Moment of Opportunity: Reducing Health Disparities and Advancing Health Equity

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NCHS National Conference on Health Statistics
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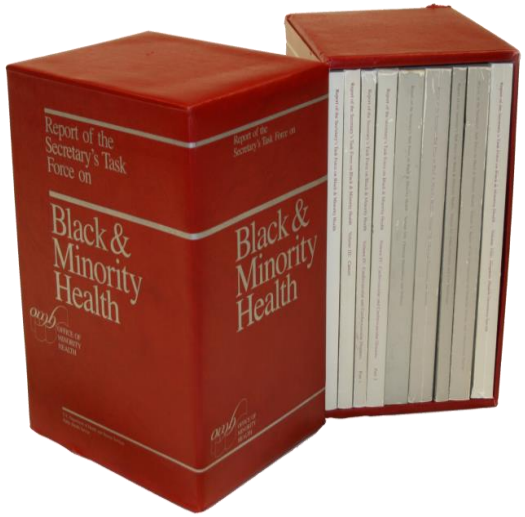
2015: 30th Anniversary of the Heckler Report



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.

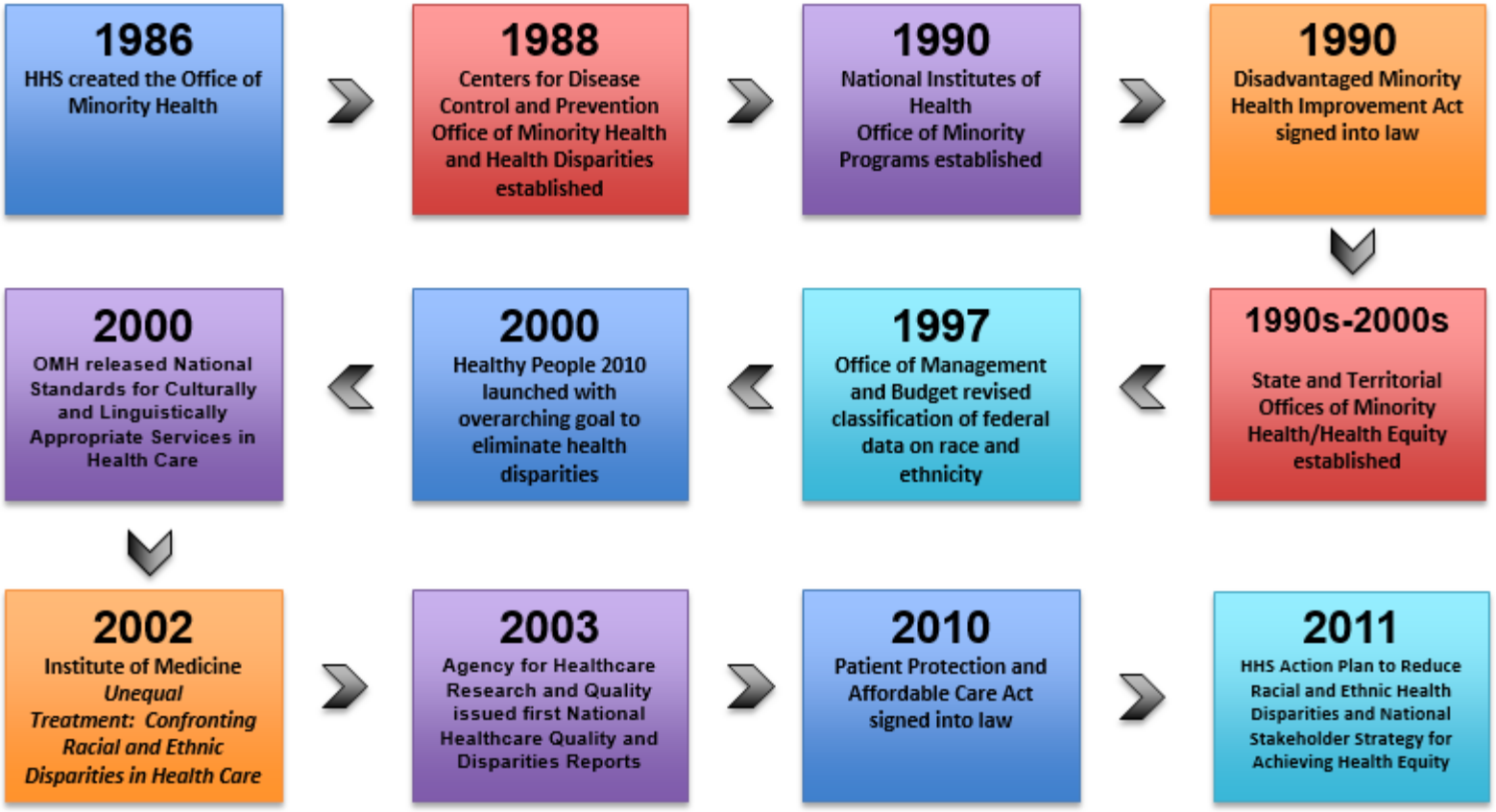
"Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat and cure disease, Blacks, Hispanics, Native American Indians and those of Asian/Pacific Islander Heritage have not benefited fully or equitably from the fruits of science or from those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

