The NPA Journey and Why It Matters to Oral Health

• OMH and the Drivers for Change
• Aligning with Healthy People 2020
• NPA Development
• All Interested Partners to the Table
• Your Role If You Want One
Office of Minority Health

- Federal focal point for addressing health status and quality of life for racial/ethnic minorities
- Advises HHS Secretary and Assistant Secretary for Health on policies and programs
- Works with Federal, state, tribal, and local governments; community and faith-based organizations; academia; private sector; etc.
- Funds demonstration programs
- Reauthorized by the Affordable Care Act
Office of Minority Health

Mission

Improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities
Drivers for Change

• Significant racial/ethnic health disparities
• Minorities are 34% of U.S. population today and 40% of population by 2030
• Impact on American healthcare expenditures with fewer resources
• Healthy People goal to eliminate disparities
• ACA
• Social Determinants of Health
Affordable Care Act Provisions

Health Disparities and Health Equity

- Awareness and outreach
- Collaboration on community priorities
- Cultural competency
- Data collection
- Language access and literacy
- Minority health infrastructure
- Research and evaluation
- Workforce
Affordable Care Act

TITLE X, Subtitle C, SEC. 10334

Federal Office of Minority Health

- Reauthorized through 2016 within the Office of the Secretary
- Retains existing duties, authorities, funding, staff, and other entities
- Awards grants and contracts
Federal Office of Minority Health (cont’d)

- Enter into MOUs and agreements with public and nonprofit private entities, Departmental and Cabinet agencies, and indigenous human resource providers
- Develop measures to evaluate effectiveness of activities aimed at reducing health disparities and supporting the local community
Affordable Care Act

TITLE X, Subtitle C, SEC. 10334

Six Mandated Offices of Minority Health

• AHRQ, CDC, CMS, FDA, HRSA, SAMHSA

• Office Directors appointed by and report directly to agency director

• Funding for each office shall be allocated from agency appropriations

National Institutes of Health

• National Center on Minority Health and Health Disparities elevated to an Institute
Select Social Determinants Factors that Influence Health

Social and Economic Factors
- Education
- Employment
- Income
- Family and Social Support
- Community Safety

Physical Environment
- Environmental Quality
- Built Environment
<table>
<thead>
<tr>
<th>Target Year</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
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<tbody>
<tr>
<td>Overarching Goals</td>
<td>Decrease mortality: infants-adults</td>
<td>Increase span of healthy life</td>
<td>Increase quality and years of healthy life</td>
<td>Attain high quality, longer lives free of preventable disease, disability, injury and premature death</td>
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<td>Increase independence among older adults</td>
<td>Reduce health disparities</td>
<td>Eliminate health disparities</td>
<td>Achieve health equity, eliminate disparities and improve the health of all groups</td>
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<td>Achieve access to preventive services for all</td>
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<td>Create social and physical environments that promote good health for all</td>
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<td></td>
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<td>Promote quality of life, healthy development, healthy behaviors across life stages</td>
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National Health Disparity Definition

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.
National Health Equity

**Definition**

Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
Approach Prior to National Partnership for Action to End Health Disparities (NPA)
“Make no little plans, they have no magic to stir men’s blood and probably themselves will not be realized. Make big plans; aim high in hope and work, remembering that a noble, logical diagram once recorded will never die, but long after we are gone will be a living thing, asserting itself with ever growing insistency.”

David Burnham (Chicago architect, 1925)
NPA Mission

Increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action.
National Partnership for Action

Purpose and Components of Strategy

- **Purpose**: Mobilize public-private sector action to end health disparities

- **Components**: National Stakeholder Strategy (NSS), Regional Health Equity Councils, Issue Blueprints (e.g. LGBT, Disabilities), Initiatives/ Campaigns and HHS Action Plan
NPA Goals

- Increase awareness of the significance of health disparities
- Strengthen and broaden leadership
- Improve health system and life experience
- Improve cultural & linguistic competency & diversity of the health workforce
- Improve data availability, & coordination, use, & diffusion of research & evaluation
The diagram illustrates the Action Plan Development Process with stages including Pre-Meetings, Regional Conversations, Analysis & Input, Content Refinement, and Content Reviews and Recommendations. Each stage involves different stakeholders:

