

Brookings' National Conference on Health Care Disparities



U.S. Department of Health & Human Services

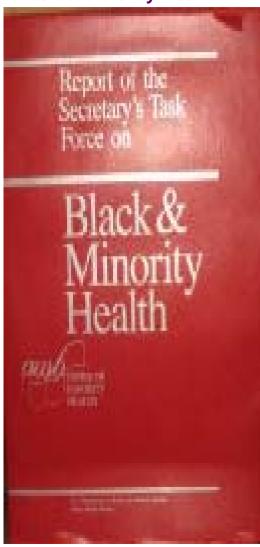
Garth Graham, MD, MPH
Deputy Assistant Secretary for Minority Health
Department of Health and Human Services
March 25th, 2010

Office of Minority Health's Mission and Role

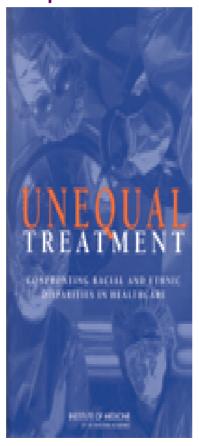
- To improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities
- OMH advises the Secretary, Deputy Secretary, and the Assistant Secretary for Health on public health policies and programs that impact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

Analyzing the Health Divide

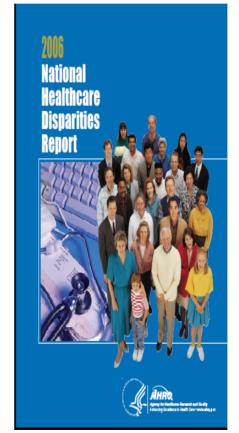
Secretary's Report on Black & Minority Health



Institute of Medicine Unequal Treatment



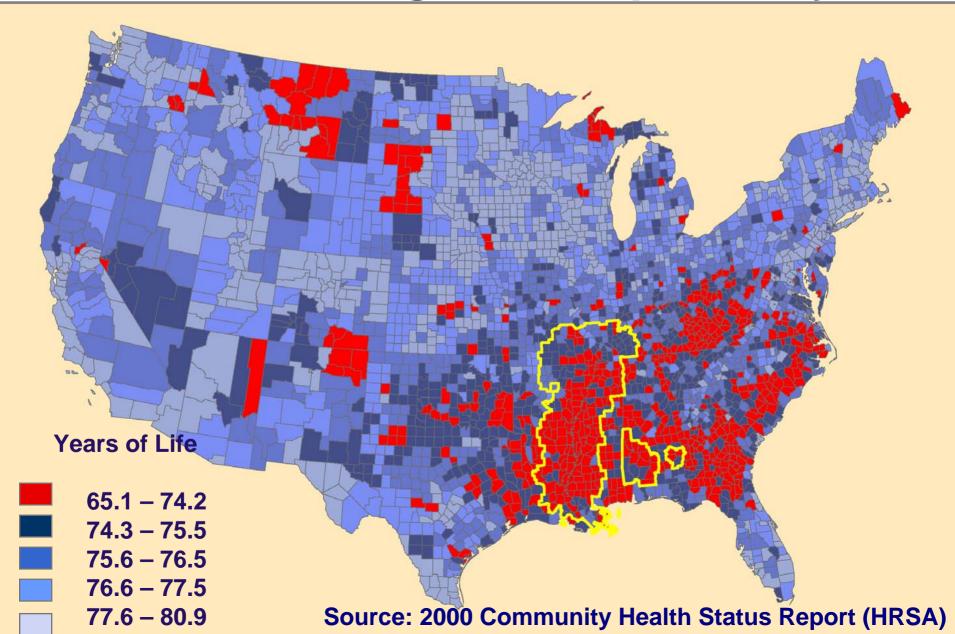
Agency for Healthcare Research and Quality: National Healthcare Disparities Report



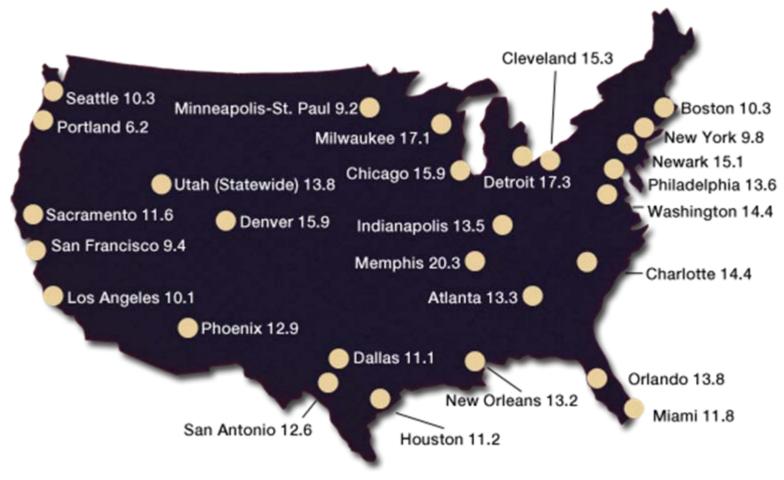
Healthy People 2010: Health Goals for the Nation