The Case for Eliminating Health Disparities

Big Six | **(1) Cancer, (2) Cardiovascular disease and stroke, (3) Chemical dependency, measured by deaths due to cirrhosis, (4) Diabetes, (5) Homicide and accidents (unintentional injuries), (6) Infant mortality**

Eight recommendations | **(1) Outreach to disseminate health information; (2) Patient education and provider awareness, responsive to cultural needs; (3) Access, delivery, and financing of health services; (4) Health professions development; (5) Cooperative efforts federal and non-federal sector; (6) Technical assistance to communities; (7) Data development; (8) Research agenda**

Snapshot of Significant Milestones – The Heckler Report to Today



Secretary Margaret M. Heckler

Thomas E. Malone, PhD

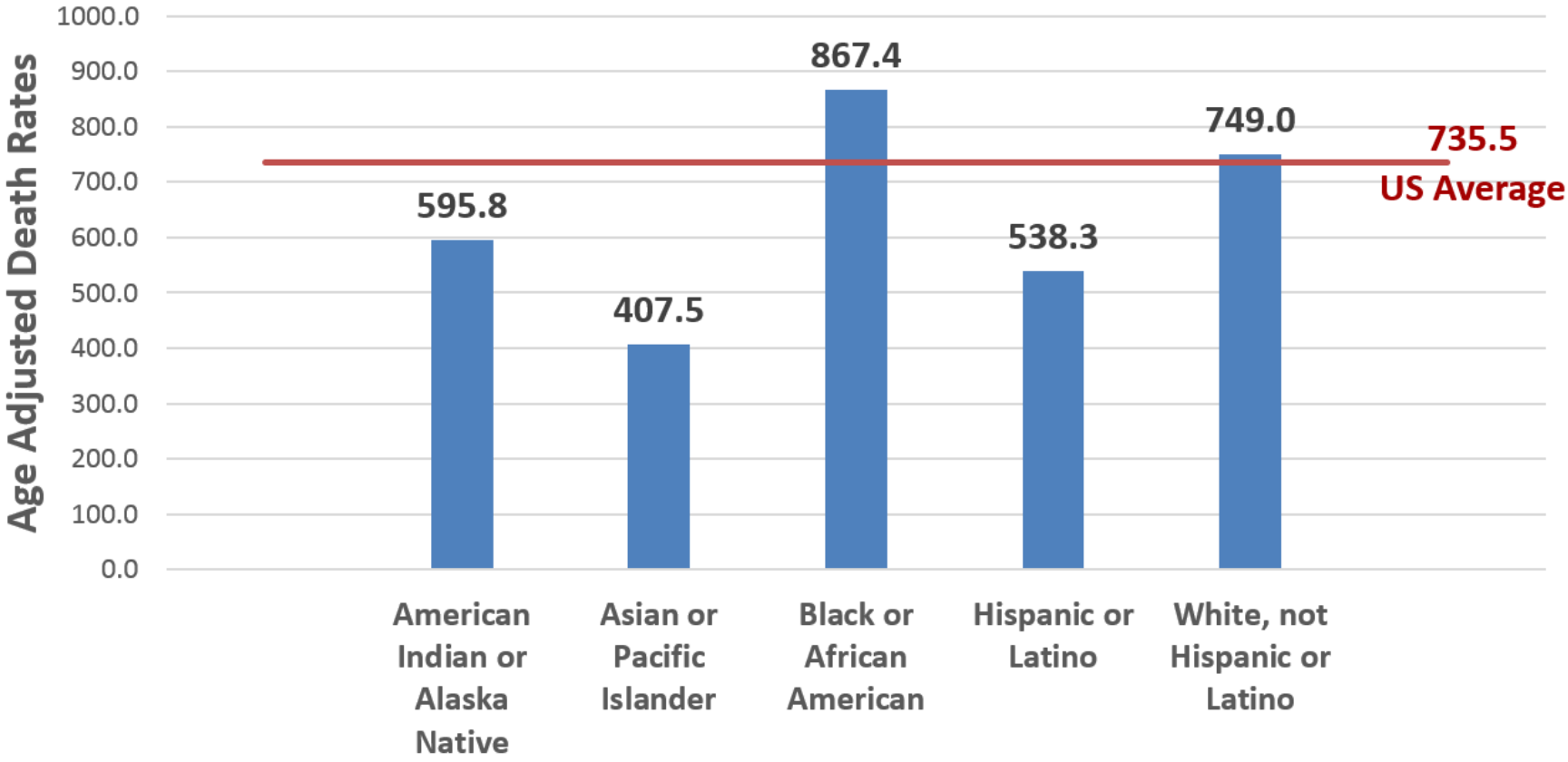
Understanding Disparities: The Role of Reliable Data

Data are key to:

- Assessing the nation's health
- Identifying problems and solutions
- Identifying health disparities
- Targeting efforts directly to specific needs

