the effectiveness of a multilevel, community health workers intervention as an adjunct to routine primary care in reducing cardiovascular

disease risk factors among Caribbean Hispanics living in Northern Manhattan. This initiative addresses heart disease, a leading cause of death among Hispanics.

- The *Translational Research to Improve Obesity and Diabetes Outcomes Program* tests practical, sustainable, acceptable, and cost efficient adaptations of effective strategies or approaches to prevent and treat diabetes and obesity and their complications. Many funded projects achieve this aim by utilizing community health workers/promotores de salud. This program supports research with the potential to be widely disseminated to clinical practice, particularly among individuals and communities at elevated risk for these conditions. Research is particularly encouraged in American Indian and Alaska Native populations, among whom rates of type 2 diabetes and prediabetes are particularly high. Currently funded grants are also working to reduce diabetes health disparities among Hispanics, African-Americans, and Pacific Islanders.
- NCI also funds the *Community Networks Program-Centers (CNP-C)* that use community-based participatory research (CBPR) to increase knowledge of, access to, and utilization of beneficial biomedical and behavioral procedures related to reducing cancer disparities in racial/ethnic minorities and other underserved populations. As part of their work, the CNP Centers train qualified health disparity researchers (particularly new and early stage investigators) in the areas of CBPR and cancer health disparities.

NIH also **supports research to better understand the factors underlying health disparities within specific populations.** For example, the *Hispanic Community Health Study - Study of Latinos (HCHS-SOL)* is an epidemiologic study in Hispanic populations to determine the prevalence of specific chronic conditions, protective or harmful factors, and the role of acculturation on Hispanic health. Funded by NHLBI and six other NIH institutes, offices, and centers, the study aims to recruit 16,000 people of Hispanic/Latino origin from 18-74 years old including Cubans, Puerto Ricans, Mexicans, Dominicans, Central Americans, and South Americans. In another example, the *Jackson Heart Study* is the largest investigation of causes of cardiovascular disease in an African American population with 5,300 male and female participants. Funded by NHLBI, external topical working groups of established clinical researchers collaborate with Jackson researchers to use the study data to better understand the risk factors for and etiology of cardiovascular and related diseases in African Americans compared to other Americans.

Project Impact: Understanding and Addressing Factors Underlying Health Disparities

Workshops, publications, and collaborations with stakeholders to increase **Research and Infrastructure Development to Address Alcohol Health Disparities Among Native Americans (AI/AN)** has resulted in the expansion of the AI/AN alcohol research portfolio to include genetic, epidemiologic, and prevention intervention projects; mentoring and training experiences; and dissemination of AI/AN alcohol-related research findings to the academic and biomedical workforce.

To improve effective patient-provider communication, adherence to treatment, and self-management of chronic diseases in underserved populations, the National Institute of Nursing Research (NINR) and the Office of Dietary Supplements (ODS) encourage the **development, testing, and comparative effectiveness analysis of *Mobile Health (mHealth) technologies.*** With the rapid expansion of cellular networks and substantial advancements in smartphone

technologies, it is now possible and affordable to transmit patient data digitally from remote areas to specialists in urban areas, receive real-time feedback, and capture that consultation in a database. Health tools can facilitate more timely and effective patient-provider communication through education, communication around goal setting, treatment reminders, and feedback on patient progress.

Individual Offices of Minority Health

The goals and strategies of the HHS Disparities Action Plan have guided development of individual agency plans for the Offices of Minority Health established under the Affordable Care Act. Collectively, the agency plans represent a comprehensive approach to improving the health of racial and ethnic minority populations and eliminating health disparities.

As described below, six HHS agencies have established their individual Offices of Minority Health (also referred to as Agency Offices of Minority Health) and have responded with their respective implementation plans. Specific progress in the establishment of the individual Offices of Minority Health within HHS agencies include:

- Appointing a permanent director for each office;
- Incorporating the six individual Offices of Minority Health within the respective agency's organizational structure;
- Aligning each individual Office of Minority Health's core mission statement with their respective agency's mission and the mission of the HHS Office of Minority Health; and
- Aligning the individual Offices of Minority Health's goals and functions for eliminating health disparities.

The information below summarizes each agency's: (1) overall mission; (2) individual Office of Minority Health's mission and key functions; and (3) programmatic activities to address minority health and reduce health disparities in fiscal years 2011 and 2012.

Agency for Healthcare Research and Quality (AHRQ)

Agency Mission: AHRQ's mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Information from AHRQ's research helps people make more informed decisions and improve the quality of health care services.

Office of Minority Health Mission and Function: AHRQ's Office of Minority Health is located within the Office of Extramural Research, Education, and Priority Populations, and it leads AHRQ in its efforts to achieve measurable improvements in the quality, equity, and outcomes of health care for priority populations. The OMH Director reports to the Director of AHRQ and works with the Senior Advisor for Minority Health. Responsibilities of the OMH Director and Senior Advisor for Minority Health include:

- Reviewing all proposed portfolio concepts for grants and contracts presented to the senior leadership team for discussion and approval, to ensure that all programs, projects, and activities have meaningful inclusion of racial/ethnic minority populations; and

- Ensuring that all portfolios (especially patient safety, health information technology, and prevention/care management) increase their focus on priority populations and under-resourced settings of care where a large proportion of racial and ethnic minorities receive health care services.

Recognizing the importance of focusing on racial/ethnic minority health in all of its activities, AHRQ elevated the position of Senior Advisor for Minority Health to the Senior Leadership Team. This addition ensures that AHRQ policies, budget decisions, and research agendas address the health care needs of all individuals and communities, including racial and ethnic minorities. The Senior Advisor participates in the review, discussion, and approval of research activities carried out across the agency.

In addition, AHRQ has established a Minority Health Network across the agency with representatives from AHRQ offices and centers who are subject matter experts in minority health to ensure their inclusion in the programs, activities, and budget decisions at each of the administrative divisions. Network members offer advice and participate in reviews, discussions, seminars, and other research and program activities initiated by the Office of Priority Populations.

Highlights of AHRQ's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Consistent with its role in generating and disseminating research that provides people with information helps make informed decisions and that improves the quality of health care services, AHRQ's health disparities program activities support improving health care quality and outcomes and reducing disparities in care for priority populations and underserved areas, and align specifically with goals I-IV of the HHS Disparities Action Plan.

Goal I: Transform Health Care

Program activities for AHRQ within Goal I focus on strategies that support improvements in primary care, create linkages between the traditional health systems and other social services, and explore innovations in health information technology.

To **reduce disparities in access to primary care services and care coordination** (Strategy I.B), the *Connecting Practices With Hard to Reach Populations* project identifies emerging communication methods to: (1) improve access to, and delivery of, primary health care services, particularly preventive services and chronic care management; and (2) empower Americans to be proactive patients by diversifying access points. This Colorado-based grant is one of the initiatives being conducted through the Practice Based Research Networks (PBRN) and focuses on hard-to-reach patient populations, including racial/ethnic minorities, adolescents, and homeless persons. Methods such as the use of cell phones or Twitter to connect with adolescents and using practice extender personnel to reach the homeless are currently being tested. For the *Insights for Community Health* project, two inner city churches within New York City with predominantly Black and elderly congregations will be assessing the feasibility of implementing a Personal Health Record (PHR) system customized to enable lay health workers to track individual and aggregate changes in

blood pressure and health behaviors, with appropriate consent, using a congregational dashboard. The long-term goal is to create health information technology systems that could build the capacity of community-based organizations to implement evidence-based models of disease prevention and health promotion that are sustainable and can be applied across the country.

To **reduce disparities in the quality of health care** (Strategy I.C), AHRQ is partnering with the Visiting Nurse Service of New York (VNSNY), Weill-Cornell Medical College, and Ithaca College, to conduct a study of *Treating Pain to Reduce Disability among Older Home Health Patients*. The overall goal is to reduce disability among older home health patients and improve quality of life by treating their pain more effectively. A particular strength of the study setting is the ability to enroll sizeable numbers of important clinical and demographic groups. The proposed study is targeted at Hispanic, non-Hispanic African Americans, and non-Hispanic white patients ages 55 and older across the country.

Goal II: Strengthen the Nation’s Health And Human Services Infrastructure and Workforce

Program activities for AHRQ within Goal II focus on several key strategies outlined in the HHS Disparities Action Plan to build the capacity of the health and human services infrastructure and workforce to eliminate health disparities.

To **increase the ability of all health professions and the health care system to identify and address racial and ethnic health disparities** (Strategy II.A), AHRQ is contracting with organizations that conduct educational outreach to specific target audiences, including clinicians and related groups. AHRQ is using product marketing methods (in both English and Spanish), such as face-to-face and one-on-one site visits, with the intent of informing and improving physician and patient decision making. The 16 *Academic Detailing* grantee organizations involved in this project include a range of community-based, university-based, and private health centers and systems focused on racial/ethnic minority populations. To date, 2,316 site visits have been completed.

To **promote the use of community health workers and promotores** (Strategy II.B) in health education and prevention efforts, AHRQ developed and is now supporting dissemination efforts for *Aprende a vivir*. This three-episode Spanish-language video is intended to help Hispanics with type 2 diabetes face challenges related to managing their condition. It can be viewed directly on the Web or on a DVD with diabetes educators. AHRQ created this tool in collaboration with the Centers for Disease Control and Prevention (CDC); National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); HHS Promotores de Salud Steering Committee; Border Health Commission; Medical Association of Puerto Rico; League of United Latin-American Citizens (LULAC); American Association of Diabetes Educators; National Association of Free and Charitable Clinics; and Univision.

Project Impact: Training Promotores and CHWs to Address Diabetes

Over 3,000 *Aprende a vivir* DVDs and 55,000 consumer publications in Spanish have been distributed, mostly to Promotores de Salud and community health workers in the United States and Puerto Rico. As of December 2012:

- The website has received 416,600 hits, 36,142 visits, and 10,406 unique visitors;
- The Twitter account has 5,328 followers; and
- YouTube page views totaled 4,594.

Goal III: Advance the Health, Safety, and Well-Being of the American People

Several of AHRQ's programs activities in Goal III focus on **reducing disparities in population health by increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A). AHRQ conducts research on a variety of issues impacting health disparities, such as a recent study of predictors of medication adherence among African Americans with hypertension. The ability to afford medications, perception of racial discrimination, and level of trust between the patient and provider were all found to impact medication plan compliance. Studies such as these can then be used to inform interventions at the provider, program, and system levels. An example of how AHRQ works through trusted community-based channels to translate evidence-based research to a lay audience is its podcast series, *Healthcare 411*. These weekly, 60-second audio news programs aired online and on the radio feature current AHRQ research on important health care topics for consumers. Weekly topics broadcasted throughout the United States mainland and Puerto Rico include medicines to treat diabetes, depression, or high cholesterol; taking medicines safely; asking questions during medical appointments; and screening tests that can help detect disease early.

Project Impact: Conducting Community-Based Education and Outreach

AHRQ's *Healthcare 411* is an audio news program that includes a series of 52 programs in English and 26 programs in Spanish annually.

- Over 2,200 radio stations in English and 800 in Spanish air the program.
- Approximately 300 corporations, university libraries, state and local health departments, hospitals, advocacy groups, and media sites regularly post the programs on their websites.
- Each month the website (healthcare411.ahrq.gov) averages 41,300 visits with over 12,000 unique visitors and over 504,000 hits.

Goal IV: Advance Scientific Knowledge and Innovation

AHRQ plays a critical role in **increasing the availability and quality of data collected and reported on racial and ethnic minority populations** (Strategy IV.A). The *National Healthcare Quality/Disparities Reports (NHQR/DR)* document the status of health care quality and racial/ethnic disparities in the United States across a number of metrics. The reports, which include approximately 250 health care measures, show the persistent challenges in access to care faced by most racial and ethnic groups. AHRQ also produces state snapshots that provide state specific summary measures of quality of care and performance relative to other states based on several special focus areas, including health disparities.

Centers for Disease Control and Prevention (CDC)

Agency Overview: The Centers for Disease Control and Prevention (CDC) works 24/7 to keep Americans safe, healthy and secure and helps keep America competitive through improved health. To deliver on that mission, CDC works with partners to create the expertise, information, and tools that people and communities need to protect their health – through health promotion; prevention of disease, injury, and disability; and preparedness for new health threats. Collaborative activities include (www.cdc.gov/about/organization/mission.htm):

- Monitoring health;
- Detecting and investigating health problems;
- Conducting research to enhance prevention;
- Developing and advocating sound public health policies;
- Implementing prevention strategies;
- Promoting healthy behaviors;
- Fostering safe and healthful environments; and
- Providing leadership and training.