2000 Average Life Expectancy

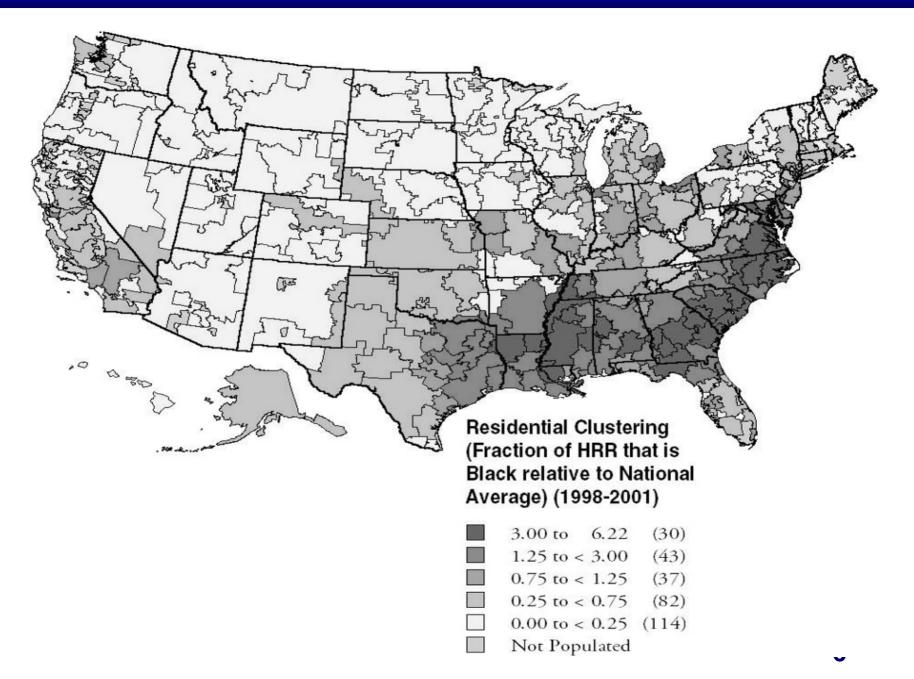


African American Infant Deaths per 1,000 Live Births •a snapshot of cities

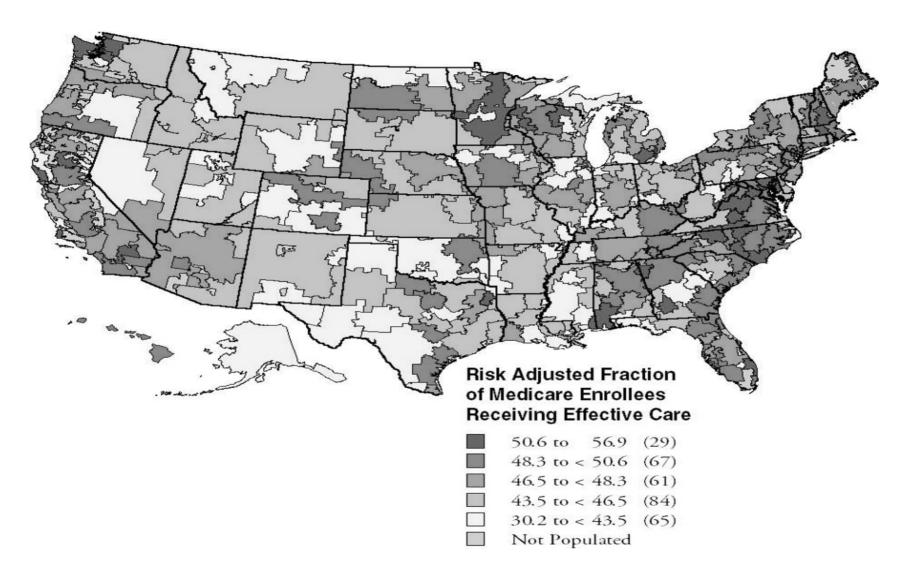


Source: March of Dimes, CDC. National infant mortality rate is 6.8 deaths per 1,000 live births.

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 lowquality 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

Source: www.hrsa.gov

Cultural and Linguistic Competency/ Health Literacy

OMH:

- Coordinated implementation of accredited cultural competency training programs
- <u>www.thinkculturalhealth.org</u> 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

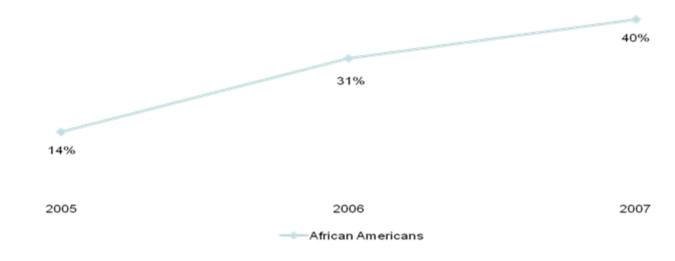
Health Information Technology: A tool to reduce health disparities

