



# Brookings' National Conference on Health Care Disparities



U.S. Department of **Health & Human Services**

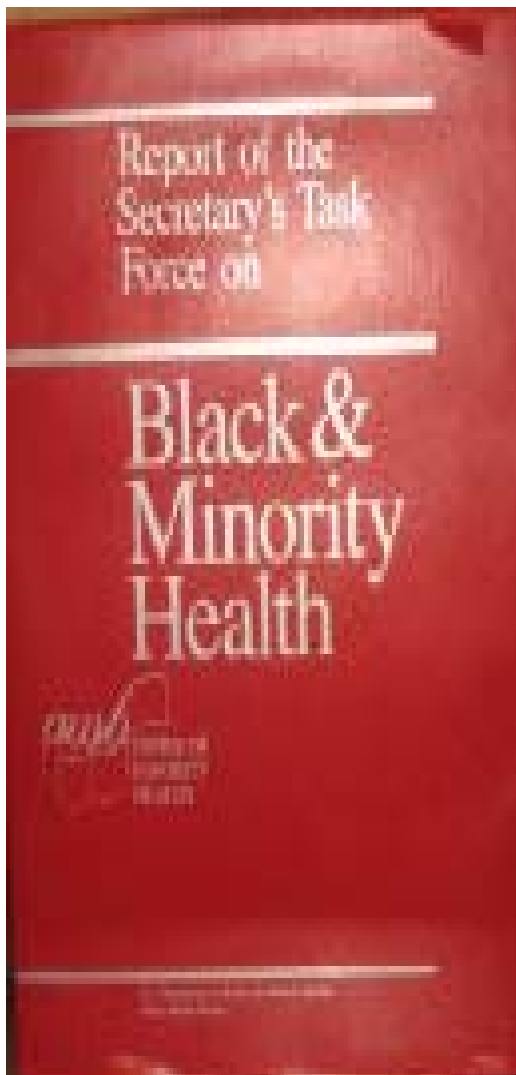
**Garth Graham, MD, MPH**  
**Deputy Assistant Secretary for Minority Health**  
**Department of Health and Human Services**  
**March 25th, 2010**

# Office of Minority Health's Mission and Role

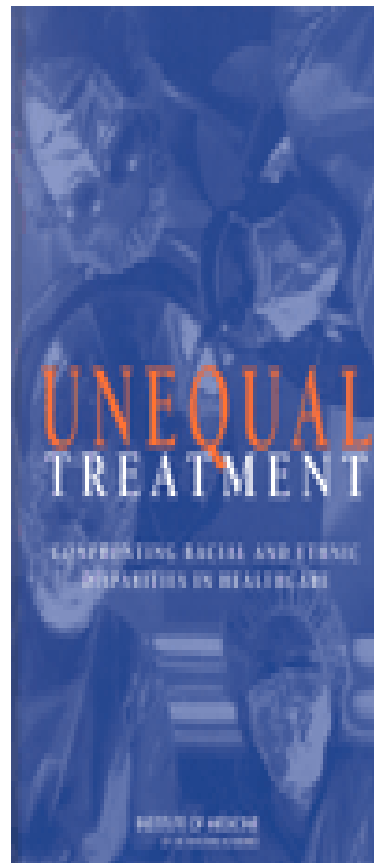
- To improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities
- OMH advises the Secretary, Deputy Secretary, and the Assistant Secretary for Health on public health policies and programs that impact on racial/ethnic minorities and address health disparities