Report of the Secretary's Task Force on Black and Minority Health

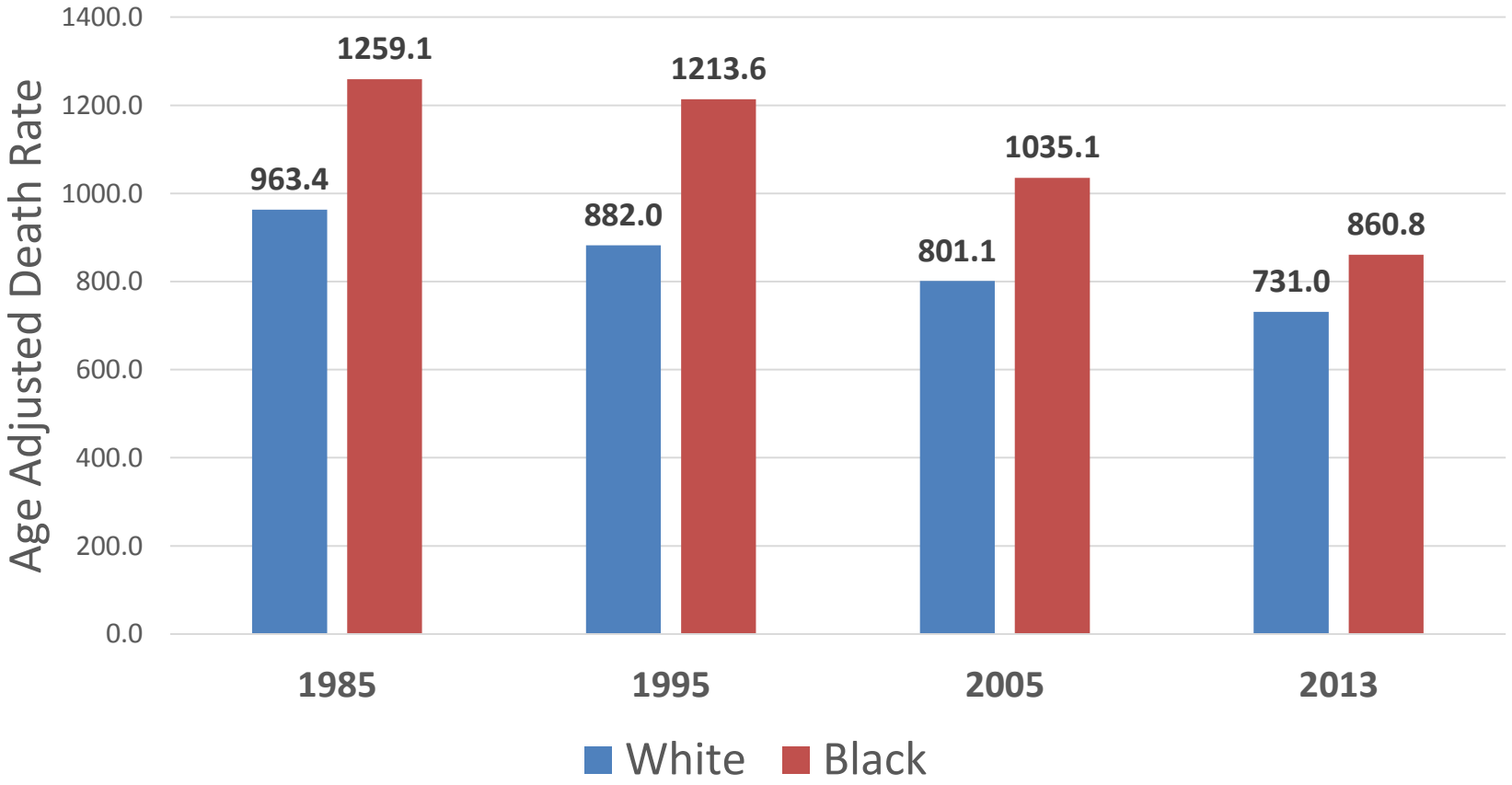
All Cause Mortality By Race and Ethnicity, United States, 2011-2013



Death rates for Hispanic, American Indian or Alaska Native, and Asian or Pacific Islander persons should be interpreted with caution because of inconsistencies in reporting Hispanic origin or race on the death certificate (death rate numerators) compared with population figures (death rate denominators).