- **Pre-Meetings**: Community, Native Hawaiian & Pacific Islander, Native American, Caribbean, Academia.
- **Regional Conversations**: Regions 1, 2, 3, Region 4, Region 5, Region 6, Regions 7, 8, Regions 9, 10.
- **Content Refinement**: Implementation Strategy, Evaluation Strategy.
- **Content Reviews and Recommendations**: Consensus Meeting, National Review.
Regional Conversation Meetings

- Community Representatives
- State & Local Government
- Tribal Government/Health Services
- Healthcare and Healthcare System
- Education and Research
- Private Sector
“This conversation gave me the opportunity to share ideas, strategies, and existing successful community programs that can help us move toward developing a blueprint for our region.”
Examples of NPA Partners

- National Business Group on Health
- National Conference of State Legislatures
- American Heart Association
- Association of State and Territorial Health Officials
National Business Group on Health

2008 Member Survey Findings

• Little initiative to track disparities among employees
• Majority of employers are unaware of disparities as a business issue
• Only 1/3 of respondents thought reducing disparities was an important or very important issue
• Few employers make employees aware of healthcare reduction strategies
• Disparities reduction criteria are not a requirement for selecting health plans
• Top barrier to implementing a disparities reduction program was lack of data identifying the problem
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<thead>
<tr>
<th>Goal</th>
<th>Description</th>
<th>Strategies</th>
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</table>
| 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. **Healthcare Agenda.** Ensure that ending health disparities is a priority on local, state, regional, tribal and federal healthcare agendas.  
2. **Partnerships.** Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan.  
3. **Media.** Leverage local, regional, and national media outlets using traditional and new media approaches as well as information technology to reach a multi-tier audience—including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically isolated individuals—to encourage action and accountability.  
4. **Communication.** Create and use communication mechanisms tailored for specific audiences across their lifespan, and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and reinvest in public health. |
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<tr>
<td>2</td>
<td>LEADERSHIP—Strengthen and broaden leadership for addressing health disparities at all levels</td>
<td><strong>5. Capacity Building.</strong> Build capacity at all levels of decisionmaking to promote community solutions for ending health disparities.</td>
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<td><strong>6. Funding Priorities.</strong> Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services.</td>
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<td><strong>7. Youth.</strong> Invest in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives.</td>
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## NPA Goals and Strategies

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<td>3</td>
<td>HEALTH SYSTEM AND LIFE EXPERIENCE — Improve health and healthcare outcomes for racial, ethnic, and underserved populations</td>
<td>8. <strong>Access to Care.</strong> Ensure access to quality health care for all.  &lt;br&gt; 9. <strong>Children.</strong> Ensure the provision of needed services (e.g., mental, oral, vision, hearing, and physical health; nutrition; and those related to the social and physical environments) for at-risk children, including children in out-of-home care.  &lt;br&gt;10. <strong>Older Adults.</strong> Enable the provision of needed services and programs to foster healthy aging.  &lt;br&gt;11. <strong>Health Communication.</strong> Enhance and improve health service experience through improved health literacy, communications, and interactions.</td>
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| 3    | HEALTH SYSTEM AND LIFE EXPERIENCE — Improve health and healthcare outcomes for racial, ethnic, and underserved populations | **12. Education.** Substantially increase, with a goal of 100%, high school graduation rates by working with schools, early childhood programs, community organizations, public health agencies, health plan providers, and businesses to promote the connection between educational attainment and long term health benefits.  
**13. Social and Economic Conditions.** Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes. |
### NPA Goals and Strategies

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| 4    | CULTURAL AND LINQUISTIC COMPETENCY — Improve cultural and linguistic competency and the diversity of the health-related workforce | **14. Workforce Training.** Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities.  
**15. Diversity.** Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems.  
**16. Ethics and Standards, and Financing for Interpreting and Translation Services.** Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation. Encourage financing and reimbursement for health interpreting services. |
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<td>5 RESEARCH AND EVALUATION—Improve data availability, and coordination, utilization, and diffusion of research and evaluation outcomes</td>
<td>17. <strong>Data.</strong> Ensure the availability of health data on all racial, ethnic, and underserved populations.</td>
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<td>18. <strong>Community-Based Research and Action, and Community Originated Intervention Strategies.</strong> Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.</td>
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<td>19. <strong>Coordination of Research.</strong> Support and improve coordination of research that enhances understanding about, and proposes methodology for, ending health and healthcare disparities.</td>
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<td>20. <strong>Knowledge Transfer.</strong> Expand and enhance transfer of knowledge generated by research and evaluation for decisionmaking about policies, programs, and grantmaking related to health disparities and health equity.</td>
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So, Who Is Going to Do the NPA Work?

