Office of Minority Health (OMH) at Work in Indian Country

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Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat and cure disease, Blacks, Hispanics, Native American Indians and those of Asian/Pacific Islander Heritage have not benefited fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology.

In 1985, the U.S. Department of Health and Human Services (HHS) released a landmark report, the Report of the Secretary’s Task Force on Black and Minority Health (Heckler Report). It documented the existence of health disparities among racial and ethnic minorities in the United States and called such disparities “an affront both to our ideals and to the ongoing genius of American medicine.” The Office of Minority Health was created in 1986 as one of the most significant outcomes of the Heckler Report.

2015: 30th Anniversary of the Heckler Report
The Case for Eliminating Health Disparities

Big Six


Improvement Areas

Snapshot of Significant Milestones – The Heckler Report to Today

1986
HHS created the Office of Minority Health

1988
Strong Heart Study examined cardiovascular disease and its risk factors among American Indian men and women

1990
Disadvantaged Minority Health Improvement Act signed into law

1990s-2000s
State and Territorial Offices of Minority Health/Health Equity established

2000
OMH released National Standards for Culturally and Linguistically Appropriate Services in Health Care

2000
Healthy People 2010 launched with overarching goal to eliminate health disparities

1997
Office of Management and Budget revised classification of federal data on race and ethnicity

2002
Institute of Medicine Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

2003
Agency for Health Research and Quality issued first National Healthcare Quality and Disparities Reports

2010
Patient Protection and Affordable Care Act signed into law

2010
Secretary’s Tribal Advisory Committee established at HHS

2011
HHS Action Plan to Reduce Racial and Ethnic Health Disparities and National Stakeholder Strategy for Achieving Health Equity
The Office of Minority Health (OMH)

OMH Mission
To improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

OMH Functions
- Awareness
- Data
- Partnerships and Networks
- Research, Demonstrations and Evaluation
- Policies, Programs and Practices

Legislative Authority:
Section 1707 of the Public Health Service Act
U.S.C. §42-300u-6
OMH Resource Center (OMHRC)

Resources

• Knowledge Center
• Information Services
• Communications
• Capacity Building
• Information Technology

Products

• Literature searches
• Data and Statistics
• Customized information and funding searches
• E-Newsletters
• Social Media
• Website
• Technical Assistance
OMH Leadership

Highlights of Coordination and Strategic Initiatives

Departmental

• HHS Community Health Worker Workgroup
• HHS Health Disparities Council
• HHS Workgroup on Asian American, Native Hawaiian, and Pacific Islander Issues
• Agency Offices of Minority Health and National Institute on Minority Health and Health Disparities

External

• Advisory Committee on Minority Health (ACMH)
• American Indian/Alaska Native Health Research Advisory Council (HRAC)
• National Promotores de Salud Initiative
• Regional Health Equity Councils (RHECs)
• State and Territorial Offices of Minority Health (SOMHs)

Interagency

• Federal Collaboration on Health Disparities Research (FCHDR)
• Federal Interagency Health Equity Team (FIHET)
• My Brother’s Keeper (MBK)
• White House Initiatives on Minority-Serving Institutions and Educational Excellence
OMH Strategic Priorities

- Support the development and implementation of the provisions of the Affordable Care Act that address disparities and equity
- Lead the implementation of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- Coordinate the National Partnership for Action to End Health Disparities and the National Stakeholder Strategy for Achieving Health Equity

**FOCUS:** Translating core minority health and health disparities programs into strategic activities and policies at the federal, state, tribal, territorial, and local levels
HHS Action Plan to Reduce Racial and Ethnic Health Disparities

Vision:
“A Nation free of disparities in health and health care.”

Goals:
I. Transform Health Care
II. Strengthen the Nation’s Health and Human Services Infrastructure and Workforce
III. Advance the Health, Safety, and Well-Being of the American People
IV. Advance Scientific Knowledge and Innovation
V. Increase Efficiency, Transparency, and Accountability of HHS Programs
Advancing Health Equity through Cultural and Linguistic Competency and Partnerships
The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to implement and provide culturally and linguistically appropriate services.

www.thinkculturalhealth.hhs.gov
What are Culturally and Linguistically Appropriate Services?

- Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.
Snapshot of Elements of Culture

Race

Age

Ethnicity

Sex

Linguistic Characteristics

Ability

Socioeconomic Status

Sexual Orientation

Geography

Gender Identity

Education

Environment

Spirituality

Health Beliefs and Practices
The Case for Culturally and Linguistically Appropriate Services (CLAS)
The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Standard 1

Principal Standard

Standards 2-4

Governance, Leadership, and Workforce

Standards 5-8

Communication and Language Assistance

Standards 9-15

Engagement, Continuous Improvement, and Accountability
Center for Linguistic and Cultural Competency in Health Care
Think Cultural Health:  www.ThinkCulturalHealth.hhs.gov

The National CLAS Standards
The National CLAS Standards are intended to advance health equity, improve quality and help eliminate health care disparities. Learn more about the National CLAS Standards.

Join The CLCCHC

Become a member of the Center for Linguistic and Cultural Competency in Health Care (CLCCHC) (click to register).

By joining the CLCCHC, you will gain access to exclusive resources and be the first to hear about the latest initiatives from OMH and Think Cultural Health.

Log in or Register
CLAS Training and Continuing Education

E-Learning Programs

- A Physician’s Practical Guide to Culturally Competent Care
- Culturally Competent Nursing Care: A Cornerstone of Caring
- Cultural Competency Curriculum for Disaster Preparedness and Crisis Response
- Cultural Competency Program for Oral Health Professionals
- Promoting Healthy Choices and Community Changes
National Partnership for Action (NPA)

**Purpose:** To mobilize a nationwide, comprehensive, and community-driven movement to combating health disparities, using a social determinants of health approach.

**Goals of the NPA:**

I. Awareness  
II. Leadership  
III. Health System and Life Experience  
IV. Cultural and Linguistic Competency  
V. Data, Research, and Evaluation

**American Indian and Alaska Native Health Equity Caucus:** Provides a forum for Regional Health Equity Council members to address health disparities among American Indians and Alaska Natives and to enhance tribal, state, and local efforts to reduce health disparities.
NPA Implementation Structure

- **Federal Interagency Health Equity Team (FIHET)**
- **Regional Health Equity Councils (RHECs)**
- **State Offices of Minority Health (SOMHs)**
- **National Partners**

Communities
Advancing Health Equity in Indian Country
The purpose of the HRAC is to advise HHS on the following:

• AI/AN health research priorities
• Research ethics pertaining to AI/AN populations
• Development of funding guidelines and standards
• Data collection, reporting, and dissemination

www.minorityhealth.hhs.gov/HRAC
American Indian/Alaska Native Health Disparities Program

• Strengthen the capacity of Tribal Epidemiology Centers and Urban Indian Health Programs to:
  – Collect and manage data more effectively
  – Conduct surveillance and develop disease control and prevention strategies and programs
  – Create a pipeline program for students to increase racial and ethnic diversity in the public health and biomedical sciences professions

• Examples
  – Inter-Tribal Council of Arizona
  – Alaska Native Epidemiology Center
Youth Empowerment Program (YEP)

- Designed to address unhealthy behaviors in at-risk minority youth (ages 10-18) and their families, providing them with the opportunity to develop lifestyles that are more positive and enhance their capacity to make healthier life choices.

- Menominee YEP: College of Menominee Nation, in partnership with the University of Wisconsin Extension, Menominee Indian School District, and Woodland Boys and Girls Club.

- Menominee YEP addresses four of the YEP health/safety issues:
  - Unintentional injury
  - Diabetes prevention
  - Substance abuse
  - Teen violence
Circle of Life

• Online HIV/AIDS prevention and intervention curricula designed for American Indian and Alaska Native youth

• Infuses a multimedia rich format with various skill-building games and activities about making positive choices and the consequences of risky behaviors

Testimonials

“I felt better about making better choices.”
– Student Participant

“Kids need to learn about decision making at a young age, and then they can better take charge of their health.”
– School Administrator
Higher Education Technical Assistance Project (HE-TAP)

• New training program to help our nation’s colleges and universities to become even more competitive in securing resources and building partnerships

• Will work with Institutions of Higher Education, including Tribal Colleges and Universities, to strengthen skills in:
  – Coalition building;
  – Financial management;
  – Evaluation; and
  – Resource development.
OMH Website
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www.minorityhealth.hhs.gov

Connect with OMH on social media:

@MinorityHealth (English); @SaluddeMinorias (Spanish)
Office of Minority Health
@officeofminorityhealth