# Analyzing the Health Divide

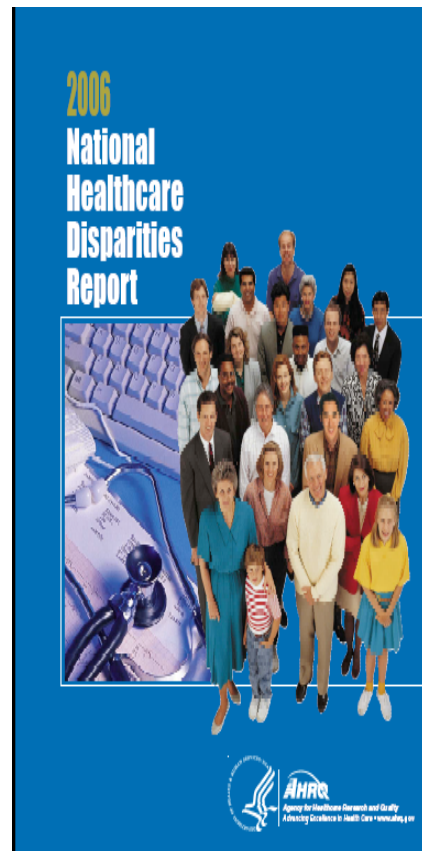
## Secretary's Report on Black & Minority Health



## Institute of Medicine Unequal Treatment



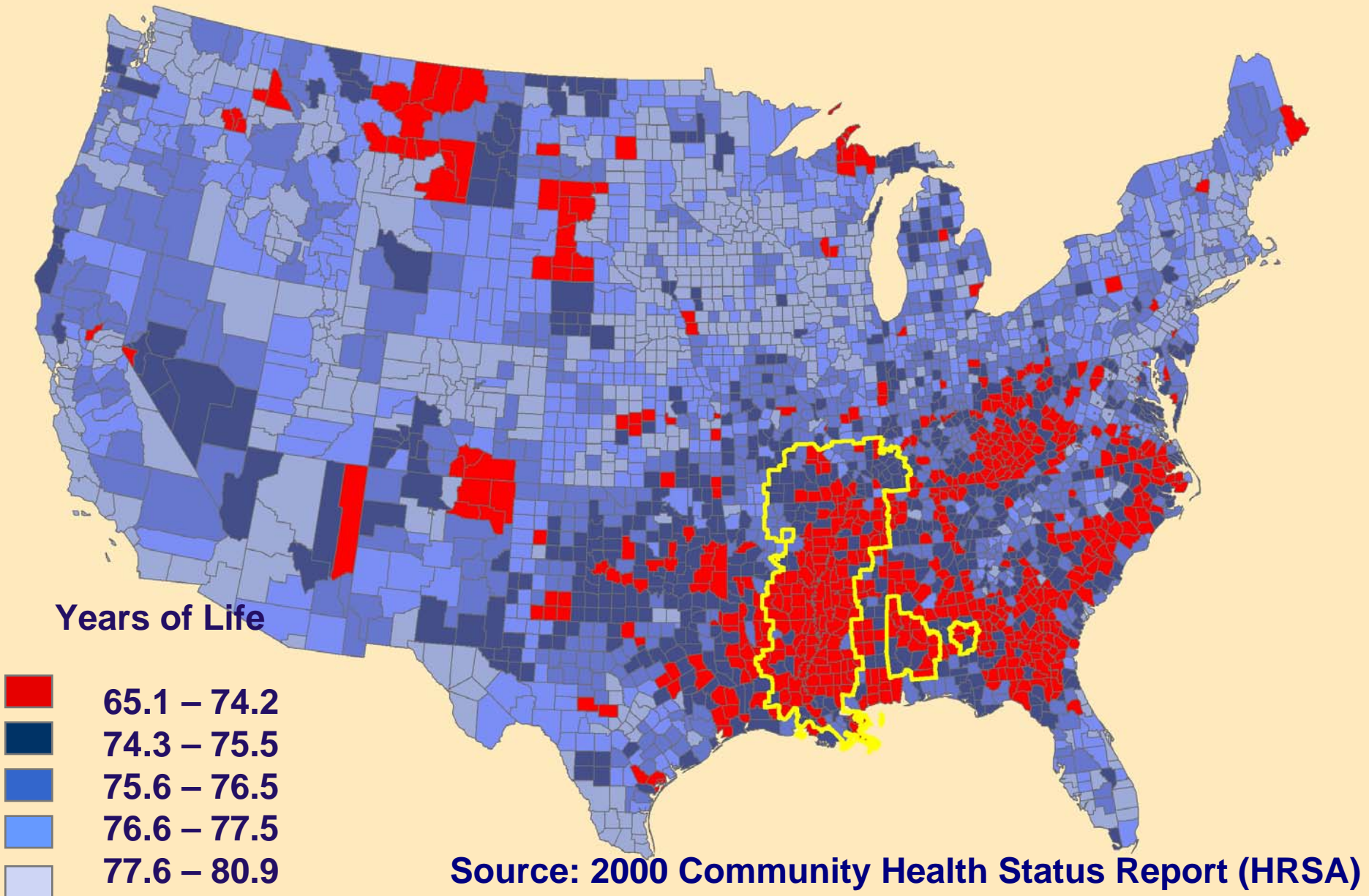
## Agency for Healthcare Research and Quality: National Healthcare Disparities Report