Who is Going to Pay for It?

How Long Will It Last?
Combining – Blending – Fusing

Integration is the act of combining systems (or subsystems) so that they work together or form an effective whole.

adapted from http://searchcrm.techtarget.com/definition/integration
Conditions for Integration

- Shared vision and goal(s)
- Common purpose and set of objectives
- Unifying architecture
- Special knowledge or assets
- Anticipate and plan for challenges
To Integrate or not to Integrate?

Answer: There is no choice

- Continued disparate outcomes for racial, ethnic, and other vulnerable populations
- Impact on communities, healthcare system, global competitiveness
- Limited resources are getting tighter
- No one organization can do it alone
Horizontal and Vertical Integration

*Examples*

- **Horizontal:** Federal Sector Agencies
- **Vertical:** State Offices of Minority Health, Multicultural Health, or Health Equity with Local Offices of Minority Health

*There are many other horizontal and vertical collaborations that are possible*
Federal Collaboration

Connecting the Pieces
Federal Interagency Health Equity Team

• Foster communications and activities of the NPA within federal agencies and their partners

• Increase the efficiencies and effectiveness of policies and programs at the national, state, tribal, and local levels that work toward ending health disparities
Federal Interagency Health Equity Team  *Functions*

- Identify opportunities for federal collaboration, partnership, coordination, and/or action on efforts that are relevant to the NPA and National Plan for Action
- Provide leadership and guidance for national, regional, state, and local efforts to address health equity
Federal Interagency Health Equity Team *Select Goals*

- **UNITE** around a national message
- **COLLABORATE** around common goals
- **LEVERAGE** assets and experiences of partners
- **IDENTIFY** opportunities for collaborations, partnerships, and communications
- **CREATE** opportunities to transition evidence-based findings to practice / policy
Federal Interagency Health Equity Team

- Agriculture
- Commerce
- Consumer Product Safety Commission
- Defense
- Education
- Environmental Protection Agency
- Health and Human Services
- Homeland Security
- Housing and Urban Development
- Justice
- Labor
- Transportation
- Veterans Affairs
National Launch of NPA – 4/8/11

Community Driven

HHS Response
HHS Action Plan to Reduce Health Disparities

Goal 1 = Transform Health Care

I.C.4 Increase Access to Dental Care in Medicaid and CHIP

Lead Agency = CMS

Participating Agencies = ACF, CDC, HRSA, OASH/OMH
HHS Action Plan to Reduce Health Disparities

I.C.4 Increase Access to Dental Care in Medicaid and CHIP

1. Increase by 10% the rate of children up to age 20 enrolled in Medicaid or CHIP who receive any preventive dental service and the rate of enrolled children ages 6-9 who receive a dental sealant on a permanent molar tooth.
HHS Action Plan to Reduce Health Disparities

I.C.4  Increase Access to Dental Care in Medicaid and CHIP

2. Work with States to Develop Oral Health Action Plans

3. Strengthen technical assistance to states and tribes

4. Improving outreach to dental healthcare providers
HHS Action Plan to Reduce Health Disparities

I.C.4 Increase Access to Dental Care in Medicaid and CHIP

5. Increase outreach to beneficiaries

6. Partner with relevant governmental agencies and private sector organizations
I have discovered in life that there are ways of getting almost anywhere you want to go, if you really want to go.

—Langston Hughes
Do you really want to go?
OPPORTUNITY IS NOWHERE!
OPPORTUNITY IS NOW HERE!
Benefits of Becoming a NPA Partner

- Partnering organization will be listed in a national, searchable directory on the NPA website.
- Partner activities will be listed on the NPA website, and announced in bi-weekly "Healthier Minorities, Healthier America" Newsletter, as well as on Twitter using OMH @MinorityHealth handle.
- Partners will be extended the opportunity to provide input and participation in regional NPA activities.
- Partners may use NPA partner logo for approved activities.
- Partners will have exclusive eligibility to apply for Secretary’s Award. (Pending)
Together we can. Together we will. *End Health Disparities!*

www.minorityhealth.hhs.gov

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