Office of Minority Health Mission and Function: CDC’s Office of Minority Health and Health Equity (OMHHE) aims to accelerate CDC’s health impact in the U.S population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, risk status related to sex and gender, and among other populations identified as at-risk for health disparities. CDC’s priority goals include the following:

- Reframe the elimination of health disparities as an achievable objective;
- Facilitate the implementation of policies across CDC that promote the elimination of health disparities;
- Assure implementation of proven strategies across CDC programs that reduce health disparities in communities of highest risk;
- Advance the science and practice of health equity; and
- Collaborate with national and global partners to promote the reduction of health inequalities.

CDC carries out the following activities to achieve these goals:

- Monitor and report on the health status of vulnerable populations and the effectiveness of health protection programs;
- Initiate and maintain strategic partnerships with governmental, non-governmental, national, and regional organizations to advance science, practice, and workforce for eliminating health disparities;
- Provide leadership for CDC-wide policies, strategies, action planning, and evaluation to eliminate health disparities; and

Highlights of CDC’s Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Consistent with its role in creating the expertise, information, and tools that people and communities need to protect their health, CDC’s health disparities program activities align with Goals II-IV of the HHS Disparities Action Plan. The majority of CDC’s program activities focus on advancing the health, safety, and well-being of the American people (Goal III).

Goal II: Strengthen the Nation’s Health And Human Services Infrastructure and Workforce

Many of CDC’s key program activities within Goal II focus on **increasing diversity of health care and public health workforces** (Strategy II. C). For example, the *CDC Undergraduate Public*

Health Scholars (CUPS) Program consists of internship opportunities that create a public health workplace experience to increase student interest in public health with a particular focus on minority health issues. The full program spans 10 weeks during the summer and provides opportunities for up to 200 undergraduate students. Students are placed at state and local health departments, hospitals, community-based organizations, and at CDC. Students receive mentored educational and professional development experiences at CDC facilities in Atlanta, Georgia or in Baltimore, Maryland, at the Kennedy Krieger Institute, Johns Hopkins Medical Institutions, Johns Hopkins Bloomberg School of Public Health, or the Maryland Department of Health and Mental Hygiene.

Goal III: Advance the Health, Safety, and Well-Being of the American People

Many of CDC's program activities in Goal III focus on **reducing disparities in population health by increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A). Each program supports the development, implementation, and assessment of evidence-based interventions to close the modifiable gaps in health, longevity, and quality of life among racial and ethnic minorities. Examples include:

- *Community Transformation Grants (CTG)*, which are supported by the Prevention and Public Health Fund created by the Affordable Care Act, enable awardees to design and implement community-level prevention programs that place special emphasis on reaching people who experience the greatest burden of death, disability, and suffering from chronic diseases and other chronic conditions. During fiscal year 2011, CDC funded 61 state and local government agencies, tribes, territories, and non-profit organizations in 36 states and six national networks of community-based organizations. In fiscal year 2012, CTG was expanded to support areas with fewer than 500,000 people in neighborhoods, school districts, villages, towns, cities, and counties to increase opportunities to prevent chronic diseases and promote health. CTG awardees have placed an emphasis on targeting populations experiencing health disparities, including low-income, racial and ethnic minority, and medically underserved populations.
- The *Racial and Ethnic Approaches to Community Health (REACH) Program* focuses on comprehensive strategies to reduce chronic disease disparities and improve health among racial and ethnic minority populations. REACH partners use community-based, participatory approaches to identify, develop, and disseminate effective strategies for addressing health disparities in chronic diseases and related risk factors. In fiscal year 2012, CDC funded six national partners that are working with over 75 community-based organizations across the country to apply evidence- and practice-based initiatives that reduce health disparities and support communities in designing culturally appropriate programs. CDC also funded two awardees in a demonstration project to apply strategies to prevent obesity and hypertension and increase the evidence for programs that are effective in racial and ethnic minority populations.

Project Impact: Focusing on Where People Live, Learn, Work, and Play

By focusing on the health of individuals and communities, current *Community Transformation Grant* program grantees are expected to improve the health of more than four out of 10 U.S. citizens—about 130 million Americans.

- The *Childhood Obesity Research Demonstration (CORD) Project* seeks to determine whether approaches in the community that support healthy behaviors, including reducing childhood obesity risk factors, and improving utilization of preventive services such as screening and counseling, can improve underserved children’s risk factors for obesity. Based on an integrated systems model of primary care and public health, CORD addresses four key components: health care systems and organizations, community health workers, preschools (early care and education centers) and schools, and communities.
- Through the *Grassroots Communication and Social Marketing to Promote Influenza Immunization to Disparate Populations*, CDC builds partnerships at the grassroots level and across private and public sectors. The primary goal is to develop long-term partners and promote cross collaboration between community leaders, private sector organizations (e.g., pharmacy chains and health plans), and public sector organizations (medical associations, community-based organizations, and state and local public health departments) to help reduce the impact of influenza among Hispanic, African American, and American Indian/Alaskan Native (AI/AN) populations.
- Through *Million Hearts™*, CDC has developed educational materials tailored for Hispanic/Latino audiences, including: (1) a Million Hearts™ website in Spanish, which offers consumers and partners access to health information, tools, and resources to support the initiative; (2) an ABCS of Heart Health fact sheet entitled, “Four Steps for Heart Health”; (3) a consumer education tool entitled, “How to Control Your Hypertension/Learning to Control Your Sodium Intake” (available in English and coming soon in Spanish); (4) a user guide for the consumer education tool, to be used by community health workers and promotoras; and (5) targeted Web and social media engagement with CDC en Espanol (<http://www.cdc.gov/spanish/>) and community partners. CDC also collaborated with the Preventive Cardiovascular Nurses Association (PCNA) and Chi Eta Phi, an African American nursing sorority, to develop co-branded materials for African American consumers on blood pressure control. <http://millionhearts.hhs.gov/resources/toolkits.html#spanishToolkit>

Project Impact: Building Community Partnerships to Eliminate Modifiable Disparities in Heart Attacks and Strokes

Over 13,000 people and organizations have pledged their support to *Million Hearts™*, and over 50 organizations have made specific commitments to conduct activities aimed at reducing heart attacks and strokes.

Centers for Medicare & Medicaid Services (CMS)

Agency Overview: CMS is committed to strengthening and modernizing the nation's health care system to provide access to high quality care and improved health at a lower cost. CMS' primary programs are Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). CMS establishes policies for program eligibility and benefits consistent with the Affordable Care Act and other relevant statutes, processes over one billion Medicare claims annually (through the Medicare Administrative Contractors), matches state expenditures with federal funds for Medicaid and CHIP, ensures health care quality, and safeguards public funds from fraud, waste, and abuse.

In addition to their work on Medicare, Medicaid, and CHIP, CMS' Center for Consumer Information and Insurance Oversight is responsible for implementing the federal and state health insurance exchanges created by the Affordable Care Act.

In its 2012 Strategic Roadmap, CMS identified four goals: (1) better care and lower costs through improvement, (2) prevention and population health, (3) expanded health care coverage, and (4) enterprise excellence. Several of the objectives in the Roadmap linked to CMS's goals relate to health disparities:

- Quality improvement interventions are targeted to areas and populations with the greatest identified need;
- Gaps in the use of preventive benefits, community-based services, outreach, and education are identified; and
- Consumers access understandable health information that they may use to apply for and find health care coverage that they can afford and best meets their needs.

Office of Minority Health Mission and Function: The CMS OMH is committed to improving the health of vulnerable populations, including racial and ethnic minorities, people with disabilities, rural populations, and members of the lesbian, gay, bisexual, and transgender (LGBT) community. The mission of the CMS OMH is to ensure that the voices and the needs of the populations it represents are present as the Agency is designing, implementing, and evaluating its programs and policies. Through its efforts, the CMS OMH seeks to have all CMS beneficiaries achieve their highest level of health, and eliminate disparities in health care quality and access.

The CMS OMH serves as the principal advisor and coordinator for the special needs of minority and disadvantaged populations. Consistent with the goals of CMS, the CMS OMH carries out the following duties:

- Provide leadership, vision and direction to address HHS and CMS Strategic Plan goals and objectives related to improving minority health and eliminating health disparities;
- Lead the development of an agency-wide data collection infrastructure for minority health activities and initiatives;
- Implement activities to increase the availability of data to monitor the impact of CMS programs in improving minority health and eliminating health disparities;
- Participate in the formulation of CMS goals, policies, legislative proposals, priorities, and strategies as they affect health professional organizations and others involved in or

concerned with the delivery of culturally and linguistically appropriate quality health services to minorities and disadvantaged populations;

- Consult with HHS agencies and other public and private sector agencies and organizations to collaborate in addressing health equity; and
- Establish short-term and long-range objectives and participate in the focus of activities and objectives in assuring equity of access to resources and health careers for minorities and disadvantaged populations.

Highlights of CMS' Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

CMS' overall commitment to strengthening and modernizing the nation's health care system to provide access to high quality care and improved health at lower cost directly informs the CMS OMH's commitment to ensuring all CMS beneficiaries achieve their highest level of health and eliminating disparities in health care quality and access. Program activities support all five goals of the HHS Disparities Action Plan.

Goal I: Transform Health Care

Several CMS program activities in Goal I focus on **reducing disparities in access to primary care services and care coordination** (Strategy I.B) and on reducing **disparities in the quality of health care** (Strategy I.C). These activities help to identify gaps in the use of preventive benefits, community-based services, outreach, and education and to target quality improvement interventions to areas and populations with the greatest identified need.

To improve care coordination, CMS supported a meeting between the State Health Insurance Programs (SHIPs), the American Automobile Association (AAA), Disability Resource Connection, State Children and Family Services Divisions, Long-Term Care managers, State Departments of Insurance, and the Commission on Indian Affairs to discuss opportunities for collaboration and partnering with providers and services to targeted American Indian audiences. These meetings targeted the Nebraska and Kansas regions with specific focus on the Ponca Tribe of Nebraska, Winnebago Tribe, Kansas Potawatomi Tribe, and the Kickapoo Tribe.

The purpose of the *Home Health Quality Improvement National Campaign* is to improve the quality of home care that all patients, including racial and ethnic minority patients, receive in the home. Goals include (a) reducing unnecessary hospitalizations, (b) promoting flu and pneumonia vaccinations, (c) improving the management of oral medications, and (d) preventing heart attacks and strokes in support of the HHS Million Hearts™ initiative. This is a special innovation project contract under the QIO Program's 10th Statement of Work awarded to West Virginia Medical Institute (WVMI), a QIO. Stakeholders such as the Visiting Nurses Association of America (VNAA), the National Association of Home Care, and others support WVMI and other QIOs by encouraging home health agencies to collaborate and work with the QIOs to improve the quality of home care. The campaign targets agencies that serve African Americans, Hispanics, and other racial and ethnic minority patients. Interventions and strategies are designed for and implemented with consideration for socio-economic conditions, language, literacy, and culture. CMS is also

building on the work of the U.S. Government Accountability Office (GAO) and other researchers to better understand the characteristics of eligible providers who have yet to adopt or attest to meaningful use of certified EHR technology, and the patients they serve. The project focuses on both eligible Medicare and Medicaid providers. CMS is working with several states to focus on eligible Medicaid providers. The results of this project will be used to develop tools to reduce barriers to EHR adoption.

Goal II: Strengthen the Nation’s Health And Human Services Infrastructure and Workforce

Several CMS collaborations help to strengthen the workforce by **increasing the ability of all health professions and the health care system to identify and address racial and ethnic health disparities** (Strategy II.A) and **promoting the use of community health workers and Promotores de Salud** (Strategy II.B). The *Everyone With Diabetes Counts* program educates Medicare beneficiaries with disabilities in vulnerable minority populations through diabetes self-management education (DSME) classes. Community Health Workers (CHWs) are trained in the diabetes curricula and teach the DSME classes in both Spanish and English. The *Disparities National Coordination Center (NCC)* will support the quality improvement organizations (QIO) 10th Statement of Work efforts by working with providers and patients to reduce racial and ethnic health care disparities among underserved populations. The NCC will also assist QIOs with providing quality health care to Medicare populations. CMS provides technical assistance and improvement tools, and facilitates communication between the program's national and local levels on various disparities issues including interpreting electronic health record (EHR) data and reports to identify and address disparities in care.

Goal III: Advance the Health, Safety, and Well-Being of the American People

A key example of CMS’s efforts to **reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A) is CMS’s collaboration with HHS OMH on the *Million Hearts™ Stroke Belt Initiative*. This community-based outreach and education project is designed to lower cardiovascular disease and stroke rates among African Americans in three counties in Alabama (additional detail is provided in the HHS OMH section on p. 12).

