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Reducing Racial And Ethnic Disparities: The Action Plan From The Department Of Health And Human Services

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ABSTRACT The Department of Health and Human Services (HHS) recently unveiled the most comprehensive federal commitment yet to reducing racial and ethnic health disparities. The 2011 HHS Action Plan to Reduce Racial and Ethnic Health Disparities not only responds to advice previously offered by stakeholders around the nation, but it also capitalizes on new and unprecedented opportunities in the Affordable Care Act of 2010 to benefit diverse communities. The Action Plan advances five major goals: transforming health care; strengthening the infrastructure and workforce of the nation's health and human services; advancing Americans' health and well-being; promoting scientific knowledge and innovation; and upholding the accountability of HHS for making demonstrable progress. By mobilizing HHS around these goals, the Action Plan moves the country closer to realizing the vision of a nation free of disparities in health and health care.

In 1985 the Department of Health and Human Services (HHS) released the *Report of the Secretary's Task Force on Black and Minority Health*. Sometimes called the Heckler Report, it represented the first comprehensive US government accounting of the health disparities affecting racial and ethnic minorities in the United States.¹ The report's opening pages highlighted the "national paradox of phenomenal scientific achievement and steady improvement in overall health status" accompanied by "persistent, significant health inequities [that] exist for minority Americans."¹

The country has since responded with an array of initiatives aimed at improving both direct care of underserved populations² and community-based prevention.^{3–7} States and community groups have also contributed greatly, through both new and well-established programs—such as the Bronx Racial and Ethnic Approaches to Community Health (REACH) Coalition, which has worked to increase local residents' access to healthy food.^{4,8,9} However, the persistence of

the paradox noted in the Heckler Report and the increasing diversity of the nation's population¹⁰ prompted HHS to review and reinvigorate its commitment to reducing racial and ethnic health disparities.

The department recognized that a broad federal plan, never attempted previously, could provide critical and visible national direction. Hence, in 2011, after considerable community input and with support across the sectors of the health care system, the department unveiled the first HHS Action Plan to Reduce Racial and Ethnic Health Disparities.¹¹

The Action Plan represents the first federal strategic disparities plan and the most comprehensive federal commitment in this area to date. It builds not only on the promise of the Affordable Care Act of 2010¹² but also on other key national strategic planning initiatives.¹³ Furthermore, the Action Plan presents a unified framework for HHS, in collaboration with other federal departments and with communities, to transform health care, strengthen the infrastruc-

ture and workforce of the nation's health and human services, advance Americans' health and well-being, promote scientific knowledge and innovation, and uphold the accountability of HHS for making demonstrable progress. We believe that these efforts, summarized in this paper, can move the country closer to the reality of a nation free of disparities in health and health care.

The Need For A Disparities Action Plan

Persistent and pervasive health disparities have affected racial and ethnic minorities, the poor, and other at-risk populations for years. A *health disparity* can be defined as a particular type of health inequality stemming from social, economic, or environmental disadvantage.¹³ Although disparities can also be viewed through many other lenses—for example, socioeconomic status, sex, age, level of disability, geography, sexual orientation, or gender identity—the Action Plan focuses specifically on race and ethnicity. Included within the definition of *health disparities* are health care disparities, or differences in the amount and quality of health care that different groups receive.

Health and health care disparities carry major societal consequences.^{14–17} For example, racial and ethnic minorities, who constitute about a third of the US population but more than half of the uninsured, have particularly poor access to primary care.¹⁸ Large racial and ethnic health disparities also permeate the health care workforce, the health of populations, and data collection and research. Critical shortages of culturally competent health professionals affect the quality of health care for the nation's minorities, especially populations with limited English proficiency.^{19–21}

Population health disparities in a wide array of conditions—including cardiovascular disease, cancer, HIV/AIDS, diabetes, viral hepatitis, mental health, and oral health—contribute to poorer health outcomes for racial and ethnic minorities.^{11,13} Moreover, the lack of consistent, widely used standards for collecting and reporting health data by racial and ethnic subpopulations and primary language has complicated the early identification of health disparities as well as the development of methods to reduce them.²² In addressing these and other well-recognized deficiencies, the Healthy People 2020 initiative proposes the elimination of health disparities as one of its four overarching national goals,^{23,24} with progress to be monitored by HHS over the upcoming decade.