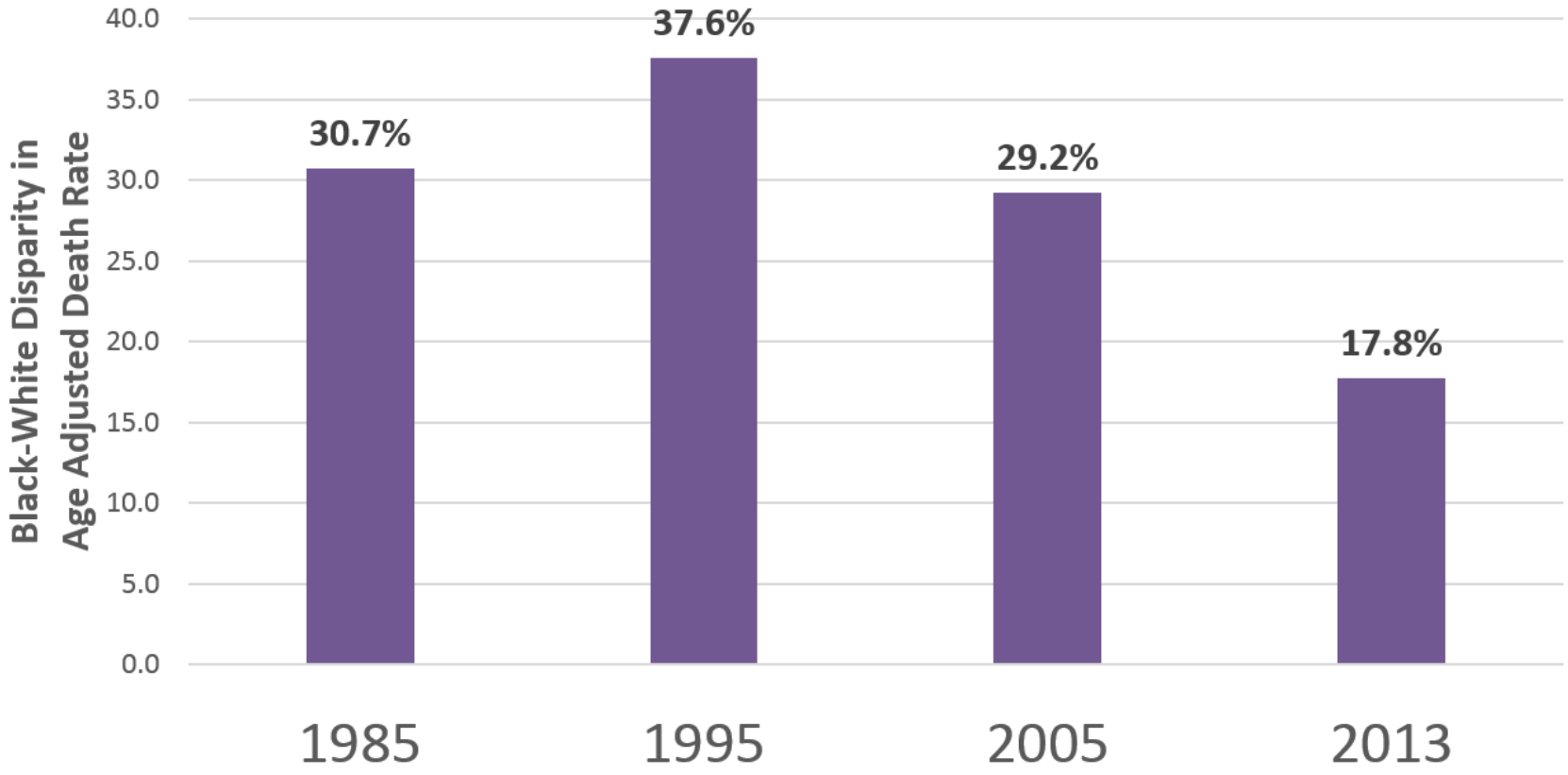
Data Source: Health, United States 2014 Table 17

All Cause Mortality By Race, United States, Selected Years 1985-2013



Source: National Vital Statistics System

All Cause Mortality Black-White Disparity, United States, Selected Years 1985-2013



Source: National Vital Statistics System

Eliminating Health Disparities

Big Six | **(1) Cancer, (2) Cardiovascular disease and stroke, (3) Chemical dependency, measured by deaths due to cirrhosis, (4) Diabetes, (5) Homicide and accidents (unintentional injuries), (6) Infant mortality**

Cancer

1985: **30% Higher** for Blacks Relative to Whites
2013: **30% Higher** for Blacks Relative to Whites

Cardiovascular Disease and Stroke

1985: **20% Higher** for Blacks Relative to Whites
2013: **30% Higher** for Blacks Relative to Whites

Cirrhosis

1985: **70% Higher** for Blacks Relative to Whites
2013: **30% Lower** for Blacks Relative to Whites

Source: National Center for Health Statistics, National Vital Statistics System

Eliminating Health Disparities, cont.