The Quality Improvement Organizations in Arkansas, California, and Michigan are working to improve cardiac health care and prevent heart attacks and strokes. Aligning with the Million Hearts™ initiative, the three state *Cardiac Health Care Disparities Project* focuses on improving the ABCS (Appropriate aspirin therapy use, Blood pressure control, Cholesterol management, and Smoking cessation) for racial and ethnic minorities. In Michigan and California, the QIOs are charged with collaborating with the Regional Extension Centers (RECs) in the state to recruit providers who will utilize electronic health records and provide care to patients to achieve and maintain blood pressure control.

Another example of program activities supporting Goal III is the launch of the *National Prevention Outreach and Education Campaign*. The campaign was designed to raise awareness about new preventive benefits under the Affordable Care Act. As a result, many insurers, including Medicare and Medicaid, are required to cover certain preventive services at no cost to patients. These

benefits were expanded because chronic diseases, such as heart disease, cancer, and diabetes, are responsible for 7 of 10 deaths among Americans each year and account for 75 % of the nation's health spending – and often are preventable.

Advertising campaigns were developed to educate Americans about important new preventive health care benefits and encourage them to utilize these benefits for better health. These campaigns targeted adults over the age of 18 and ran May through July 2012. The African American Campaign ran in the top 25 African American markets and used a combination of radio, print and digital advertising. The Hispanic Campaign ran in the top seven and used a combination of radio, print and digital advertising.

Goal IV: Advance Scientific Knowledge and Innovation

Under Goal IV, CMS' primary program activities focus on **increasing the availability and quality of data collected and reported on racial and ethnic minority populations** (Strategy IV.A). For example, section 4302(b)(1) of the Affordable Care Act requires the collection of data on five demographic characteristics (including race, ethnicity, sex, primary language, and disability status) in Medicaid and CHIP, and requires that the collection of these data in Medicaid and CHIP adhere to the data collection standards developed under section 4302(a). An evaluation of data collection approaches, including recommendations on the best strategies for reporting quality and other performance measures, was reported to Congress in September 2011.

Project Impact: Improving the Availability and Quality of Health Disparities Data

Beginning in March 2012, Medicaid and CHIP implemented recommended approaches for collecting and analyzing data on health care disparities using the standards finalized under section 4302(a) of the Affordable Care Act. These efforts help CMS identify and track disparities in health and health care, understand their correlates and consequences, and facilitate greater accountability for reducing them.

In addition, in 2008, the Agency for Healthcare Research and Quality (AHRQ) produced a report for CMS, *Health Care Coverage Analyses for the 2006 National Healthcare Quality and Disparities Reports*, which examined disparities by insurance status (private, Medicaid, and uninsured) and race/ethnicity for the non-elderly population. AHRQ is currently in the process of finalizing an update to this report to be released in 2013. CMS is also working to complete an interagency agreement with AHRQ to facilitate the next update to this report, which will include longitudinal analyses of changes and racial and ethnic disparity measures that were reported, by payers, in the National Healthcare Quality and Disparities Reports from 2000 to 2010.

Food and Drug Administration (FDA)

Agency Mission: FDA is charged with protecting the public health by ensuring the safety, effectiveness, and security of human and veterinary drugs, biological products, and medical devices; ensuring the safety of foods, cosmetics, and radiation-emitting products; and regulating tobacco products. Specifically, FDA is responsible for advancing public health by:

- Helping to speed innovations that make medicines, devices, and foods safer and more effective;

- Providing the public with the accurate, science-based information they need to use medicines, devices, and foods to improve their health;
- Regulating the manufacture, marketing, and distribution of tobacco products to protect the public and reduce tobacco use by minors; and
- Addressing the Nation’s counterterrorism capability and ensuring the security of the supply of foods and medical products.

Office of Minority Health Mission and Function: The FDA’s Office of Minority Health (OMH) advances the agency’s regulatory mission in addressing the reduction of racial and ethnic health disparities and in achieving the highest standard of health for all. The FDA OMH provides leadership and direction in order to:

- Strengthen FDA capacity to address minority health and health disparities across the agency through coordinated leadership on regulatory actions and decision making;
- Promote effective communication and the dissemination of information to the public, in particular to underserved, vulnerable populations; and
- Improve and strengthen the research and the evaluation of sub-population data associations with race and ethnicity.

Highlights of FDA’s Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Plan to Reduce Health Disparities)

The FDA OMH’s goals of coordinated leadership, effective communication and information dissemination to the public, and improved health disparities research align with Goals II-V of the HHS Disparities Action Plan.

Goal II: Strengthen the Nation’s Health and Human Services Infrastructure and Workforce

FDA’s program activities in Goal II primarily focus on **increasing the diversity of the health care and public health workforces** (Strategy II.C). For example, to advance the development of scientific collaboration, educational initiatives, workforce diversity, and partnerships that address minority health/ health disparities and regulated science, the FDA OMH has supported the post-graduate research of *Oak Ridge Institute for Science and Education (ORISE)* fellows for year-long research projects examining health disparities with a regulatory science focus. The intended audience includes Native Hawaiians, African Americans, Asian and Pacific Islanders, and Hispanics/Latinos in the Midwest, West, and Southeast. FDA partners include Meharry Medical College, University of Hawaii at Hilo, University of Hawaii at Manoa, and the University of Nebraska Medical Center.

Goal III: Advance the Health, Safety, and Well-Being of the American People

FDA also implements several collaborative research studies and outreach and education initiatives to **reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A).

Project Impact: Partnering to Improve Safe Medication Use

The online and mobile campaign supporting the *¡Nunca Más!* Novela Health Series model resulted in an overall 3.5 million impressions demonstrating that Latinas within the target population are receptive and reactive to this type of health messages dissemination.

The FDA Office of Women’s Health in collaboration with the FDA OMH aims to educate Hispanic women about the importance of safe medication use. The Video Novela *¡Nunca Más!: Safe Medication Use Launch Campaign* served as a catalyst for advancing collaborations with Hispanic-serving organizations, and delivery through social media (e.g., Twitter) and Latina/Latino online marketing industry websites, mobile networks, and other outreach platforms. The intended audience included Hispanic/Latina women ages 18+ and caregivers, health providers, pharmacists, and others in the local Washington, DC, Metro Area and across the country.

Proyecto Informa, a collaboration between the FDA and the National Hispanic Alliance, provides services such as translation and distribution of emergency health alerts. For example, the Alliance translated and delivered information through various outreach networks that reach Hispanic communities and rural America nationwide, including Alliance leadership associated with more than 400 national and community-based organizations and 600 Spanish-language radio and television outlets.

Goal IV: Advance Scientific Knowledge and Innovation

FDA also **conducts and supports research to inform disparities reduction initiatives** (Strategy IV.B) through both external and internal collaboration. The *Population Assessment of Tobacco and Health Study (PATH)*, a FDA and NIH collaboration, is the first-ever longitudinal cohort study of 59,000 tobacco users and non-users, including about 17,000 young people between the ages of 12 and 17 to determine susceptibility to tobacco use, frequency of use patterns, and characteristics of smoking cessation and relapse. The study will recruit participants from across the country and, with appropriate consent, study them over the course of five years. Investigators will also examine such issues as differences in attitudes, behaviors, and key health outcomes in racial/ethnic, gender, and age subgroups.

Partnering with the University of Maryland and Georgetown University, FDA supports minority health related research projects through the *Centers of Excellence in Regulatory Science and Innovation (CERSI) University Minority Health Grants*. CERSI is a collaborative initiative aimed towards the science of developing new tools, standards, and approaches to assess the safety, efficacy, quality, and performance of FDA-regulated products in an effort to help modernize and improve the ways drugs and medical devices are reviewed and evaluated. The FDA OMH collaborates in supporting research focused on integrating health disparities research into the development of these new tools.

The FDA Office of Women’s Health and FDA OMH, in collaboration with the Society for Research in Women’s health, sponsored *Dialogues on Diversifying Clinical Trials: Successful Strategies for*

Engaging Women and Minorities. This two-day conference allowed participants to share best practices for successful and innovative recruitment, retention, and analysis of women and minorities in clinical research. The conference included roundtable discussions and presentations on research design, cultural and linguistic competency, federal policies and regulations, and community collaborations.

Goal V: Increase Efficiency, Transparency, and Accountability of HHS Programs

FDA's Center for Tobacco Control Products (CTP) is charged with implementing the Tobacco Control Act with the goal of reducing the tremendous toll of disease and death caused by tobacco product use. In February 2011, CTP conducted the *Stakeholder Discussion Series (SDS) Meeting with Minority Communities and Groups Affected By Tobacco-Related Health Disparities* to gather and **use stakeholder feedback to improve the efficiency, transparency, and accountability of their programs.** Participants include Asian Americans, Pacific Islanders, African Americans, Latinos, and LGBT individuals from community-based organizations and tobacco prevention networks representing these groups.

Project Impact: Engaging Stakeholders to Improve Transparency and Accountability

FDA's Center for Tobacco Control Products (CTP) stakeholder discussion series resulted in:

- Increased collaboration evidenced by the addition of stakeholders to CTP partner communication lists;
- Development of a small business request for proposals for media campaigns tailored for racial and ethnic communities; and
- Engagement of participants in providing information on the regulatory process.

FDA is also seeking to **reduce tobacco-related disparities by increasing evidence-based targeted enforcement of FDA tobacco regulations nationwide.** FDA tobacco compliance checks must include inspections conducted in areas that are considered at higher risk for regulatory violations, such as regions with lower socioeconomic populations and retail outlets in racial and ethnic minority communities, which are historically associated with targeted marketing by the tobacco industry. FDA also evaluates complaints and conducts targeted surveillance activities to determine compliance with tobacco promotion and advertising restrictions, particularly communication channels with high youth or high racial and ethnic minority readership. Funds are dedicated to these activities as a whole, and the focus on racial and ethnic minority disparities is a part of these broader efforts.

Health Resources and Services Administration (HRSA)

Agency Overview: HRSA's mission is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. HRSA's goals align with those of the HHS Disparities Action Plan, and focus on: (1) improving access to quality care and services, (2) strengthening the health workforce, (3) building healthy communities, and (4) improving health equity. To accomplish its mission and goals, HRSA provides leadership and financial support to organizations in every state and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers, and children. Grantees train health professionals and improve systems of care in rural communities. HRSA also oversees organ, bone marrow, and cord blood donation.

Office of Health Equity Health Mission and Function: The Office of Health Equity (OHE), located in the HRSA Office of Special Health Affairs, works to reduce disparities and improve health equity to ensure healthy communities and healthy people. OHE provides leadership on issues related to health equity, health disparities, and cultural and linguistic competency in the following areas:

- Workforce, clinical care, and provider-patient relationships;
- Communication;
- Public health systems (care delivery and integration);
- Strategic agency/organizational partnerships; and
- Health policy.

Highlights of HRSA's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

The HHS Disparities Action Plan recognizes the critical role HRSA plays in improving health and achieving health equity through its commitment to access to quality services, a skilled health workforce, and innovative programs. HRSA's health disparities activities primarily address Goals I-III, many of which are explicitly identified in the HHS Disparities Action Plan.

Goal I: Transform Health Care

Many of HRSA's program activities in Goal I focus on both **reducing disparities in access to primary care services and care coordination** (Strategy I.B) and **reducing disparities in the quality of care** (Strategy 2.B). Key activities build the capacity of community health centers, promote the integration of primary care and specialty care, and increase the number of clinicians in underserved areas. Examples include:

- The *Community Health Centers: New Access Point Program*. The New Access Point Program provides funding to support new health center service delivery sites that provide comprehensive, culturally competent, quality primary health care to people with limited access to health care. Over 80% of HRSA Federally Qualified Health Centers are working within racial and ethnic minority communities. Services also include pharmacy, mental health, substance abuse, and oral health treatments, as well as supportive services. HRSA made 67 awards in fiscal year 2011 and 219 in fiscal year 2012.
- The *Quality Improvement/Patient-Centered Medical Home Program* provides funding to improve the quality of care, access to services, and reimbursement opportunities for health centers by supporting the costs associated with enhancing quality improvement systems and becoming patient centered medical homes. This program, which is available in all 50 states, the U.S. Virgin Islands, and Puerto Rico, provided 904 health center awards in fiscal year 2011 and 810 health center awards in fiscal year 2012.
- Through a cooperative agreement with the National Network for Oral Health Access (NNOHA), the *Inter-professional Oral Health Core Competencies (IPOHCC) Implementation Pilot Project* addresses the Institute of Medicine's recommendation related

Project Impact: Transforming Health Care by Increasing Access and Improving Quality

- The *Quality Improvement/Patient-Centered Medical Home Program* helped to increase the percentage of health centers with at least one site that is recognized as a patient-centered medical home from five percent in fiscal year 2011 to 13 percent in fiscal year 2012.

to the development of a minimal core set of oral health clinical competencies for non-dental health care professionals. IPOHCC is a direct result of HRSA's engagement with key stakeholders that determined that a pilot project in safety net settings would: (1) inform the effectiveness of wider scale implementation of oral health core clinical competencies, and (2) support interprofessional collaboration to increase the integration of oral health into primary health care settings.