A New Climate For Change

Several developments besides the Action Plan helped usher in a new climate to address the disparities challenge. These include the National Partnership for Action to End Health Disparities, a grassroots public-private collaboration;²⁵ the National Stakeholder Strategy for Achieving Health Equity;¹³ the Affordable Care Act;¹² and an array of complementary national strategic planning initiatives.

ENGAGING STAKEHOLDERS Seeking public guidance for a revitalized strategy to address health disparities, the HHS Office of Minority Health convened nearly 2,000 stakeholders from around the country at a National Leadership Summit for Eliminating Racial and Ethnic Disparities in Health in 2008.^{25,26} The summit stimulated the subsequent formation of the National Partnership for Action to End Health Disparities, which includes community- and faith-based organizations, businesses, health care and insurance industries, academe, cities and counties, states, tribes, and federal agencies.²⁵

In community meetings over a two-year period, the partnership drafted recommendations that culminated in the 2011 National Stakeholder Strategy for Achieving Health Equity.¹³ The National Stakeholder Strategy, released together with the Action Plan, proposes a common set of national goals and objectives for the public and private sectors. The main principles include improving local awareness of health disparities, enhancing local data collection efforts, and emphasizing public-private partnerships to improve access to care (Exhibit 1). Local groups can tailor the strategy for their own communities.

THE AFFORDABLE CARE ACT The Affordable Care Act¹² not only enacted comprehensive health reform, but it also addressed health disparities in critical ways. Exhibit 2 lists some of the act's major provisions in this area. For example, sections 1311 and 2201 are intended to increase both access to and the affordability of care for underserved populations. Section 3011 is designed to strengthen the health care system to improve quality of care; section 10503 to expand community-level care through health centers and teams; and section 4004 to increase prevention efforts for underserved groups. In addition, many provisions focus on community-based strategies for eliminating local barriers to health. As one example, section 4201 is intended to encourage community infrastructures and programs to promote health in schools, workplaces, and neighborhoods.

Furthermore, section 5307 provides a strong foundation for the Action Plan with respect to improving both the diversity of the health care

EXHIBIT 1

National Stakeholder Strategy For Achieving Health Equity: Goals And Strategic Areas

Goal	Strategic area
1. Awareness: increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations	1. Health care agenda 2. Partnerships 3. Media 4. Communication
2. Leadership: strengthen and broaden leadership for addressing health disparities at all levels	5. Capacity building 6. Funding and research priorities 7. Youth
3. Health system and life experience: improve health and health care outcomes for racial, ethnic, and underserved populations	8. Access to care 9. Children 10. Older adults 11. Health communication 12. Education 13. Social and economic conditions
4. Cultural and linguistic competency: improve cultural and linguistic competency and diversity of the health-related workforce	14. Workforce 15. Diversity 16. Ethics, standards, and financing for interpreting and translation services
5. Data, research, and evaluation: improve data availability; coordination, use, and diffusion of research and evaluation outcomes	17. Data 18. Community-based research and action; community-originated intervention strategies 19. Coordination of research 20. Knowledge transfer

SOURCE National Stakeholder Strategy for Achieving Health Equity (Note 13 in text).

workforce and its competency in treating patients from different cultural and linguistic backgrounds. And the act lays the groundwork for advancing data collection through the reporting of health information by race, ethnicity, and pri-

mary language (section 4302) and for strengthening HHS's administrative capacity to address minority health (section 10334).¹²

KEY STRATEGIC PLANNING INITIATIVES In addition to Healthy People 2020,²⁴ recent national

EXHIBIT 2

HHS Action Plan To Reduce Racial And Ethnic Health Disparities: Goals And Related Strategies