## Healthy People 2010: Health Goals for the Nation

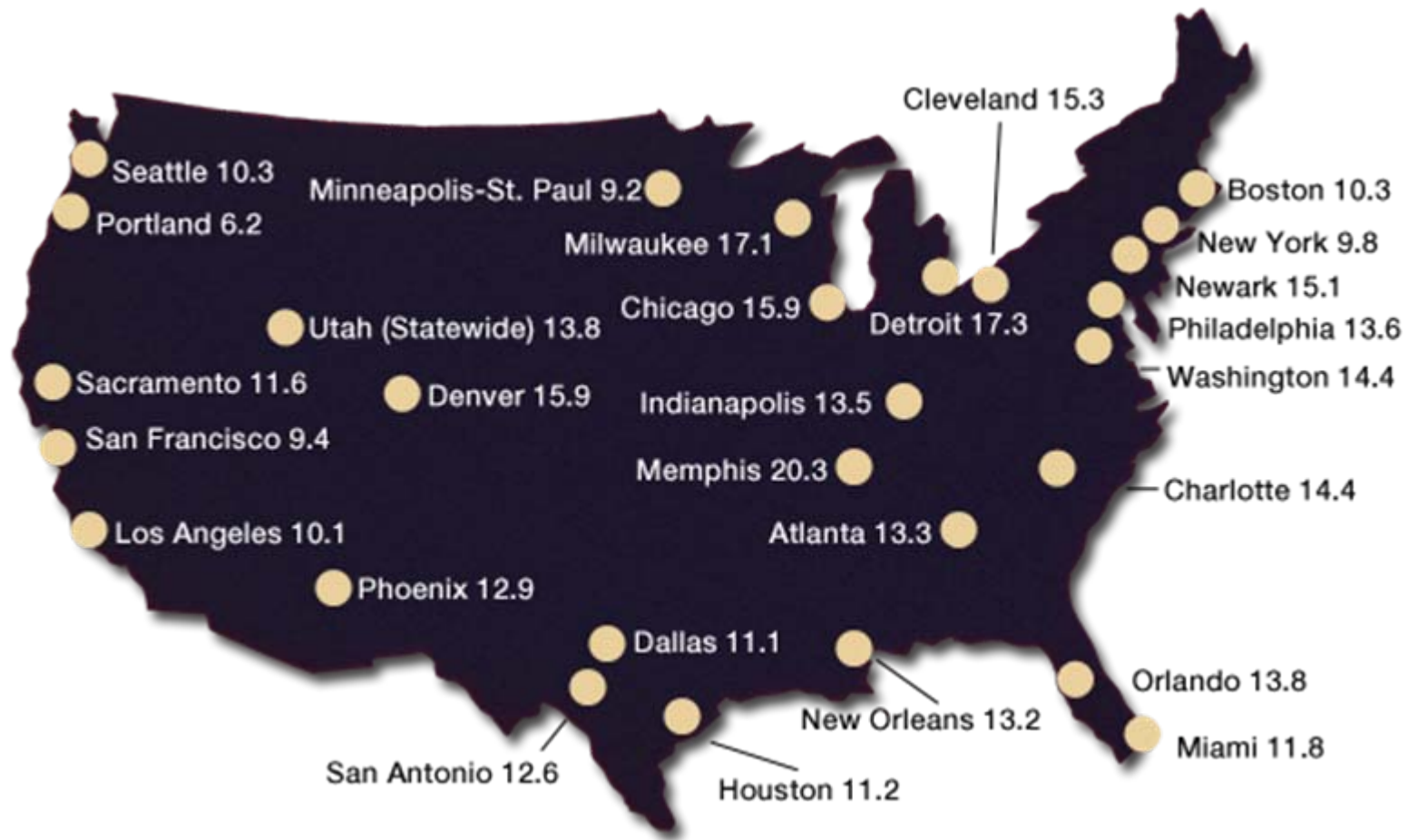


# 2000 Average Life Expectancy