Goal II: Strengthen the Nation's Health and Human Services Infrastructure and Workforce

HRSA's assessment of the *Impact of Health Information Technology on Communities with Health Disparities and Uninsured, Underinsured, and Medically Underserved Areas* is an example of an effort to **increase the ability of all health professions and the health care system to identify and address racial and ethnic health disparities** (Strategy II.A). In the 2009 Health Information Technology for Economic and Clinical Health legislation (HITECH Act), HHS was directed to conduct a study on the impact of health information technology on health disparities. This work was led by the Office of the National Coordinator for Health Information Technology (ONC) in partnership with HRSA. A review of the existing literature and a briefing paper was published in May 2012. The results of nine case studies to investigate how health information technology was affecting health disparities were published in July 2012. The nine case studies cover the following population groups: homeless, rural communities, African Americans, Hispanic Americans, Asian Americans, American Indians, and adolescents.

HRSA also supports program activities to build the capacity of the health workforce while also **increasing the diversity of the health care and public health workforces** (Strategy II.C). The *Bureau of Health Professions (BHP) Health Professional Training Grant Award Initiatives* is an example of a comprehensive initiative that: (1) engages grantees from medical training programs to develop, discuss, and disseminate strategies for increasing diversity in health professions programs; (2) disseminated the HRSA-sponsored cultural competency training module entitled "Effective Communication Tools for Healthcare Professionals"; (3) developed a technical assistance webcast and PowerPoint presentation on grant writing and tips for strengthening grant applications for novice writers; and (4) partnered with private organizations such as the Association of American Medical Colleges to create, develop, and disseminate innovative evidence and community-based solutions for recruiting, retaining, graduating, and mentoring disadvantaged students in health professions training programs and professionals in the health workforce.

In addition, the *National Health Service Corps (NHSC) Loan Repayment and Scholarship Awards Programs* award scholarships to students pursuing careers in primary care and provide loan

Project Impact: Diversifying and Building the Capacity of the Health Professions Workforce

HRSA's *Health Professional Training Grant Award Initiatives* helped build the capacity of students, faculty, and health professionals

- The "Effective Communication Tools for Healthcare Professionals" was disseminated to 700 faculty and students (with a potential reach of 4,845 students and 170 faculty).
- As of November 2012, there were over 1,100 views to a webcast offering grant writing and tips for strengthening grant applications for novice writers from minority serving institutions and other entities.

The *National Health Service Corps (NHSC) Loan Repayment and Scholarship Awards Programs* resulted in 10.4 million patients being served by NHSC clinicians and in 9,908 scholarship and loan repayment agreements to place NHSC clinicians in communities with limited access to care in fiscal year 2012.

repayment options for primary care providers who serve at approved sites in communities of need. The *NHSC Students to Service Pilot Program* provides loan repayment assistance to medical students in their last year of school, in return for a commitment to provide primary health care services in areas of greatest need.

Goal III: Advance the Health, Safety, and Well-Being of the American People

HRSA also supports various programs to **reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A). For example, HRSA is collaborating with the National Initiative for Children’s Health Care Quality to address obesity prevention and treatment through the *Healthy Weight Collaborative*. Approximately 50 multi-sector teams of representatives from primary care, public health, and community-based organizations collaborate to prevent and treat obesity and test new approaches to achieve and maintain healthy weight for children and families of all racial and ethnic backgrounds in urban, rural, tribal, and other communities. Through HRSA’s *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*, program nurses, social workers, or other professionals meet with at-risk families, who choose to participate in the program, in their homes, evaluate the families' circumstances, and deliver effective evidence-based early childhood home visiting programs that can make a difference in a child's health, development, and ability to learn. Program curricula address issues such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Agency Overview: An important purpose of SAMHSA is to reduce the impact of substance abuse and mental illness on populations that experience behavioral health disparities by improving access to quality services and support that enable individuals and families to thrive, participate in, and contribute to healthy communities. Over the years, SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment, and recovery support services provides a cost-effective opportunity to advance and protect the nation's health. SAMHSA support states, territories, Tribes, communities, and local organizations through grant and contract awards and provides national leadership in promoting the provision of quality behavioral health services.

Office of Behavioral Health Equity Mission and Function: SAMHSA’s Office of Behavioral Health Equity (OBHE) coordinates agency efforts to reduce behavioral health disparities for diverse populations by:

- Creating a more strategic focus on racial; ethnic; and lesbian, gay, bisexual, and transgender (LGBT) populations in SAMHSA investments; and
- Using a data-informed quality improvement approach to address racial and ethnic disparities in SAMHSA programs.

To address behavioral health disparities for underserved populations, OBHE implements a five-point strategy built around: (1) data, (2) communications, (3) policy, (4) workforce development, and (5) customer service/technical assistance. Each strategy has a workplan with specific objectives, benchmarks, and desired outcomes.

OBHE developed a data-driven strategy to examine disparities in access, service use, and outcomes in four SAMHSA grant programs. Working with the three SAMHSA Centers and Grants Management and Review, a revised Request for Application (RFA) language was incorporated into the fiscal year 2012 RFAs for four programs. Performance on the disparity measures will be incorporated into quality improvement plans for the grantees.

Project Impact: Integrating Disparity Impact Statements (DIS) Into SAMHSA Grants

In four grant programs in fiscal year 2012, SAMHSA included language to determine if an activity is making progress on reducing disparities. Applications for the grant programs in this pilot have shown improved focus on disparities. This strategy has been expanded to include all new grants in fiscal year 2013.

Highlights of SAMHSA's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

SAMHSA's focus on improving access to quality behavioral health services and support that enable individuals and families to thrive, participate in, and contribute to healthy communities means that many of its health disparities program activities primarily fall within Goals I-III of the HHS Disparities Action Plan.

Goal I: Transform Health Care

Several of SAMHSA's program activities focus on **reducing disparities in health insurance coverage and access to care** (Strategy I.A). They emphasize the need to address behavioral health (i.e., mental health and substance use) conditions and often focus on the integration of behavioral and primary health care. For example, the purpose of the *Community-Based Strategies to Improve Outreach and Enrollment for Diverse Populations* is to systematically identify, disseminate, and support the implementation of effective outreach and health insurance enrollment strategies for specific racial and ethnic populations, including (LEP) individuals with behavioral health conditions, using widely-respected behavioral health organizations. The intent is to maximize enrollment in Medicaid and the Health Insurance Marketplace for uninsured populations with behavioral health conditions. SAMHSA partners with the National Asian American Pacific Islander Mental Health Association, the National Leadership Council on African American Behavioral Health, the National Latino Behavioral Health Association, and the National Council on Urban Indian Health.

The *Minority AIDS Initiative Targeted Capacity Expansion (MAI-TCE)* program facilitates the development and expansion of culturally competent and effective community-based treatment systems for substance use and co-occurring substance use and mental disorders within racial and ethnic minority communities in states with the highest HIV prevalence rates (at or above 270 per 100,000). This grant program is part of the Congressional Minority AIDS Initiative and supports the goals of the National HIV/AIDS Strategy. SAMHSA partnered with grantee organizations in selected states and geographic regions around the continental United States to target racial and

ethnic minorities in one or more of the following populations at high risk for HIV or living with HIV: young men who have sex with men (ages 18-29), adult heterosexual women and men, and men who have sex with men (ages 30 and older).

Goal II: Strengthen the Nation’s Health and Human Services Infrastructure and Workforce

Increasing the ability of all health professions and the health care system to identify and address racial and ethnic health disparities (Strategy II.A) is a critical focus of SAMSHA. For example, the *National Network to Eliminate Disparities in Behavioral Health (NNED)* program supports information sharing, training, and technical assistance among organizations and communities dedicated to the behavioral health and well-being of diverse communities. SAMSHA partners with community-based providers and affiliates in the NNED network to target behavioral health service providers and other community-based and ethnic-based multi-service providers, organizations, and entities serving culturally, racially, or ethnically diverse populations. A population-specific program, *Circles of Care*, was created to provide tribal and urban Indian communities with tools and resources to plan and design a holistic, community-based, coordinated system of care to support mental health and wellness for children, youth, and families. SAMSHA partners with program grantees to target tribal and urban Indian communities.

Many SAMSHA program activities focus **increasing the diversity of the health care and public health workforces** (Strategy II.C) by providing fellowships and technical assistance and training opportunities. SAMSHA partners with mental health professional associations for the *Minority Fellowship Program*, which enhances services to minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, and psychology. In fiscal year 2012, the program was expanded to increase the number of culturally competent behavioral health professionals available to underserved populations in the public and private non-profit sectors.

SAMSHA partners with the Morehouse School of Medicine to implement the *Historically Black Colleges and Universities (HBCU) Center for Excellence*, which supports a network of 103 HBCUs throughout the United States and promotes workforce development through expanding knowledge of best practices, leadership development, and encouraging community partnerships that enhance the participation of African Americans in the substance abuse treatment and mental health professions. Additionally, the *Native American Center for Excellence (NACE)* is a national resource center for up-to-date information on American Indian and Alaska Native (AI/AN) substance abuse prevention programs, practices, and policies. NACE also provides training and technical assistance support for urban and rural prevention programs serving AI/AN populations.

Goal III: Advance the Health, Safety, and Well-Being of the American People

SAMSHA supports various programs to **reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A). These programs help build community capacity to develop, implement, and evaluation culturally and linguistically appropriate evidence-based interventions.

For example, the purpose of the *Targeted Capacity Expansion-HIV Program* is to facilitate the development and expansion of culturally competent and effective community-based treatment

systems for substance use and co-occurring substance use and mental disorders within racial and ethnic minority communities in states with the highest HIV prevalence rates (at or above 270 per 100,000). This national initiative is aimed at addressing HIV prevalence for all racial and ethnic minorities who reside in 22 U.S. states and territories. Another national initiative, *Native Aspirations*, is designed to address youth violence, bullying, and suicide prevention through community interventions and efforts with American Indians and Alaska Natives (AI/AN) who reside within the AI/AN territories. SAMHSA is partnering with tribal organizations to support existing or innovative indigenous models of prevention (in addition to adapting and implementing existing evidence-based interventions).

Other HHS Agencies' Minority Health Activities

A number of other HHS agencies carried out programs to reduce disparities in health and health care for minority and vulnerable populations. The following agency-by-agency discussion describes the agency mission, their health disparities activities, and how these efforts are aligned to the HHS Disparities Action Plan.

Administration for Children and Families (ACF)

Agency Mission: The Administration for Children and Families fosters health and well-being by providing federal leadership, partnership, and resources for the compassionate and effective delivery of human services.

Highlights of ACF's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Goal II: Strengthen the Nation's Health and Human Services Infrastructure and Workforce

ACF plays a critical role in **increasing the diversity of the health care and public health workforces** (Strategy II.C) in relation to socio-economic status. Funded by the Affordable Care Act, the *Health Profession Opportunity Grants (HPOG) Program* provides education and training to Temporary Assistance to Needy Families (TANF) recipients and other low-income individuals for occupations in the health care field that pay well and are in high demand. All grantees are required to partner with the State and Local Workforce Investment Board, State TANF Agency, and the State or Federal Office of Apprenticeship. More than 7,000 participants have completed a health care occupational training program.

Goal III: Advance the Health, Safety, and Well-Being of the American People

ACF's activities focused primarily on **reducing disparities in population health by increasing availability and effectiveness of community-based programs and policies** (Strategy III.A). For example, the *Head Start Program* addresses the need to prepare children in low-income families for school, based on the growing evidence of health disparities and of the early onset of achievement disparities between economically disadvantaged children and their more advantaged peers, and the awareness that early (health and achievement) disparities are linked to long-term negative health,

educational, and economic outcomes. In 2011, Head Start served nearly one million children and pregnant women in center-based, home-based, and family child care programs in urban, suburban, and rural communities throughout the nation. Programs included: Head Start services to preschool children; Early Head Start services to infants, toddlers, and pregnant women; services to families by AI/AN programs; and services to families by Migrant and Seasonal Head Start programs.