Big Six | **(1) Cancer, (2) Cardiovascular disease and stroke, (3) Chemical dependency, measured by deaths due to cirrhosis, (4) Diabetes, (5) Homicide and accidents (unintentional injuries), (6) Infant mortality**

Diabetes

1985: **110% Higher** for Blacks Relative to Whites
2013: **100% Higher** for Blacks Relative to Whites

Homicide and Accidents

1985: **70% Higher** for Blacks Relative to Whites
2013: **10% Higher** for Blacks Relative to Whites

Homicide Only

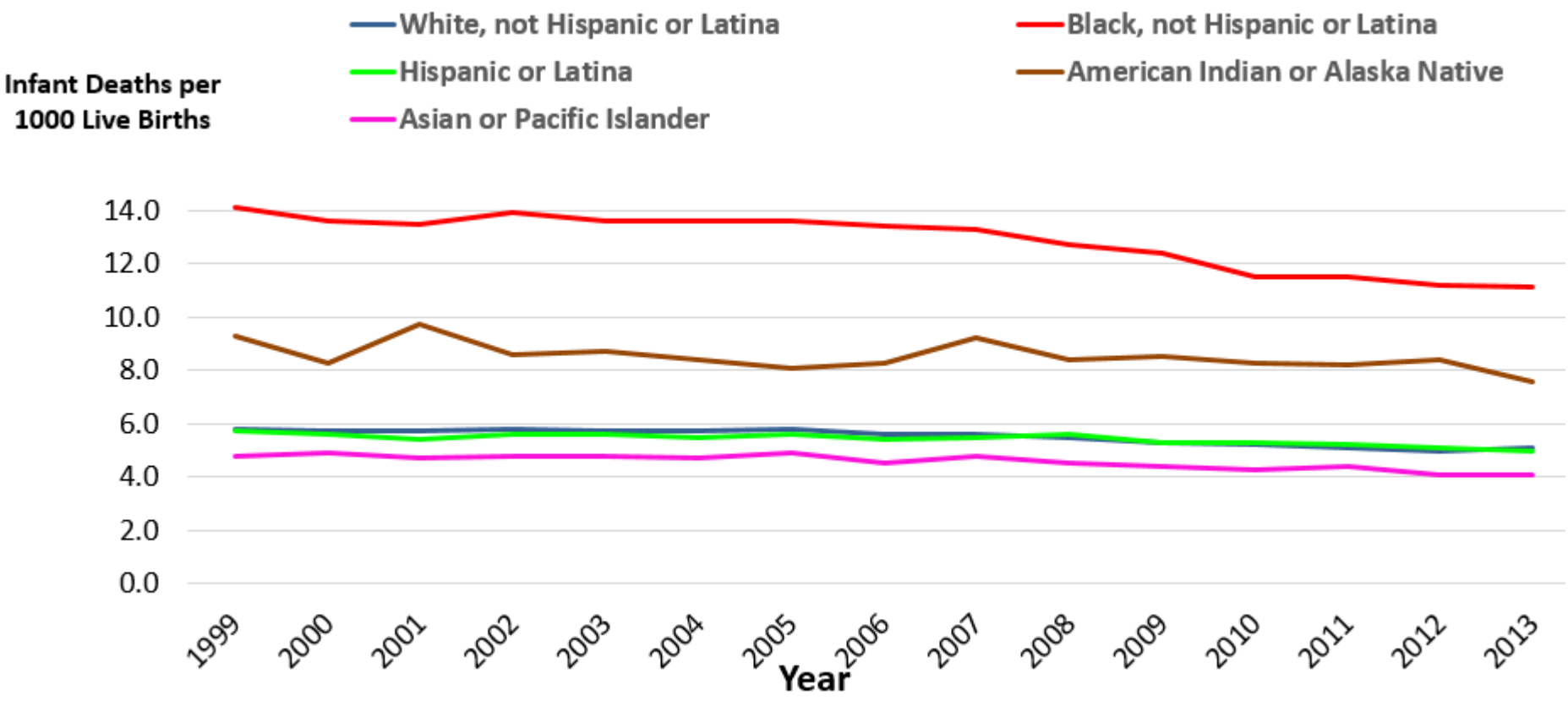
1985: **430% Higher** for Blacks Relative to Whites
2013: **470% Higher** for Blacks Relative to Whites