# African American Infant Deaths per 1,000 Live Births

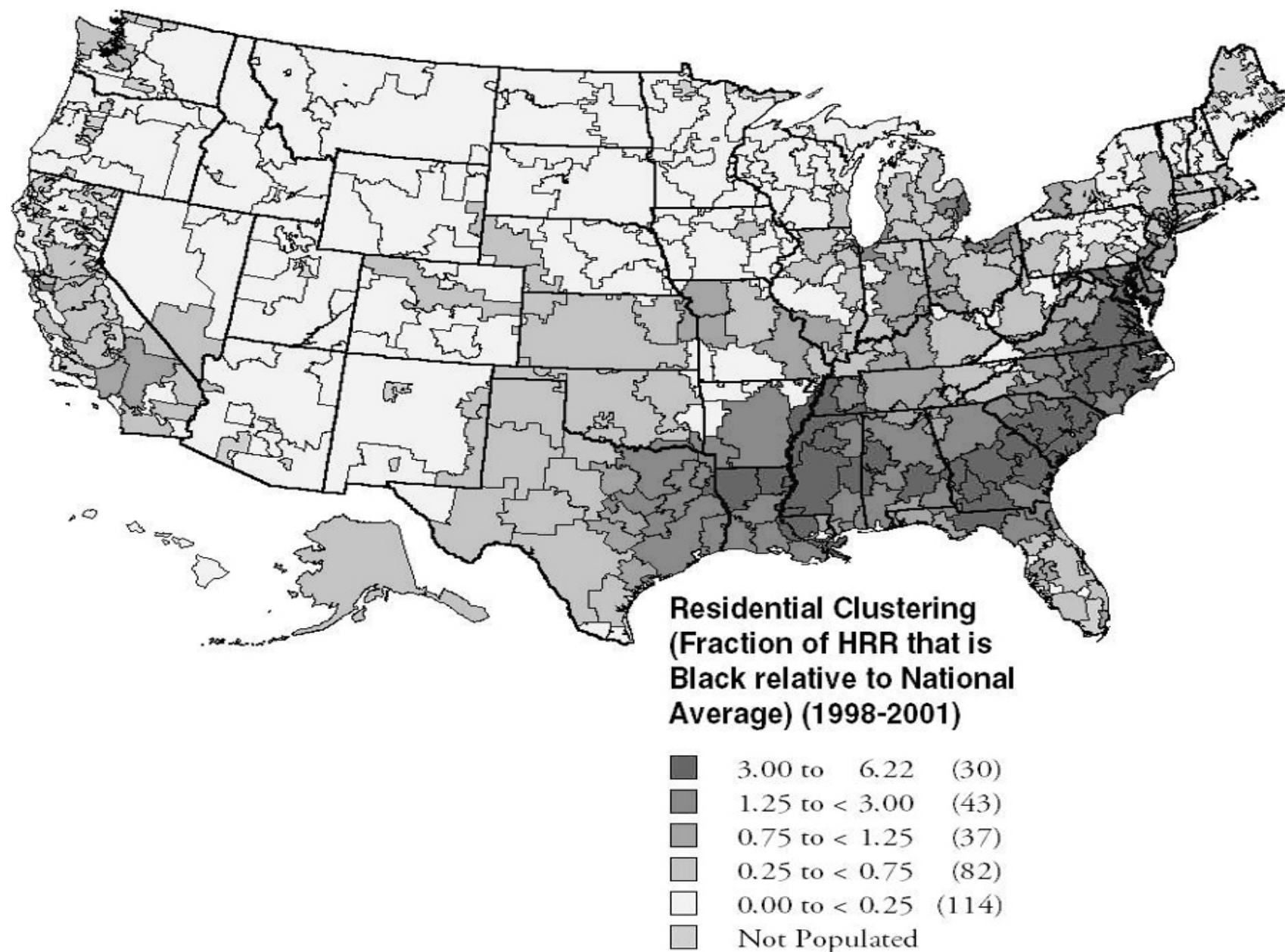
- a snapshot of cities