The *Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Evaluation* is a national randomized trial designed to determine the impact of the federal MIECHV that includes estimating the impacts of MIECHV on different populations and the ability of MIECHV, if scaled broadly, to improve health care practices, eliminate health disparities, and improve health care system quality and efficiencies, while reducing costs. A collaborative effort by ACF and HRSA, this national initiative is aimed at targeting communities at-risk. Under the Tribal MIECHV program, 5-year grants have been awarded to 25 grantees, which include Tribes, consortia of Tribes, tribal organizations, and urban Indian organizations. Grantees conduct community needs assessments; plan for and implement high-quality, culturally-relevant, evidence-based home visiting programs in at-risk tribal communities; and conduct tribally-driven research and evaluation activities.

Administration for Community Living (ACL)

In April of 2012, HHS merged the Administration on Aging, (AoA), the Administration on Developmental Disabilities, and the Office on Disability to form the Administration for Community Living (ACL). In addition to AoA and the now Administration on Intellectual and Developmental Disabilities (AIDD), ACL houses the Center for Disability and Aging Policy and the Center for Management and Budget.

Agency Mission: The primary goal of ACL is to increase access to community supports and enhance full participation in the community, while focusing attention and resources on the unique needs of older Americans and people with disabilities. This new agency meets its goal with enhanced policy and program support for both cross-cutting initiatives and efforts focused on the unique needs of individual groups such as children with developmental disabilities, adults with physical disabilities, and seniors, including seniors with Alzheimer's Disease.

Highlights of ACL's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Goal I: Transform Health Care

Many of ACL's program activities within Goal I focus on **reducing disparities in health insurance coverage and access to care** (Strategy I.A). All older Americans and their family caregivers are eligible to receive services through the OAA (Older American Act) Programs, however, AoA gives specific attention to those individuals who are in the greatest economic and social need, including racial and ethnic minority seniors. (While AoA does not provide direct services, OAA Programs reach older individuals by way of grants and contracts awarded through the Title III and VI formula grants and Title IV discretionary awards programs.) In 2011, the most recent year for which data are available, OAA Title III Programs provided \$886,211,675 in nutrition

and supportive services and combined with additional State and local expenditures, nearly \$3.5 million in services reached over 10.7 million people. Given its mission and the demographics of the aging population, OAA services reached 11% of African American seniors, 6.8 % of Hispanic seniors, 3.0% of Asian American and Pacific Islander seniors, and 1.2% of American Indian and Alaska Native seniors. During fiscal year 2011, as part of the National Minority Aging Organizations (NMAO) Technical Assistance Centers Program, AoA awarded cooperative agreements to four national Minority Aging Organizations to form the *National Aging and Research Consortium on Racial and Ethnic Seniors*. The goal of the Consortium is to provide technical assistance to the National Network on Aging that will result in the delivery of culturally competent services to racial and ethnic minority seniors. Four three-year awards were made, each in the amount of \$226,545, to support services to African American, Hispanic, Asian American and Pacific Islander, and American Indian and Alaska Native senior populations. Fiscal year 2012 Consortium activities included participation in HHS's efforts to promote vaccinations among older racial and ethnic minority individuals.

Assistant Secretary for Planning and Evaluation (ASPE)

Agency Mission: ASPE advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives; coordinates the Department's evaluation, research, and demonstration activities; and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts research and evaluation studies, develops policy analyses, and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.

Highlights of ASPE's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Goal I: Transform Health Care

ASPE has recently issued four research briefs related to the goal of strengthening health care. Each focuses on **reducing disparities in health insurance coverage and access to care** (Strategy I.A) by analyzing the potential impact of the Affordable Care Act on specific racial and ethnic minority communities. The briefs are available online at the following addresses:

- African Americans: <http://aspe.hhs.gov/health/reports/2012/ACA&African-Americans/rb.shtml>
- Asian Americans and Pacific Islanders: <http://aspe.hhs.gov/health/reports/2012/ACA&AsianAmericans&PacificIslanders/rb.shtml>
- Latinos: <http://aspe.hhs.gov/health/reports/2012/ACA&Latinos/rb.shtml>
- Young Adults of all races and ethnicities: <http://aspe.hhs.gov/health/reports/2012/YoungAdultsbyGroup/ib.shtml>

Goal IV: Advance Scientific Knowledge and Innovation

In accordance with section 4302 of the Affordable Care Act, HHS has **established data collection standards for race, ethnicity, sex, primary language, and disability status**. Notably, the new standards include additional detail for the Asian, Native Hawaiian, and Pacific Islander race categories and for Hispanic ethnicity. In addition, this is the first primary language and disability data collection standard in HHS. Data standards apply to major HHS surveys with self-reported data and are currently being implemented across HHS data collection systems. The HHS Data Council, co-chaired by ASPE and AHRQ, lead the Department-wide effort in developing survey data standards and will track and monitor progress in implementing data standards in HHS-sponsored surveys over time.

Goal V: Increase Efficiency, Transparency, and Accountability of HHS Programs

ASPE launched the *Health System Measurement Project* in May 2012, which **provides public access to data on racial and ethnic minorities** in the U.S. health system in an understandable, navigable, and transparent way. The system features include breakdown of data at the national, regional, and state level; visualization of trends for up to 10 years; data displays in graphical and table formats; and data comparison across many variables, such as race, ethnicity, and income. The project permits HHS and other interested stakeholders to view data on disparities for key indicators and track progress toward disparities elimination.

Indian Health Service (IHS)

Agency Mission: IHS conducts activities to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. In fiscal years 2011 and 2012, IHS supported a range of vital health programs, services, and activities including: tribal self-governance, contract health services, tribal management, and contract support; hospitals, health clinics, and facilities construction and maintenance; diabetes, dental health, mental health, alcohol and substance abuse, injury prevention, immunizations, environmental health, sanitation, and health education programs; and, recruitment, retention, and service delivery activities through the Indian Health Professions, Public Health Nursing, and Community Health Representatives programs.

Highlights of IHS' Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Several of IHS' programs focus on **increasing the ability of all health professions and the health care system to identify and address racial and ethnic health disparities** (Strategy II.A). IHS has partnered with HRSA to increase the number of *National Health Service Corps* approved sites and awarded clinicians. In December 2012 there were a total of 322 primary care clinicians with NHSC awards serving in Indian health facilities, an increase from 216 in December 2011. The *IHS Loan Repayment Program* (IHS LRP) provides an initial award for educational loan repayment assistance to qualified health care professionals in exchange for an initial two-year service commitment for full time clinical practice at an approved Indian health facility. The program identifies award priorities for those Indian health program facilities with the greatest staffing needs in specific health profession disciplines. The IHS LRP serves all eligible clinicians serving AI/AN in Indian health facilities and is available to applicants nationwide. In 2012 the IHS Loan Repayment Program

provided a total of 820 awards which represents a 9% increase from 701 awards in 2011. The *IHS Scholarship Program* provides financial assistance to AI/AN students in health professional education programs. Scholarships are awarded to qualified students at the preparatory, pre-graduate and professional levels. These three interrelated scholarship programs train the health professional personnel necessary to staff IHS health programs and other health programs serving the Indian people. In 2012 a total of 393 Scholarships were awarded which represents a 56% increase from the 2011 level of 221 AI/AN students receiving scholarship support.

Office for Civil Rights (OCR)

Agency Mission: The mission of OCR is to ensure that people have equal access to and the opportunity to participate in and receive services from all HHS-funded programs without facing unlawful discrimination, and that the privacy and security of their health information is protected. OCR plays a critical role in strengthening the health and human services infrastructure and workforce.

Highlights of OCR's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Goal II: Strengthen the Nation's Health and Human Services Infrastructure and Workforce

Several of OCR's programs focus on **increasing the ability of all health professions and the health care system to identify and address racial and ethnic health disparities** (Strategy II.A). For example, through the *Advancing Effective Communication in Critical Access Hospitals (CAHs) Initiative*, OCR piloted a multi-state compliance review and technical assistance project to support CAHs in providing language assistance services to Limited English Proficient (LEP) populations in rural and isolated areas. Each of the ten hospitals in the pilot has established a comprehensive language assistance program, including: (1) assessments – needs and capacity; (2) oral language assistance services; (3) written translations; (4) written language assistance and grievance policies; (5) notification of the availability of language assistance at no cost; (6) staff training; (7) assessments – access and quality; (8) stakeholder consultation; (9) digital information services; and (10) compliance with Title VI of the Civil Rights Act of 1964. OCR has expanded the project to include CAHs in each of the 45 states served by the CAH program.

Through the *Effective Communication in Hospitals Initiative*, OCR, in collaboration with the American Hospital Association (AHA), initiated partnership activities with 18 hospital associations in 17 states to train hospital administrators and staff on applicable federal anti-discrimination laws, and share resources to help hospitals communicate effectively with individuals who are limited English proficient (LEP) or deaf or hard of hearing. In fiscal years 2011 and 2012, OCR provided technical assistance and training on effective communication responsibilities at 53 hospitals and health care organizations.

The *Medical Education Initiative* promotes a scenario-based curriculum on health disparities and cultural competency designed to educate student physicians, medical educators, and other health care providers on their civil rights obligations under Title VI of the Civil Rights Act of 1964. The

Title VI curriculum, funded in part by NIH and the Stanford University School of Medicine, was published in the Association of American Medical Colleges' MedEdPORTAL, available online at <https://www.mededportal.org/publication/7740>. During fiscal years 2011 and 2012, OCR presented the curriculum to over 575 student physicians and other health care providers.

Office of Adolescent Health (OAH)

Agency Mission: OAH's mission is to improve the health and well-being of adolescents to enable them to become healthy, productive adults. OAH coordinates HHS efforts related to adolescent health promotion and disease prevention, and communicates adolescent health information to health professionals and groups, those who serve youth, parents, grantees, and the general public.

Highlights of OAH's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Goal III: Advance the Health, Safety, and Well-Being of the American People

OAH's program activities for Goal III focus on **reducing disparities in population health by increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A). OAH managed two national *Teenage Pregnancy Prevention (TPP) Programs*. The Tier 1 program is to support the replication of evidence-based program models effective at preventing teen pregnancy. This initiative focuses on the following subpopulations in 32 states and the District of Columbia: adolescents; minority and high-risk adolescent populations; areas with high teen pregnancy rates; and vulnerable and culturally under-represented youth populations, including youth in foster care, runaway and homeless youth, youth with HIV/AIDS, delinquent youth, and youth who are disconnected from usual service delivery systems. The Tier 2 program develops, replicates, refines, and tests additional models and innovative strategies for preventing teen pregnancy in collaboration with 19 public and private entity grantee organizations. There are seven Tier 2 programs specifically designed to test an innovative program that has been designed or tailored for a minority population, including one program for Alaska Native youth, three for American Indian youth, one for Latino youth, one for Native Hawaiian youth, and one for Haitian American youth.

With a competitive award from the Secretary's Minority AIDS Initiative Fund (SMAIF), OAH also supports the *National Resource Center for HIV/AIDS Prevention among Adolescents*, which supports adolescent service providers with web-based resources, evidence-based research, and training and technical assistance to promote HIV/AIDS prevention among adolescents, in particular adolescents from minority and high-risk populations. This initiative is aimed at reaching adolescent service providers and adolescents with an emphasis on minority and high-risk populations through a public website.

The Office of Adolescent Health also implements and administers the *Pregnancy Assistance Fund (PAF)*. The program allocates funds to states and Tribal entities to provide pregnant and parenting adolescents and women with a seamless network of supportive services to help them complete high school or postsecondary degrees, gain access to health care, child care, family housing, and other

critical support. Funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault and stalking. OAH provides extensive training and technical assistance to the grantees through a variety of mechanisms including an annual conference, regional trainings, individual TA, webinars, and written guidance. OAH also developed an interactive, multi-media resource center website for information on tools to support pregnant and parenting teens, women, and their families.

OAH partners with and provides funds to the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health (DRH) for the *Community-wide Teenage Pregnancy Projects*. This initiative is aimed at reducing teenage pregnancy and addressing disparities in teen pregnancy and birth rates. The focus of the program is to demonstrate the effectiveness of innovative, multicomponent, community-wide initiatives in reducing rates of teen pregnancy and births in communities with the highest rates. OAH and CDC collaborate to provide technical assistance, information exchange, and reporting.

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Agency Mission: The Office of the Assistant Secretary for Preparedness and Response was created under the Pandemic and All Hazards Preparedness Act in the wake of Hurricane Katrina to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. The office provides federal support, including medical professionals through ASPR's National Disaster Medical System (NDMS), to augment state and local capabilities during an emergency or disaster.