Infant Mortality

1985: **110% Higher** for Blacks Relative to Whites
2013: **110% Higher** for Blacks Relative to Whites

Source: National Center for Health Statistics, National Vital Statistics System

Infant Mortality Rates, By Detailed Race and Hispanic Origin of Mother: United States, 1999-2013



SOURCE: CDC/NCHS, National Vital Statistics System, public-use Linked Birth/Infant Death Data Set.

The Office of Minority Health (OMH)

OMH Mission

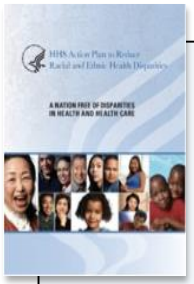
To improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

OMH Functions

Statutory Authority:
Public Health Service Act §1707
(42 U.S.C. §300u-6)

Office of Minority Health 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

NPA
NATIONAL PARTNERSHIP FOR ACTION

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

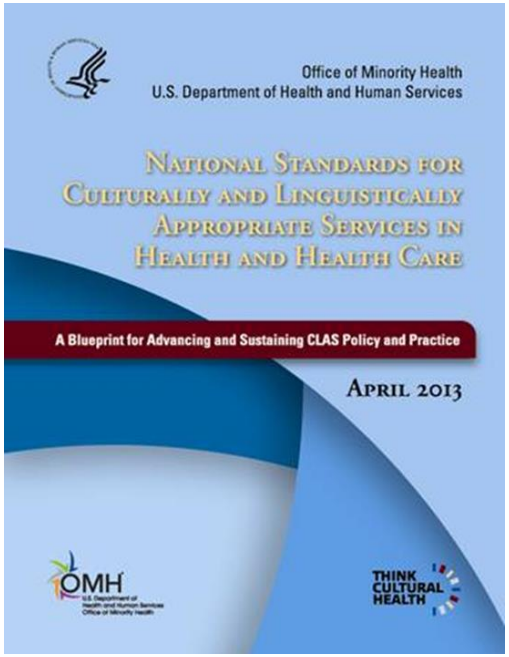
IMPACT OF THE AFFORDABLE CARE ACT ON HEALTH DISPARITIES AND HEALTH EQUITY

- Ending insurance discrimination
- Making health insurance more affordable and accessible
- Making preventive services more affordable and accessible
- Increasing the number of health care providers in underserved communities
- Enhancing the diversity and cultural competency of the workforce
- Enhancing health disparities research
- Improving data collection and reporting standards
- Strengthening the HHS minority health infrastructure

SECTION 10334 OF THE AFFORDABLE CARE ACT: OFFICES OF MINORITY HEALTH AND NIMHD

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)

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.



Website: www.thinkculturalhealth.hhs.gov

National CLAS Standards Survey
An OMH and NCHS Collaboration

- Mail survey of physicians, part of the NAMCS/NHAMCS
- Survey of physician awareness and implementation of culturally and linguistically appropriate services
- Development work initiated in 2015; implementation planned for February 2016

Affordable Care Act Section 4302

Understanding Health Disparities: Data Collection and Analysis

- Requires the Secretary of Health and Human Services to establish data collection standards for race, ethnicity, sex, primary language and disability status