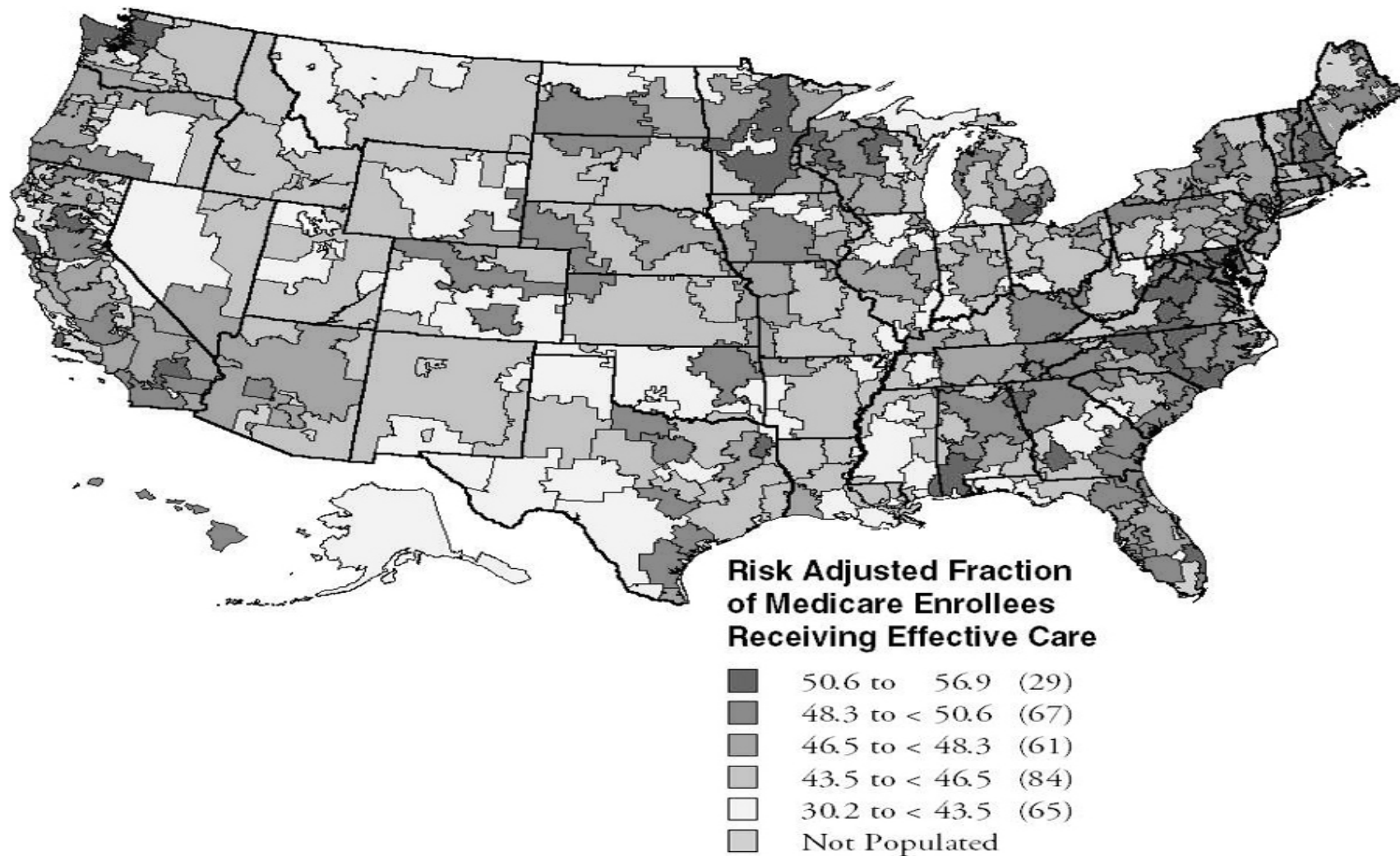
Source: March of Dimes, CDC. National infant mortality rate is 6.8 deaths per 1,000 live births.