Highlights of ASPR's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Goal I: Transform Health Care

ASPR's primary activity within Goal I focuses on **reducing disparities in health insurance coverage and access to care**. *MedMap* is ASPR's situational awareness tool that provides decision makers with information on the location of resources, populations (especially at-risk populations), and hazards during all phases of preparedness, response, and recovery. ASPR has developed capabilities to incorporate minority health-related data into MedMap to increase awareness of disparities that may impact disaster preparedness, response, and recovery.

Goal II: Strengthen the Nation's Health and Human Services Infrastructure and Workforce

Two of ASPR's programs within Goal II focus on **increasing the ability of all health professions and the health care system to identify and address racial and ethnic health disparities** (Strategy II.A) and on **increasing the diversity of the health care and public health workforce** (Strategy II.B). For example, ASPR developed the *At-Risk Individuals, Behavioral Health, and Community Resilience Checklist* to assist emergency planners and other entities with translation, interpretation, and other tools to ensure meaningful access to services provided to persons with Limited English Proficiency. This initiative was aimed at targeting individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. ASPR partnered with the HHS OMH and the Office for Civil Rights.

Project Impact: Building the Capacity of the Preparedness and Response Workforce

- As of January 2013 that National Disaster Medical System (NDMS) showed that staff members speak up to 53 different languages/dialects, and represent a pool of up to 1,046 multilingual resources at varying degrees of fluency.
- As of the end of September 2012 more than 2,800 NDMS and U.S. Public Health Service personnel had taken an online *Psychological First Aid (PFA)* training course.

ASPR initiated efforts to coordinate *Psychological First Aid (PFA)* training in partnership with the HHS Promotores de Salud Initiative, HHS OMH, and HRSA. Online training in basic concepts of PFA was made available on the National Disaster Medical System (NDMS) training website, and all personnel are required to complete training. Responders have also been provided information on a free smartphone application available on iTunes and PFA Mobile which reinforces and supports the training provided online. During fiscal year 2012, plans were made to offer a PFA course targeted for ASPR leadership and it will be executed in early 2013.

ASPR's initiative to *Enhance Recruitment of Minority Providers* included the development of a plan for recruitment of minority health volunteers in the NDMS and the Emergency System for Advance Registration of Volunteer Health Professionals. In addition this initiative was used to identify curricula on cultural competence for emergency medical responders and ensure its availability to current ASPR responders. This initiative was aimed at minority health clinicians, including those in the behavioral health workforce.

Goal III: Advance the Health, Safety, and Well-Being of the American People

ASPR's strategies under Goal III focus on **reducing disparities in population health by increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A). ASPR promotes community capacity-building strategies that alleviate disparities for minorities during preparedness, response, and recovery activities. During FY 2011, ASPR established the *Recovery Coordination Office (RCO)* within its Office of Preparedness and Emergency Operations and the National Disaster Recovery Framework (NDRF) was released. The goal of the RCO is to advance the nation's ability to recover from the health and social services impacts of emergencies and disasters. Also during fiscal year 2011, ASPR expanded the *Public Health Emergency Medical Countermeasures Enterprise Redirect (PHEMCE)* to ensure that it addressed sensitivity to ethnic and racial disparities in support for development, distribution, and dispensing of countermeasures. The expansion ensured that ethnic and racial health disparities are

considered in all aspects of strategy and planning for the use of emergency medical countermeasures.

Office of Disease Prevention and Health Promotion (ODPHP)

Agency Mission: ODPHP's mission is to lead and mobilize actions to improve health by establishing national health priorities and translating disease prevention and health promotion science into policy, guidance and tools for a healthier nation.

Highlights of ODPHP's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Goal III: Advance the Health, Safety, and Well-Being of the American People

Each of ODHP's activities focus on **reducing disparities in population health by increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A). Key activities include:

- *Healthy People 2020* is the blueprint for the nation for achieving health promotion and disease prevention objectives for the U.S. population. One of the four overarching goals of Healthy People 2020 is the elimination of all disparities in health, including those based on race and ethnicity. The nation's public health goals and objectives for 2020 were launched in 2010. The *Healthy People 2010's* goal to eliminate disparities was expanded even further: to achieve health equity, eliminate disparities, and improve the health of all groups. All population-based measures track data for racial and ethnic minorities.
- The *2010 Dietary Guidelines for Americans* utilize consensus, scientific, and medical knowledge to advise the public on ways to improve overall health through proper nutrition and physical activity. They form the basis of federal nutrition policies and programs, providing a vehicle for the government to speak with one voice on nutrition and health. This seventh edition made recommendations for African Americans who reside in the continental United States and all U.S. territories, based on scientific evidence related to sodium consumption and blood pressure.
- In October 2011, ODPHP launched *healthfinder.gov en español* in an effort to help address important health issues of Spanish-speaking Americans in the continental United States and U.S. territories. Healthfinder.gov is an award-winning prevention and wellness website available in both English and Spanish that serves as a one-stop-shop for resources on a wide range of health information including more than 1,600 health topics, personal health tools, health news, and resources from government and non-profit organizations. In fiscal year 2012, there were approximately 279,461 visits to this website.
- ODPHP launched the new series *Eat Healthy • Be Active Community Workshops* at the National Health Promotion Summit in April 2012. There are six online workshops that include nutrition and physical activity guidance and feature handouts, video vignettes, and healthy eating tips from the ChooseMyPlate.gov website. State and local community educators, faith-based organizations, public health organizations, and other educators were invited to view and use them for local community training. Based on pilot testing in 10 different locations, short videos were added. Spanish translations of workshop handouts were requested and are now featured on the website at www.health.gov/dietaryguidelines/workshops. More than 400 workshops have been conducted.

Office of the National Coordinator for Health Information Technology (ONC)

Agency Mission: ONC's mission is to improve health and health care for all Americans through use of information and technology. ONC is at the forefront of HHS' health information technology

(HIT) efforts and serves as a resource to the entire health system to support the adoption of HIT and the promotion of nationwide health information exchange to improve health care.

Highlights of ONC's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Goal I: Transform Health Care

ONC is implementing several key projects in support of the goal of Strengthening health care by **reducing disparities in the quality of health care** (Strategy I.C). ONC provides health information technology technical assistance to Federally Qualified Health Centers (FQHCs) through the *Regional Extension Centers (REC) Program to Expand the use of Health Information Technology Adoption by Federally Qualified Health Centers*, which provides services to medically underserved communities, as well as uninsured and underinsured individuals. ONC runs the REC Program in partnership with HRSA. In partnership with the HHS OMH, ONC has issued an application (app) challenge, *Reducing Cancer Among Women of Color*, to address the disproportionate rates of breast and gynecological cancers among women of color. It calls upon private Web developers and companies to create an app that would help women in their daily lives to reduce cancer risk. Information on the challenge can be found online at: <http://www.health2con.com/devchallenge/reducing-cancer-among-women-color-challenge/>

Office on Women's Health (OWH)

Agency Mission: OWH's mission is to provide national leadership and coordination to improve the health of women and girls through policy, education, and model programs. OWH achieves its mission by informing and advancing policies; educating the public and professionals; and supporting model programs.

Highlights of OWH's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Goal II: Strengthen the Nation's Health and Human Services Infrastructure and Workforce

OWH supports a new national initiative that **promotes the use of community health workers and promotores** (Strategy II.B). The purpose of the *Women's Health Leadership Institute (WHLI)* is to train and support community health workers (CHWs) across the country (from all underserved and vulnerable populations) in leadership development to enhance their capacity to work in their communities to address racial and ethnic health disparities. Trained CHWs take a public health systems approach to disparities such as diabetes. The WHLI has a stakeholder group of more than 20 CHW experts, consultants, researchers, heads of CHW associations and networks, as well as CHWs themselves from across the country who are involved in this effort. Fiscal year 2012 is the first year that cohorts of CHWs were trained.

Goal III: Advance the Health, Safety, and Well-Being of the American People

OWH supports several strategies to **reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies** (Strategy III.A). *National Women and Girls HIV/AIDS Awareness Day* encourages partners to develop projects which increase awareness about HIV/AIDS in observance of National Women and Girls HIV/AIDS Awareness Day. Projects focus on increasing awareness by providing various types of prevention education and providing HIV testing and counseling. *National Women's Health Week* encourages partners to develop projects that promote healthy behaviors among women and girls such as engaging in physical activity, making healthy food choices, and receiving preventive screenings. Projects focus on health disparities in women's health by highlighting topics such as heart disease, breast cancer, diabetes care, reproductive health, and intimate partner violence.

OWH also coordinates education campaigns to improve the health and wellness of ethnic and racial minority women. For example, the *Health and Wellness Initiative for Women Attending Minority Institutions* builds the capacity of the partner institutions to conduct health promotion activities that are gender responsive, culturally and linguistically appropriate, and age appropriate in the areas of HIV/AIDS/STIs, violence against women, mental health, overweight/obesity, heart disease, diabetes, reproductive health, substance use and abuse, autoimmune diseases, nutrition, and overall wellness. The minority serving institutions also collaborate with local health service organizations as a resource to foster a culture of health, wellness, and safety for the entire campus community. The *Heart Attack Symptoms and Calling 911 Campaign for Women Project* educates African American women and Hispanic/Latin American women aged 50 and over and their families and friends on the symptoms of a heart attack and empowers them to call 911 to save their own lives or the lives of others. It also encourages community members to change behaviors to prevent cardiovascular disease.

President's Council on Fitness, Sports, and Nutrition (PCFSN)

Mission: PCFSN engages, educates, and empowers Americans to adopt healthy lifestyles that include regular physical activity and good nutrition. PCFSN is made up of athletes, chefs, physicians, fitness professionals, and educators who are appointed by the President and serve in an advisory capacity through the Secretary of Health and Human Services. Through partnerships with the public, private, and non-profit sectors, PCFSN promotes programs and initiatives that motivate people of all ages, backgrounds, and abilities to lead active, healthy lives. PCFSN plays a key role in the development of the administration's programmatic priorities, outreach, and awareness efforts to improve the health and quality of life for all Americans.

Highlights of PCFSN's Fiscal Years 2011 and 2012 Activities (Categorized by the HHS Disparities Action Plan)

Goal III: Advance the Health, Safety, and Well-Being of the American People

PCFSN is implementing two key projects to **reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies**

(Strategy III.A). For example, PCFSN launched the *Physical Activity Outreach Initiative* to educate parents and caregivers about the benefits of regular physical activity among youth and the link to academic success. The initiative includes television, radio, and print public service announcements (PSAs), which have been provided to public service directors across the nation. From September to December 2012, the PSAs garnered over 60 million impressions through approximately 23,000 placements in 44 states nationwide. Targeted populations include all Americans, with specific focus on parents and caregivers of diverse racial and ethnic backgrounds. PCFSN partnered with the Office of the Assistant Secretary for Public Affairs (ASPA).

In 2012, PCFSN convened a special panel of experts to review and make recommendations on *I Can Do It, You Can Do It! (ICDI)*, a physical activity and nutrition-based mentoring program for youth and adults with disabilities. ICDI seeks to increase opportunities for people with disabilities to engage in regular physical activity and good nutrition by partnering with schools and school districts, colleges and universities, and other community-based settings that can provide mentors to assist participants in achieving weekly health goals. Targeted populations included youth and adults with disabilities with specific focus on individuals of diverse racial and ethnic backgrounds. PCFSN partnered with NIH's National Institute of Child Health and Human Development, the Administration for Community Living, the Special Olympics, the American Association on Health and Disability, Kids Enjoy Exercise Now, and others.

Coordination, Integration, and Accountability

HHS is committed to improving coordination, planning, partnership, integration, and evaluation of its health disparities programs as a means for improving the health and health care of racial and ethnic minority populations. Senior HHS leaders have collaboratively developed cross-cutting goals and strategies that serve as the basis for the HHS Disparities Action Plan. Three groups in particular (described below) serve to drive programs and policies on minority health within the department, oversee the implementation of the HHS Disparities Action Plan, and improve coordination and collaboration across the department and with other federal agencies.