- 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

<u>BusinessWeek</u>* 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 <u>all</u> communities can potentially:

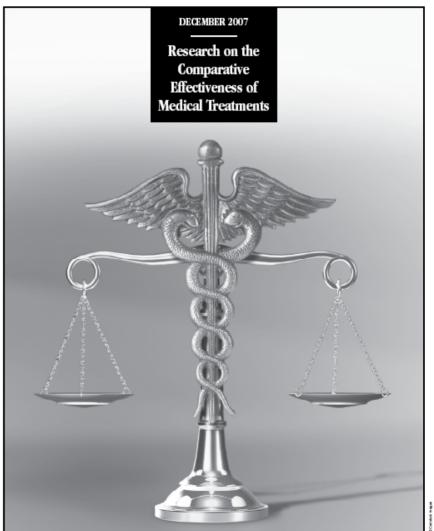
- Improve quality of care
- Reduce health care disparities
- Increase efficiency in service delivery systems
- Increase patient safety
- Decrease medical errors



Goal of Comparative Effectiveness Research

"...<u>a rigorous evaluation</u>
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

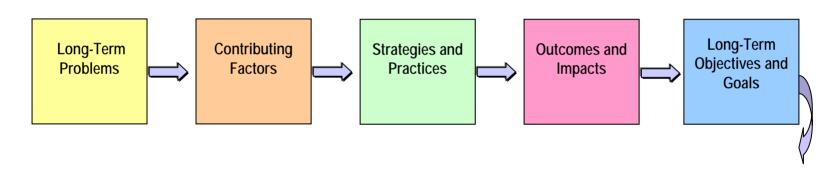
- Increase data sources for evidenced based studies in diverse populations
- Monitor race and data collection as well as other oversight activities
- Include linguistic and cultural attributes of patients
- Utilize more community based participatory research studies

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

Long-Term Problems

Contributing Factors

Strategies and Practices

Outcomes and Impacts

 $\qquad \qquad \Longrightarrow$

Long -Term Objectives and Goals

1. Individual Level:

- Knowledge
- Attitudes
- Skills
- Behaviors
- Biological/Genetic Risks

2. Environment/Community Level:

- Physical Environment
- Social Environment
 - Community Values
 - Community Assets
 - •Community Involvement
- Economic Barriers

3. Systems Level:

- Components and Resources
- Coordination and Collaboration
- Leadership and Commitment
- User-Centered Design
- Science and Knowledge

1. Individual Level:

- •Efforts to Increase Knowledge
- •Efforts to Promote Attitudes Conducive to Good Health
- •Efforts to Build Skills
- •Efforts to Promote Healthy Behaviors
- •Efforts to Address Biological or Genetic Risks

2. Environment/Community Level:

- •Efforts to Promote a Healthy Physical Environment
- •Efforts Aimed at the Social Environment
- Efforts to Address Economic Barriers

3. Systems Level:

- •Efforts to Strengthen Components and Resources
- •Efforts to Promote Coordination and Collaboration
- •Efforts to Foster Leadership and Commitment
- •Efforts to Promote User-Centered Design to Address R/E Minority Needs Through –
 - •R/E Minority Participation
 - •Health Care Access/Coverage
 - Culturally and Linguistically Appropriate Service
 - •Workforce Diversity
 - •Racial/Ethnic Data Collection
- •Efforts to Improve Science and Knowledge

1. Individual Level: E.g.,

- Increased awareness/knowledge about disease prevention or risk reduction
- Increased health care provider skills in providing culturally & linguistically appropriate services
- Increased patient adherence to prescribed treatment regimens
- Reduced morbidity & mortality

2. Environment/Community Level: E.g.,

- Decreased exposure to risks in the physical environment
- Increased public awareness about racial/ethnic health disparities
- Increased health care access & appropriate utilization
- Increased plans & policies that promote health & wellbeing at the local, State, & national levels
- Reduced morbidity & mortality

3. Systems Level: E.g.,

- Increased inputs & other resources for racial/ ethnic minority health-/health disparities-related priorities
- Increased partnerships & collaborations for greater effectiveness & efficiency
- Increased strategic planning, with goals & objectives, evaluation, & performance monitoring
- Increased system design characteristics to minimize barriers for minority users
- Increased knowledge development/science base about "what works"

- <u>1. Racial/Ethnic Minority Health Status Issues</u> (i.e., preventable morbidity & premature mortality)
- 2. Racial/Ethnic Health Disparities
- 3. Need for a Systems Approach

- 1. Increased quality and years of healthy life for racial/ ethnic minorities
- 2. Reduced and, ultimately, eliminated racial/ethnic health disparities
- 3. Systems approach to racial/ethnic minority health improvement and health disparities reduction

Future Opportunities

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

John Gardner
 former Secretary of Health,
 Education & Welfare

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