# Geography and Health Disparities



# Geography and Quality



# Geography and Health Disparities

- **Racial disparities in health care are a local phenomenon.**
- **Hospitals and regions of the country vary enormously in the extent to which such health care disparities are present**
- **Blacks tend to live in parts of the country that have a disproportionate share of low-quality providers.**
- **Within those hospitals, both whites and blacks tend to receive low-quality care, but since blacks are over-represented in such areas.**
- **Health and health care disparities can be considered to be the sum of two components: (1) unequal treatment within a hospital or by a given provider, and (2) unequal treatment because of where people live.**



# Reducing Disparities

- From 1991-2000 technological medical advances averted 176,633 deaths, but equalizing the mortality rates of European Americans and African Americans would have averted 886,202 deaths. That's only equalization for one minority group.
- Achieving equity may do more for health than perfecting the technology of care.

# What does cultural competence look like?

- Organizational Values
- Governance
- Planning & Monitoring/ Evaluation
- Communication
- Staff Development
- Organizational Infrastructure
- Services/Interventions

# Cultural and Linguistic Competency/ Health Literacy



- OMH:
  - Coordinated implementation of accredited cultural competency training programs
  - [www.thinkculturalhealth.org](http://www.thinkculturalhealth.org) provides information, tools, and other resources
    - Over 3807 physicians have received CMEs
    - Over 2711 nurses have received CEUs

*Coming soon: Cultural Competency Curricula for Emergency Responders*

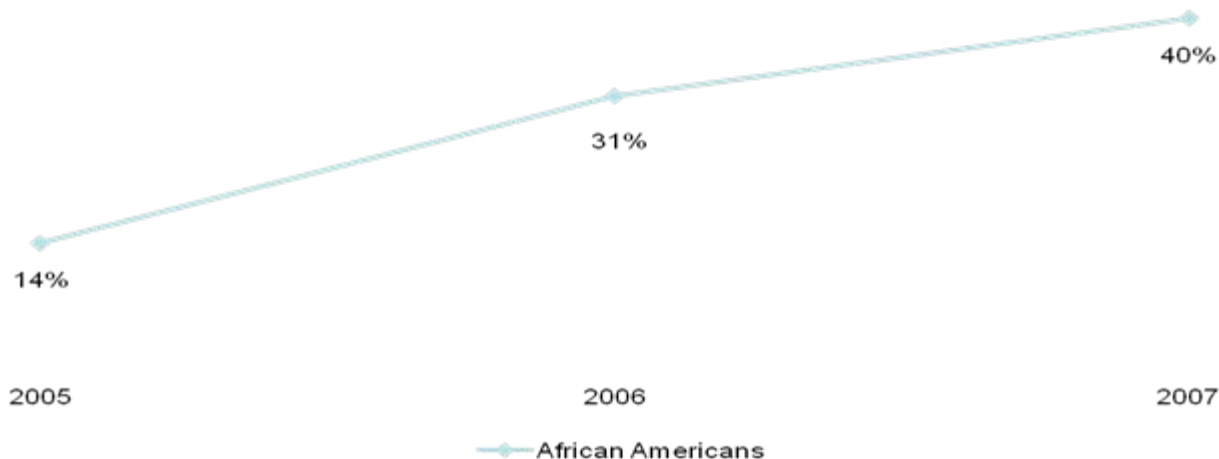
# **Health Information Technology: A tool to reduce health disparities**

- Increasing the use of internet, e-health, and other information technologies among minority populations
- Increasing the adoption of information technologies by safety net providers
- Use of these technologies have the potential to facilitate behavior change, improve health care, and enhance health outcomes

# Divide still exists– but the gap is narrowing

BusinessWeek\* reported “in the past two years, African Americans have been devouring broadband technology – and the digital divide has shrunk significantly... Some of the closing of the racial divide can be traced to falling prices and rising availability of new technology.”