HHS Health Disparities Council

The HHS Health Disparities Council is an important, departmental coordinating body on minority health and health disparities. Chaired by the Assistant Secretary for Health and the Assistant Secretary for Planning and Evaluation, the Council is comprised of senior-level representatives from operating and staff divisions across HHS, including the Deputy Assistant Secretary for Minority Health, the directors of the individual Offices of Minority Health, and the director of the National Institute on Minority Health and Health Disparities (see Appendix D for an overview of the Council). The HHS Office of Minority Health coordinates the work and activities of the Council. The purpose of the Council is to:

- Oversee the implementation and evaluation of the HHS Disparities Action Plan;
- Coordinate the efforts of HHS operating and staff divisions on a cohesive set of health disparity reduction strategies, creating synergy and efficiencies where appropriate;
- Provide a forum for sharing information related to progress on health disparity reduction plans, successful strategies, and new opportunities to reduce health disparities;
- Serve as a resource to the HHS leadership and operating and staff divisions, providing guidance and support on the development and implementation of policies, programs, and strategic plans that address racial and ethnic health disparities; and
- Leverage the policies, programs, and resources of HHS agencies in support of health disparity reduction goals.

Federal Interagency Health Equity Team

HHS OMH established the Federal Interagency Health Equity Team (FIHET) to guide the development of the National Stakeholder Strategy for Achieving Health Equity and implementing the National Partnership for Action to End Health Disparities (NPA) (additional details on the NPA are provided in the HHS OMH section of the report on p. 8). The FIHET's composition was specifically tailored to support action across federal agencies whose collective missions address the social determinants of health. The FIHET is comprised of representatives from 12 federal departments and agencies: Health and Human Services, Agriculture, Commerce, Defense, Education, Housing and Urban Development, Homeland Security, Justice, Labor, Transportation, Veterans Affairs, as well as the Environmental Protection Agency. The FIHET's goals are to:

- Identify opportunities for federal agency collaboration, partnership, and coordination on efforts that are relevant to the National Plan for Action;
- Provide leadership and guidance for national, regional, state, tribal, and local efforts that address health equity; and
- Leverage any opportunities for integrating health disparities into their policies, practices, and initiatives.

Federal Collaboration on Health Disparities Research

The Federal Collaboration on Health Disparities Research (FCHDR) was established to engage a wide range of federal agencies in cross-agency research partnerships to promote more coordinated efforts that target health improvement in populations disproportionately affected by disease, injury, and/or disability. Research developed through the FCHDR leads to new or better programs, policies and practices to reduce or eliminate health disparities. The FCHDR supports the NPA, National Stakeholder Strategy, and HHS Disparities Action Plan goals for improved coordination and use of research and evaluation outcomes and addresses the following five objectives:

- Identify health disparities challenges including the scientific and practical evidence most relevant to underpinning future policy and action;
- Increase and maintain awareness about federal government efforts and opportunities to address health disparities;
- Determine how evidence can be translated into practice to address health disparities and promote innovation;
- Advise on possible objectives and measures for future research, building on the successes and experiences of health disparities experts; and
- Publish reports that will contribute to the development of the FCHDR strategic vision and plan.

Conclusion

The U.S. Department of Health and Human Services will continue to lead the implementation of strategic policies and programs with the goals of improving minority health and reducing health disparities. In fiscal years 2011 and 2012, significant progress was achieved that will improve the health of racial and ethnic minorities and underserved populations by addressing many of the factors that have long been associated with health disparities.

HHS is committed to fully implementing the Affordable Care Act, as well as the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, a comprehensive plan addressing disparities in access to and quality of care, workforce diversity, population health, research, and data collection. HHS is also committed to implementing the National Partnership for Action, a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and moving the nation toward achieving health equity. With the foundation of the Affordable Care Act and the framework of the HHS Disparities Action Plan and the NPA, HHS actions on minority health represent a comprehensive approach to improving the health of racial and ethnic minority populations and achieving the vision of “a nation free of disparities in health and health care.”

Appendix A. HHS Disparities Action Plan Secretarial Priorities, Goals, and Strategies

HHS Action Plan to Reduce Racial and Ethnic Health Disparities: Secretarial Priorities and Implementation Strategies

Secretarial Priority	Implementation Strategies
1. Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.	<ul style="list-style-type: none"> Assess capacity within appropriate staff and operating divisions to support the HHS Disparities Action Plan Require grant applicants, as applicable, to submit a health disparity impact statement, which is a mechanism to determine if an activity is making progress to reduce health disparities
2. Increase the availability, quality, and use of data to improve the health of minority populations	<ul style="list-style-type: none"> Develop data standards to improve data collection on race, ethnicity, sex, primary language, and disability status in population-based surveys Ensure public access to data Identify high-need/disparity areas and align HHS investments accordingly
3. Measure and provide incentives for better healthcare quality for minority populations	<ul style="list-style-type: none"> Refine performance measures Develop cross-departmental and interagency collaborations Expand health disparities projects
4. Monitor and evaluate success in implementing the HHS Action Plan	<ul style="list-style-type: none"> Identify areas for collaboration across HHS to conduct joint health and health care disparities research Track progress on the HHS Disparities Action Plan and hold HHS agencies accountable on assigned actions

HHS Action Plan to Reduce Racial and Ethnic Health Disparities: Goals and Related Strategies

Goal	Strategy
I. Transform health care	<p>I.A Reduce disparities in health insurance coverage and access to care</p> <p>I.B Reduce disparities in access to primary care services and care coordination</p> <p>I.C Reduce disparities in the quality of health care</p>
II. Strengthen the nation's health and human services infrastructure and workforce	<p>2.A Increase ability of all health professions and health care system to identify and address racial and ethnic health disparities</p> <p>2.B Promote use of community health workers and promotores</p> <p>2.C Increase diversity of health care and public health workforces</p>
III. Advance the health, safety, and well-being of the American people	<p>3.A Reduce disparities in population health by increasing availability and effectiveness of community-based programs and policies</p> <p>3.B Conduct and evaluate pilot tests of health disparity impact assessments of selected proposed national policies and programs</p>
IV. Advance scientific knowledge and innovation	<p>4.A Increase the availability and quality of data collected and reported on racial and ethnic minority populations</p> <p>4.B Conduct and support research to inform disparities-reduction initiatives</p>
V. Increase the efficiency, transparency, and accountability of HHS programs	<p>5.A Streamline grant administration for health disparities funding</p> <p>5.B Monitor and evaluate implementation of the HHS Disparities Action Plan at the goal, strategy, and action levels</p>

Appendix B. Highlighted Agency Activities Categorized by HHS Disparities Action Plan

Highlighted Agency Activities Categorized by HHS Disparities Action Plan Goal

Project Title	Agency	Goal and Strategy
Goal I: Strengthening Health Care		
Strategy I.A: Reducing disparities in health insurance coverage and access to care		
National Aging and Research Consortium on Racial and Ethnic Seniors	ACL	1.A.
Analyzing the Potential Impact of the Affordable Care Act on Specific Racial and Ethnic Minority Communities	ASPE	I.A
Development of the Medmap Application to Locate Resources and At-Risk Populations	ASPR/CDC / ASPE	I.A
Community-Based Strategies to Improve Outreach and Enrollment for Diverse Populations	SAMHSA	I.A
Minority AIDS Initiative Targeted Capacity Expansion (MAI-TCE)	SAMHSA	I.A
Strategies I.B and I.C: Reducing disparities in access to primary care services and care coordination or quality of health care		
Connecting Practices with Hard to Reach Populations	AHRQ	I.B
African American Community Health Project for Implementation of Personal Health records	AHRQ	I.B
Treating Pain to Reduce Disability among Older Home Health Patients	AHRQ	I.C
Collaboration Meeting to Network And Discuss Opportunities for Partnering With Providers and Services to Targeted American Indian/Native American Audiences	CMS	I.B/I.C
QIO Home Health National Campaign	CMS	I.B/I.C
Characterize of Eligible Providers Who Have Yet to Adopt or Attest to Meaningful Use of Certified EHR Technology, and the Patients they Serve	CMS	I.B/I.C
Community Health Centers: New Access Point Program	HRSA	I.B/I.C
Quality Improvement/Patient-Centered Medical Home Program	HRSA	I.B/I.C
Inter-Professional Oral Health Core Competencies (IPOHCC) Implementation Pilot Project	HRSA	I.B/I.C
Hepatitis B United Mobilization Project	OMH	I.B/I.C
Program to Expand the use of Health Information Technology Adoption by Federally Qualified Health Centers (FQHCs)	ONC	I.C
Goal II: Strengthening the nation's health and human services infrastructure and workforce		
Strategy II.A: Increasing the ability of all health professions and health care system to identify and address racial and ethnic health disparities		
At-Risk Individuals, Behavioral Health and Community Resilience Checklist	ASPR	II.A/II.B
Psychological First Aid (PFA) Training	ASPR	II.A/II.B
Enhance Recruitment of Minority Providers	ASPR	II.A/II.B
Academic Detailing Grant Program for Community-Based, University-Based, and Private Health Center Product Marketing	AHRQ	II.A
Disparities National Coordination Center (NCC)	CMS	II.A/II.B
Everyone with Diabetes Counts	CMS	II.A/II.B
Assessment of the Impact of Health Information Technology on Communities with Health Disparities and Uninsured, Underinsured, and Medically Underserved Areas	HRSA	II.A
IHS Loan Repayment Program	IHS	II.A
IHS Scholarship Program	IHS	II.A
Advancing Effective Communication in Critical Access Hospitals Initiative	OCR	II.A
Effective Communication in Hospitals Initiative	OCR	II.A
Medical Education Initiative	OCR	II.A
The National Culturally and Linguistically Appropriate Services (CLAS) Standards	OMH	II.A
National Network to Eliminate Disparities in Behavioral Health (NNED)	SAMHSA	II.A
Circles Of Care Program For Providing Tribal and Urban Indian Communities with Tools and Resources	SAMHSA	II.A
Strategy II.B: Promoting the use of community health workers and promotores		
Aprende A Vivir, Outreach Program	AHRQ	II.B
HHS Promotores de Salud Initiative	OMH	II.B
Community Navigation Certificate Training Program	OMH	II.B
Women's Health Leadership Institute (WHLI)	OWH	II.B

Strategy II.C: Increasing the diversity of health care and public health workforces		
Health Profession Opportunity Grants (HPOG) Program	ACF	II.C
Undergraduate Public Health Scholars (CUPS) Program	CDC	II.C
Oak Ridge Institute for Science and Education (ORISE) Minority Fellows	FDA	II.C
Bureau of Health Professions (BHP) Health Professional Training Grant Award Initiatives	HRSA	II.C
National Health Service Corp (NHSC) Loan Repayment and Scholarship Awards Programs	HRSA	II.C
National Health Service Corp (NHSC) Students to Service Pilot Program	HRSA	II.C
NIH Academy: A Health Disparities Training Program for NIH Post Baccalaureates	NIH	II.C
Continuing Umbrella of Research Experience (CURE) for Increasing the Number of Competitive/Independent Cancer Researchers	NIH	II.C
Realizing Health Equity in Maternal and Child Health through Scientific Workforce Diversity	NIH	C
American Indian/Alaska Native Health Disparities Grant Program (AI/AN Program)	OMH	II.C
Minority Fellowship Program	SAMHSA	II.C
Historically Black Colleges and Universities (HBCU) Center for Excellence	SAMHSA	II.C
Native American Center for Excellence (NACE)	SAMHSA	II.C
Goal III: Advancing the health, safety, and well-being of the American people		
Strategy III.A: Reducing disparities in population health by increasing availability and effectiveness of community-based programs and policies		
Head Start Program for preschool children from low-income families	ACF	III.A
Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Evaluation	ACF	III.A
Healthcare 411, the 60-second audio news program featuring current AHRQ research on important health care topics	AHRQ	III.A
Released Recovery Coordination Office (RCO) within its Office of Preparedness and Emergency Operations and the National Disaster Recovery Framework (NDRF)	ASPR	III.A
Public Health Emergency Medical Countermeasures Enterprise Redirect (PHEMCE) Expansion	ASPR	III.A
Community Transformation Grants (CTG)	CDC	III.A
Racial and Ethnic Approaches to Community Health (REACH) Program	CDC	III.A
Childhood Obesity Research Demonstration (CORD) Project	CDC	III.A
Grassroots Communication and Social Marketing to Promote Influenza Immunization to Disparate Populations	CDC	III.A
Million Hearts™ Initiative And Educational Materials Tailored for Hispanic/Latino Audiences	CDC	III.A
Innovative Network for Sight Research (INSIGHT)	CDC	III.A
Million Hearts™ Stroke Belt Initiative to Reduce Prevalence of Stroke	CMS	III.A
National Prevention Outreach and Education Campaign	CMS	III.A
Cardiac Health Care Disparities Project	CMS	III.A
¡Nunca Más!: Safe Medication Use Launch Campaign	FDA	III.A
Proyecto Informa for Services Such as Translation And Distribution of Emergency Health Alerts	FDA	III.A
Healthy Weight Collaborative	HRSA	III.A
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program	HRSA	III.A
Teenage Pregnancy Prevention (TPP) Programs	OAH	III.A
National Resource Center for HIV/AIDS Prevention among Adolescents	OAH	III.A
Pregnancy Assistance Fund	OAH	III.A
Community-wide Teenage Pregnancy Projects	OAH	III.A
Healthy People 2020	ODPHP	III.A
Dietary Guidelines for Americans, 2010	ODPHP	III.A
Healthfinder.gov En Español	ODPHP	III.A
Leading Health Indicators (LHI)	ODPHP	III.A
Eat Healthy * Be Active Community Workshops	ODPHP	III.A
Partnerships Active in Communities to Achieve Health Equity Program (PAC)	OMH	III.A
HHS Million Hearts™ Initiative and Educational Materials for Heart Health Awareness	OMH	III.A
Million Hearts™ Stroke Belt Project to Reduce Prevalence of Stroke	OMH	III.A
Minority Community HIV/AIDS Partnership: Preventing Risky Behaviors Among Minority College Students (MCHP)	OMH	III.A
National Minority Male Health	OMH	III.A
Reducing Cancer among Women of Color Application (App) Challenge	OMH	III.A
Youth Empowerment Program (YEP)	OMH	III.A
National Women and Girls HIV/AIDS Awareness Day	OWH	III.A