Goal	Strategy
1. Transform health care	1a. Reduce disparities in health insurance coverage and access to care 1b. Reduce disparities in access to primary care services and care coordination 1c. Reduce disparities in the quality of health care
2. Strengthen the nation's health and human services infrastructure and workforce	2a. Increase ability of all health professions and health care system to identify and address racial and ethnic health disparities 2b. Promote use of community health workers and <i>promotores</i> 2c. Increase diversity of health care and public health workforces
3. Advance the health, safety, and well-being of the American people	3a. Reduce disparities in population health by increasing availability and effectiveness of community-based programs and policies 3b. Conduct and evaluate pilot tests of health disparity impact assessments of selected proposed national policies and programs
4. Advance scientific knowledge and innovation	4a. Implement a multifaceted health disparities data collection strategy across HHS 4b. Conduct and support research to inform disparities-reduction initiatives
5. Increase the efficiency, transparency, and accountability of HHS programs	5a. Streamline grant administration for health disparities funding 5b. Monitor and evaluate implementation of the HHS Action Plan at the goal, strategy, and action levels

SOURCE HHS Action Plan to Reduce Racial and Ethnic Health Disparities (Note 11 in text). **NOTES** HHS is Department of Health and Human Services. *Promotores* are trusted local people who serve as community health workers.

Implementation of the Affordable Care Act should narrow disparities in health insurance coverage.

commitments to improve health and thereby decrease disparities abound. They include the 2010 Let's Move! initiative launched by First Lady Michelle Obama, which proposes to solve, within a generation, the challenge of childhood obesity that disproportionately affects minorities.²⁷ Other recent initiatives in HHS catalyze prevention efforts⁵ in areas such as tobacco control, HIV/AIDS, vaccines, health literacy, environmental justice, and chronic viral hepatitis.^{28–33}

Priorities, Goals, And Strategies

To create the Action Plan, Secretary Kathleen Sebelius charged the HHS Working Group for the Action Plan to Reduce Racial and Ethnic Disparities with the responsibility of producing a vision of a nation free of disparities in health and health care. Beginning in fiscal year 2011, the working group combined efforts across the department's twelve agencies to promote the five major goals, listed above, with examples of proposed actions described in further detail below (Exhibit 2).¹¹

TRANSFORM HEALTH CARE Implementation of the Affordable Care Act should narrow disparities in health insurance coverage and access and improve primary care services, care coordination, and health care quality. In 2014, for example, Medicaid coverage will expand to cover individuals with incomes under 133 percent of the federal poverty level. Additionally, tax credits will help families and individuals with incomes below 400 percent of the poverty level purchase affordable coverage in the new state insurance exchanges.

These efforts will improve access to care for minority communities, building on the recent coverage advances for youth provided by the Children's Health Insurance Program Reauthorization Act of 2009. Streamlined enrollment procedures will speed determinations of eligibility, connecting qualified individuals to health insurance and human service programs more

efficiently than before.

The Affordable Care Act also establishes the Community Health Center Fund. The fund will invest \$11 billion over five years in ongoing operations at federally qualified community health centers; the expansion of preventive and primary health care services; major construction and renovation projects at existing sites; and the creation of new health centers in medically underserved areas. Of note, low-income racial and ethnic minorities account for nearly two-thirds of the people now served by the health centers, which are funded by the Health Resources and Services Administration.

STRENGTHEN THE WORKFORCE AND INFRASTRUCTURE Steps to advance the goal of strengthening the workforce and infrastructure include increasing and diversifying the workforce and improving communication and translation services. For example, the Affordable Care Act provides \$1.5 billion over five years to expand the National Health Service Corps. Currently, 7,000 clinicians in the corps are working in underserved areas in exchange for loan repayments or scholarships. Approximately half of them deliver care in health centers, and about one-third of them are minorities. With the additional funding, the corps will expand capacity in primary care, long-term care, and dentistry. To improve health services delivery for underserved populations, the Health Resources and Services Administration will also recruit professionals from historically black colleges and universities for enrollment.