- The share of black households with a cable modem, DSL, or satellite Internet connection climbed to 40% this year. That’s almost twice as fast as the growth of broadband penetration for the general population, which grew to 47%.”



Source: BusinessWeek - **Equal Opportunity Speedway** May 21, 2007



# **Bringing HIT to all communities can potentially:**

- **Improve quality of care**
- **Reduce health care disparities**
- **Increase efficiency in service delivery systems**
- **Increase patient safety**
- **Decrease medical errors**

A  
**CBO**  
PAPER

DECEMBER 2007

Research on the  
Comparative  
Effectiveness of  
Medical Treatments

## ***Goal of Comparative Effectiveness Research***

***“...a rigorous evaluation  
of the impact of different  
options that are available  
for treating a given  
medical condition for a  
particular set of patients.”***

*CBO, 2007*



# CER and Minority Populations

- Randomized trials lack sufficient numbers of minority patients or patients with disabilities to evaluate efficacy or effectiveness in these groups
- CER studies when enabled by electronic clinical data networks, can focus on the effectiveness on these sub-populations of patients to help deliver better care to these important groups

# ***Proposed Strategies for CER***

- *Increase data sources for evidenced based studies in diverse populations*
- *Monitor race and data collection as well as other oversight activities*
- *Include linguistic and cultural attributes of patients*
- *Utilize more community based participatory research studies*

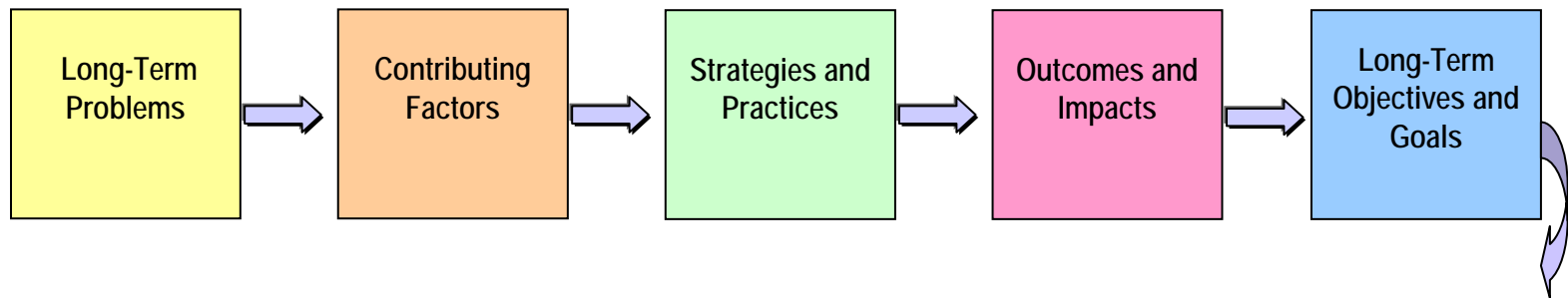
# ***Proposed Strategies Continued***

- *Prepare the field upstream to have a more diverse generation of researchers*
- *Improve the numbers of researchers who focus on underserved populations*
- *Increase minority participation in research protocols*
- *Strengthen already established inclusion policies within HHS*