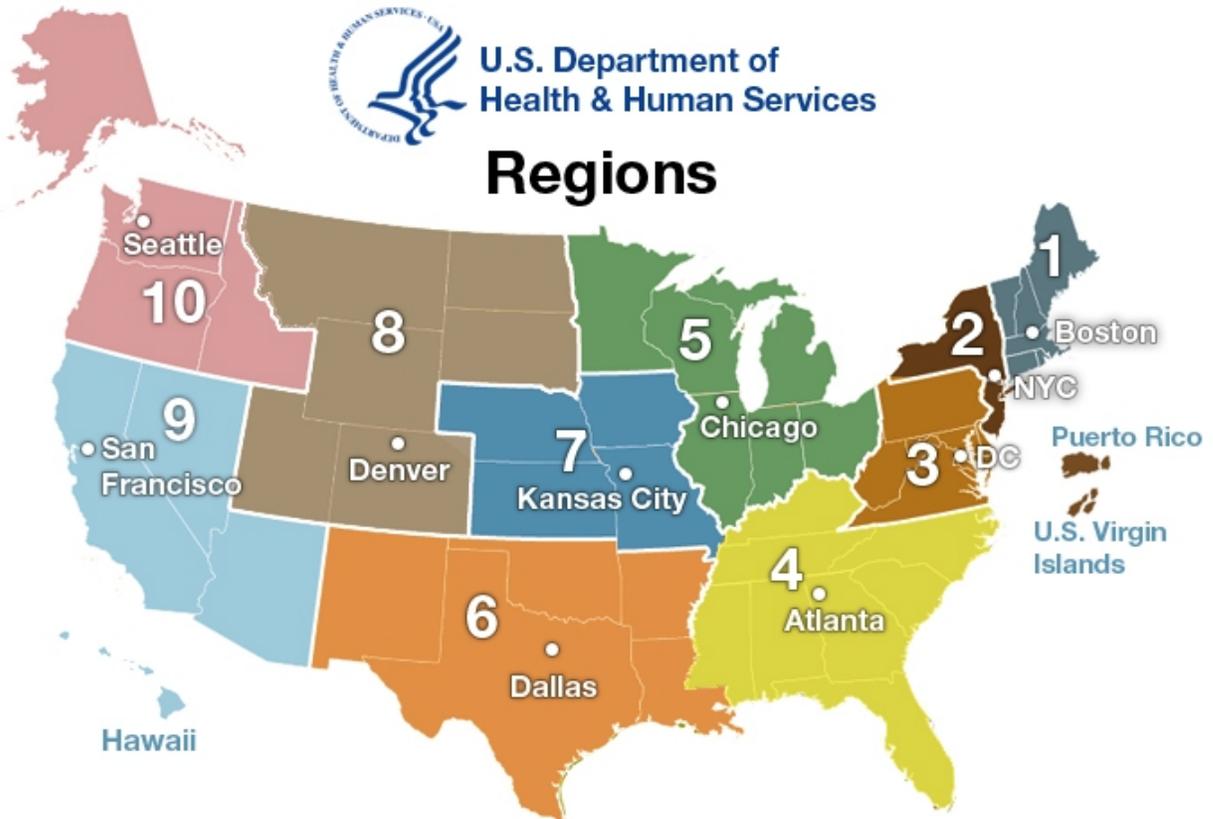
National Women's Health Week	OWH	III.A
Health and Wellness Initiative for Women Attending Minority Institutions	OWH	III.A
Heart Attack Symptoms and Calling 911 Campaign for Women Project	OWH	III.A
Physical Activity Outreach Initiative	PCFSN	III.A
I Can Do It, You Can Do It! (ICDI) Program for Exercise and Nutrition of the Disabled	PCFSN	III.A
Targeted Capacity Expansion-HIV Program	SAMHSA	III.A
Native Aspirations for Addressing Youth Violence, Bullying, And Suicide Prevention Through Community Interventions And Efforts With American Indians And Alaska Natives	SAMHSA	III.A
Goal IV. Advancing scientific knowledge and innovation		
Strategy IV.A: Implementing a multifaceted health disparities data collection strategy across HHS		
National Healthcare Quality/Disparities Reports (NHQR/DR)	AHRQ	IV.A
HHS Data Council for Tracking and Monitoring Progress in Implementing Data Standards in HHS-Sponsored Surveys	ASPE/ AHRQ	IV.A
Collecting and analyzing data on health care disparities using the standards finalized under section 4302(a)	CMS	IV.A
Health Care Coverage Analyses for the 2006 National Healthcare Quality and Disparities Reports	CMS	IV.A
Maximizing Impact of Disparities Data to Drive Community Action and Enable Improvements in Health Equity	OMH	IV.A
Pacific Islander Health Study (PIHS)	OMH	IV.A
State Partnership Grant Program to Improve Minority Health (SPG)	OMH	IV.A
Strategy IV.B: Conducting and supporting research to inform disparities-reduction initiatives		
Centers for Excellence in Regulatory Science Innovation (CERSI) Minority Health Grants	FDA	IV.B
Dialogues on Diversifying Clinical Trials: Successful Strategies for Engaging Women and Minorities	FDA	IV.B
Population Assessment of Tobacco and Health Study (PATH)	FDA/NIH	IV.B
Centers for Population Health and Health Disparities (CPHHD)	NIH	IV.B
National Outreach Network (NON) for Developing and Disseminating Culturally Sensitive, Evidence-Based Cancer Information	NIH	IV.B
Northern Manhattan Healthy Heart Initiative	NIH	IV.B
Translational Research To Improve Obesity and Diabetes Outcomes	NIH	IV.B
Community Networks Program-Centers (CNP-C) for Developing Beneficial Biomedical and Behavioral Procedures Related To Reducing Cancer Disparities In Racial/Ethnic Minorities and Other Underserved Populations	NIH	IV.B
Hispanic Community Health Study - Study of Latinos (HCHS-SOL)	NIH	IV.B
Jackson Heart Study, the Largest Investigation of Causes Of Cardiovascular Disease (CVD) in an African American Population	NIH	IV.B
Mobile Health (mHealth) Technologies	NIH	IV.B
Goal V. Increasing the efficiency, transparency, and accountability of HHS programs		
Health System Measurement Project for Viewing Data on Disparities for Key Indicators and Tracking Progress Toward Disparities Elimination	ASPE	V
Stakeholder Discussion Series (SDS) Meeting with Minority Communities and Groups Affected by Tobacco-Related Health Disparities	FDA	V
Tobacco Compliance Checks and Targeted Surveillance Activities	FDA	V

Appendix C. U.S. Department of Health and Human Services Regions



U.S. Department of
Health & Human Services

Regions



Region 1 – Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Region 2 – New York: New Jersey, New York, Puerto Rico, 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, Tennessee

Region 5 – Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region 6 – Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Region 7 – Kansas City: Iowa, Kansas, Missouri, Nebraska

Region 8 – Denver: Colorado, Montana, North Dakota, South Dakota, Utah, 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

Appendix D. Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status

Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status

On October 31, 2011, HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by section 4302 of the Affordable Care Act. The law requires that data collection standards for these measures be used, to the extent practicable, in all national population health surveys. They will apply to self-reported information only. The law also requires any data standards published by HHS comply with standards created by the Office of Management and Budget (OMB).

I and II. Race and Ethnicity

Ethnicity Data Standard	Categories
<p><i>Are you Hispanic, Latino/a, or Spanish origin</i> <i>(One or more categories may be selected)</i></p> <ul style="list-style-type: none"> • <input type="checkbox"/> <i>No, not of Hispanic, Latino/a, or Spanish origin</i> • <input type="checkbox"/> <i>Yes, Mexican, Mexican American, Chicano/a</i> • <input type="checkbox"/> <i>Yes, Puerto Rican</i> • <input type="checkbox"/> <i>Yes, Cuban</i> • <input type="checkbox"/> <i>Yes, another Hispanic, Latino, or Spanish origin</i> 	<p>These categories roll-up to the Hispanic or Latino category of the OMB standard</p>
Race Data Standard	Categories
<p><i>What is your race?</i> <i>(One or more categories may be selected)</i></p> <ul style="list-style-type: none"> • <input type="checkbox"/> <i>White</i> • <input type="checkbox"/> <i>Black or African American</i> • <input type="checkbox"/> <i>American Indian or Alaska Native</i> d. <input type="checkbox"/> <i>Asian Indian</i> e. <input type="checkbox"/> <i>Chinese</i> f. <input type="checkbox"/> <i>Filipino</i> g. <input type="checkbox"/> <i>Japanese</i> h. <input type="checkbox"/> <i>Korean</i> i. <input type="checkbox"/> <i>Vietnamese</i> j. <input type="checkbox"/> <i>Other Asian</i> k. <input type="checkbox"/> <i>Native Hawaiian</i> l. <input type="checkbox"/> <i>Guamanian or Chamorro</i> m. <input type="checkbox"/> <i>Samoan</i> n. <input type="checkbox"/> <i>Other Pacific Islander</i> 	<p>These categories are part of the current OMB standard</p> <p>These categories roll-up to the Asian category of the OMB standard</p> <p>These categories roll-up to the Native Hawaiian or Other Pacific Islander category of the OMB standard</p>

III. Sex

Sex Data Standard

What is your sex?

- a. *Male*
- b. *Female*

IV. Primary Language

Data Standard for Primary Language

How well do you speak English? (5 years old or older)

- a. *Very well*
- b. *Well*
- c. *Not well*
- d. *Not at all*

Data Collection for Language Spoken (Optional)

1. Do you speak a language other than English at home? (5 years old or older)

- a. *Yes*
- b. *No*

For persons speaking a language other than English (answering yes to the question above):

2. What is this language? (5 years old or older)

- a. *Spanish*
- b. *Other Language (Identify)*

V. Disability Status

Data Standard for Disability Status

1. Are you deaf or do you have serious difficulty hearing?

- a. *Yes*
- b. *No*

2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- a. *Yes*
- b. *No*

3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)

- a. *Yes*
- b. *No*

Data Standard for Disability Status

4. Do you have serious difficulty walking or climbing stairs? (5 years old or older)

a. Yes

b. No

5. Do you have difficulty dressing or bathing? (5 years old or older)

a. Yes

b. No

6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)

a. Yes

b. No

For more information: www.minorityhealth.hhs.gov/section4302

**Appendix E. U.S. Department of Health and Human Health
Disparities Council**

U. S. Department of Health and Human Services

Health Disparities Council

Council Co-Chairs
Assistant Secretary for Health
Assistant Secretary for Planning and Evaluation

Council Members

HHS Operating Divisions

- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

HHS Staff Divisions

- Assistant Secretary for Administration (ASA)
- Assistant Secretary for Legislation (ASL)
- Assistant Secretary for Planning and Evaluation (ASPE)
- Assistant Secretary for Preparedness and Response (ASPR)
- Assistant Secretary for Public Affairs (ASPA)
- Center for Faith-Based and Neighborhood Partnerships (CFBNP)
- Intergovernmental and External Affairs (IEA)
- National Vaccine Program Office (NVPO)
- Office for Civil Rights (OCR)
- Office of the General Counsel (OGC)
- Office of Health Reform (OHR)
- *HHS Office of Minority Health (OMH) **
- Office of the National Coordinator for Health Information Technology (ONC)

***Executive Secretariat**