At the same time, through demonstration projects, the Administration for Children and Families is encouraging recipients of Temporary Assistance for Needy Families (which provides assistance to needy families to help pay for food, clothing, housing, and other basic needs) to receive training and enter health care professions.

Similarly, the Office of Minority Health, the Centers for Medicare and Medicaid Services, and other entities within HHS will use a national advisory group to help upgrade the National Standards for Culturally and Linguistically Appropriate Services in Health Care.³⁴ First released in 2000, these standards set benchmarks for serving diverse populations. The department will also expand translation services, in part by promoting the interpreting profession as an essential component of the health care workforce and establishing an online national registry of certified interpreters for health care facilities and providers. The Action Plan also calls for programs to train health care interpreters and to promote credentialing examinations, where appropriate.

The Centers for Medicare and Medicaid

Services also plans to include grants for better web-based software and other technologies to help people who have limited English language proficiency enroll in Medicaid and the Children's Health Insurance Program.

IMPROVE AMERICANS' HEALTH, SAFETY, AND WELL-BEING The previously noted key strategic planning initiatives reinforce the Affordable Care Act's major focus on prevention.³⁵ Of note, the act establishes a Prevention and Public Health Fund, with \$15 billion over ten years planned for prevention initiatives that should particularly help the underserved. In addition, the Maternal, Infant, and Early Childhood Home Visiting Program¹² addresses the diverse needs of underserved minority women and families with limited social support networks. Through this effort, improvements in prenatal, maternal, newborn, and child health and development; parenting skills; school readiness; and family economic self-sufficiency could lead to reductions in outcomes such as domestic violence and parental substance abuse.

Complementing this effort, the Substance Abuse and Mental Health Services Administration will train health care professionals to deliver evidence-based behavioral health interventions for trauma and trauma-related disorders affecting minority populations. The agency will provide technical assistance through its National Network to Eliminate Disparities in Behavioral Health.

ADVANCE SCIENTIFIC KNOWLEDGE AND INNOVATION Section 4302 of the Affordable Care Act serves as a major driver for improving the availability and quality of data on racial and ethnic minority populations.¹² Specifically, this section requires the HHS secretary to adopt new standards for data collected by race, ethnicity, sex, primary language, and disability status. It also requires that these standards be met by all federally funded population health surveys. By ensuring the collection and reporting of more detailed and uniform demographic data than ever before, the standards should lead to improved identification of health disparities and the creation of better interventions to address them.

INCREASE HHS'S EFFICIENCY, TRANSPARENCY, AND ACCOUNTABILITY HHS will heighten coordination to maximize the overall impact of the strategies in the Action Plan, track progress in achieving its goals, and streamline grant administration for health disparities funding. Section 10334 of the Affordable Care Act¹² requires the creation of new offices of minority health in six agencies in HHS: the Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Food and Drug

All HHS agencies have begun upgrading their strategic plans, communications, programs, and regulations.

Administration, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, and Centers for Medicare and Medicaid Services. These changes, along with the elevation of the former National Center for Minority Health and Health Disparities at the National Institutes of Health to a full-fledged institute, should help integrate efforts across the entire department.

All HHS agencies have begun upgrading their strategic plans, communications, programs, and regulations to implement the Action Plan. Using key performance measures for each of the five goals, the agencies will track health disparities outcomes across domains.

Consider, for example, the goal of expanding the number of insured Americans through Medicaid, the Children's Health Insurance Program, Medicare, the health insurance exchanges, and other forms of insurance.¹¹ At the goal level—transforming health care—HHS will monitor key indicators across the domains of insurance coverage, access to primary care, and quality of care (Exhibit 2). At the strategy level—reducing disparities in health insurance coverage and access to care—the department will track the number of uninsured racial and ethnic minorities under age sixty-five. And at the action level, the department will monitor the number of racial and ethnic minorities in the Children's Health Insurance Program and Medicaid via its streamlined eligibility programs and, after 2014, through the Medicaid expansions and insurance exchanges. A detailed appendix in the Action Plan describes these and other measures.¹¹

Early Steps For Implementation

Implementation of the Action Plan is well under way. For example, the Health Resources and Services Administration recently awarded sixty-seven New Access Point grants—totaling

The Action Plan addresses deeply rooted disparities that have defied major efforts toward progress for years.

