

Learning from Each Other: Joining Forces

Clay E. Simpson, Jr., MSPH, PhD

Deputy Assistant Secretary for Minority Health

Closing the Gap, The U.S. and U.K. Collaborate on Minority Health • March 1998

We are here today from different countries, but we are united by what we have in common. Although the demographics of our populations are very different, we both have racial and ethnic minority populations who have poorer health than the general population. We are both working to reverse this trend. It is this commitment to improving minority health status that brings us here. We share common problems, and now we are here to share solutions. This is an opportunity for us to learn from each other and join forces.

The Office of Minority Health was created by the U.S. Department of Health and Human Services (HHS) in 1985 as a result of the Report of the Secretary's Task Force on Black and Minority Health. We believe in disease prevention and health promotion. But we don't just focus on diseases because so many other factors contribute to our health status. We also address cross-cutting issues, such as the ability to pay for care and culturally competent delivery.

Over the last few years, we have seen increasing signs of support for minority health issues in HHS. We have been able to support the establishment of HHS-wide initiatives for each of our target populations. This means that every health agency within HHS is responsible for making commitments to address the health of African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, and Native Hawaiians and other Pacific Islanders.

Through these initiatives, we are making and shaping policies that affect the health outcomes of our people. Our department-wide efforts not only increase minority representation in HHS, but help put minorities in decision-making positions.

OMH knows that no matter how optimistic we are, we cannot solve all of our nation's minority health problems. This is why our approach centers on building partnerships to strengthen our resources. Our OMH Resource Center has served as a national resource and referral service on minority health for 10 years. We encourage increased awareness of minority health through free services such as database searches, publications, and mailing lists.

OMH has also helped establish other offices of minority health in more than half of our states, and in our federal agencies. This is a network we are building. It involves not only government, but promotes community, family, and individual action as a way to improve minority health.

What I propose today is that we pay close attention to the lessons we've learned. We have come here to sign a joint agreement between the U.S. and the U.K. to take what we learn at this conference to the next level—a level of ongoing international collaboration that produces results, benefits both countries, and improves the quality of life for our people.

This editorial was part of Dr. Simpson's speech at the U.S./U.K. Conference. ♦