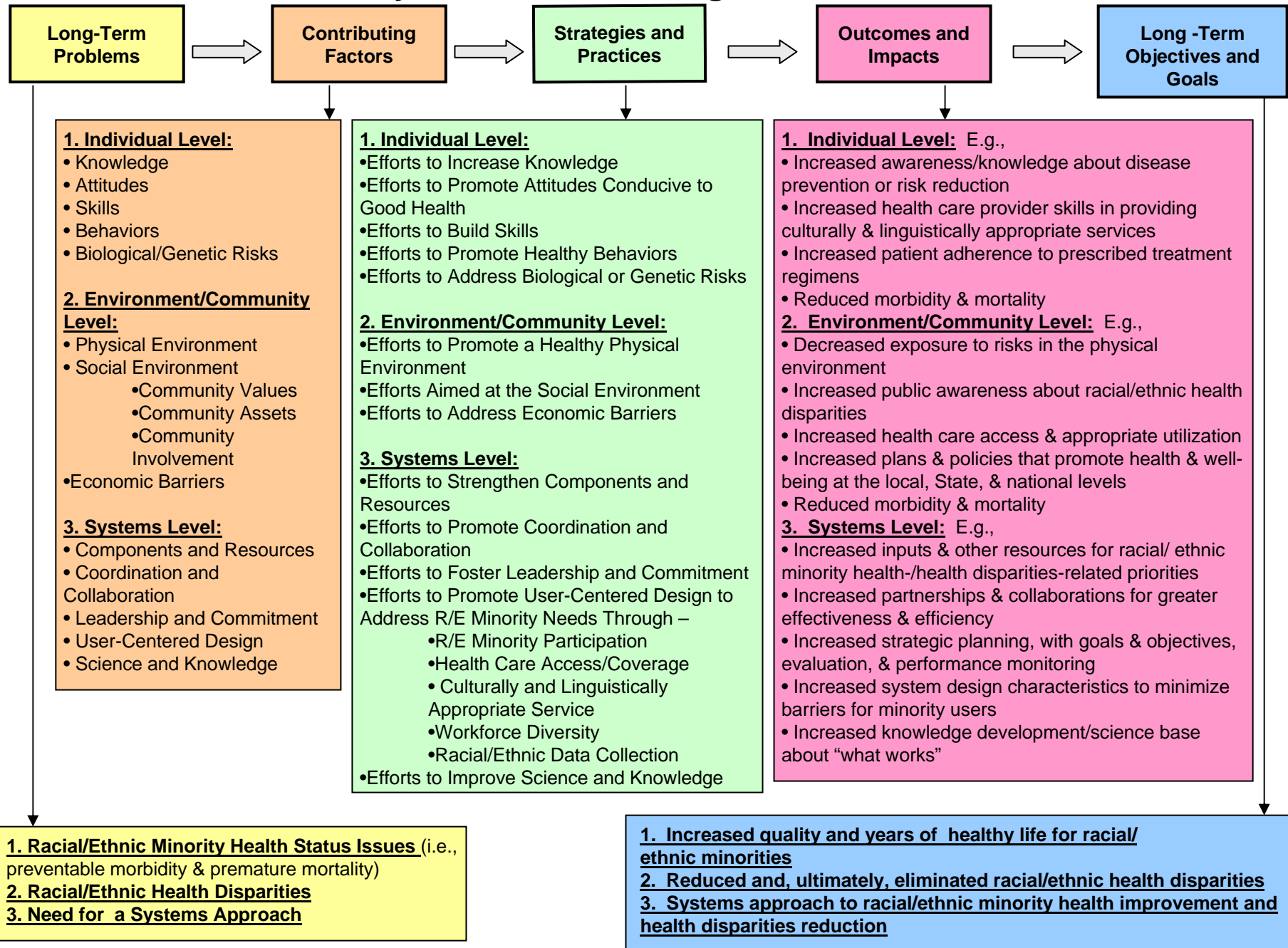
# Use of a Logic Model Approach to Developing & Implementing the Strategic Framework

**Figure 1. OMH Framework Using Logic Model Approach**



- Begin with long-term problem(s)
- Address contributing/causal factors
- Support effective strategies & practices
- Measure intended outcomes/impacts (results)
- Achieve Long-term Objectives & Goals

# Summary of National Strategic Framework



Life is filled with golden opportunities,  
carefully disguised as irresolvable  
problems.

-- John Gardner  
former Secretary of Health,  
Education & Welfare

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