\$28 million—that not only expand existing federally qualified community health centers but also support new sites.

To help diversify the health workforce, HHS recently announced a National Steering Committee for *promotores*—trusted local people who serve as community health workers—and has begun developing a national training curriculum. Additionally, the Centers for Disease Control and Prevention recently announced its \$103 million Community Transformation Grants program, whereby grants to state and local organizations can help communities implement projects proven to reduce diabetes, heart disease, and other chronic conditions.

Additionally, the National Cancer Institute's Community Networks Program continues to support community-based participatory research to increase cancer awareness, prevention, and control in underserved populations.

Implementing the Action Plan will not be easy. It addresses deeply rooted disparities that have defied major efforts toward progress for many years. Furthermore, despite the major infusion of new funds from the Affordable Care Act, the budget climate remains uncertain. In assuming implementation responsibilities, HHS's Health Disparities Council will seek strong coordination with the National Partnership for Action as well as other federal, state, and community partners.

Conclusion

The first HHS Action Plan to Reduce Racial and Ethnic Health Disparities¹¹ holds much promise for the nation. Responding to community input, it offers a comprehensive commitment to addressing disparities related to insurance coverage, quality of care, workforce diversity, population health, and data collection. By taking advantage of a new climate for change and of opportunities such as the Affordable Care Act and other initiatives, the country can move closer to becoming a nation free of health and health care disparities. ■

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In this month's *Health Affairs*, Howard Koh and coauthors from the Department of Health and Human Services (HHS) report on the 2011 HHS Action Plan to Reduce Racial and Ethnic Health Disparities, which they describe as the most comprehensive federal effort to realize "the vision of a nation free of disparities in health and health care." They enumerate and expand on the plan's major goals, which include implementation of provisions of the Affordable Care Act along with other key initiatives.

Koh is the assistant secretary for health at HHS. In that position, he oversees fourteen public health offices, including the Office of the Surgeon General and the Public Health Service Commissioned Corps; ten regional health offices across the country; and ten presidential and secretarial advisory committees. He also oversees numerous interdisciplinary programs dedicated to disease prevention, health promotion, bioethics, research integrity, human research protections, women's and minority health, and the reduction of health disparities.

Before his current appointment, Koh was a professor and the associate dean for public health practice at the Harvard School of Public Health. From 1997 to 2003 he was commissioner of public

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Koh received his medical degree from the Yale School of Medicine and a master of public health degree from Boston University. He is board certified in internal medicine, hematology, medical oncology, and dermatology. He traces his concern about health disparities not just to his early days as a physician treating inner-city patients at Massachusetts General Hospital and Boston City Hospital, but also to his experience helping members of his extended family—immigrants from South Korea—navigate the US health care system.



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Garth Graham is the deputy assistant secretary for minority health at HHS, where he oversees federal health policies that address the concerns of racial and ethnic minorities and strives to ensure that federal, state, and local health programs meet the needs of the disadvantaged. He was previously a White House Fellow and special assistant to the HHS secretary. He also founded the Boston Men's Cardiovascular Health Project,

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Sherry Glied is the assistant secretary for planning and evaluation at HHS. Previously, she headed the Department of Health Policy and Management at Columbia University's Mailman School of Public Health. She is on leave from that position as she serves at HHS. In 1992 and 1993 she was senior economist for health care and labor market policy on the President's Council of Economic Advisers, under Presidents George H.W. Bush and Bill Clinton. She is a member of the Institute of Medicine. Her main research interests are health policy reform and mental health care policy.

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