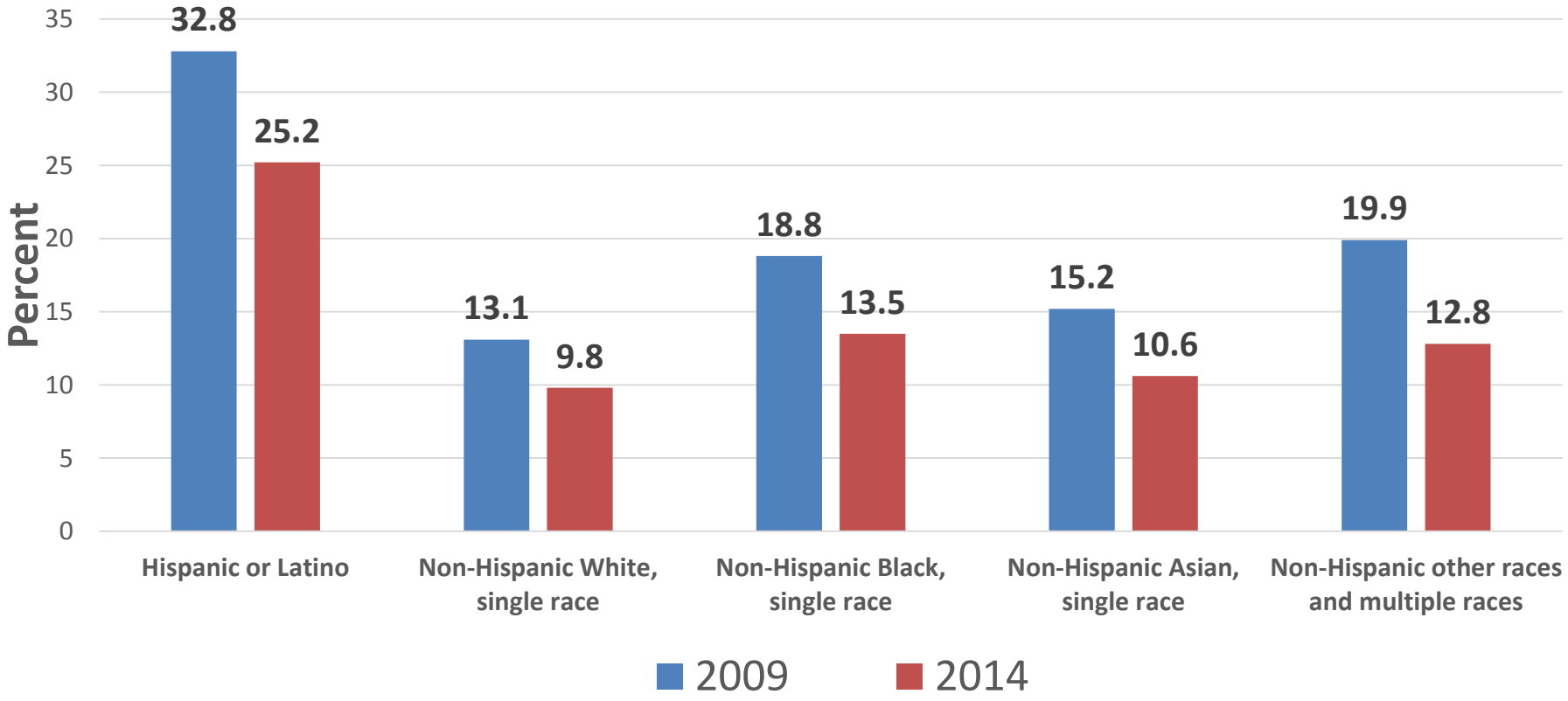
- HHS adopted new standards in 2011. Standards apply to population-based health surveys conducted or sponsored by HHS, in which respondents either self-report information or from a knowledgeable proxy.

- Additional granularity for Hispanic ethnicity and Asian race; Native Hawaiian distinguished from Other Pacific Islander; and addition of Guamanian/Chamorro and Samoan

OMH Support for NCHS' National Health Interview Survey (NHIS)

- NHIS – field testing of sexual identity questions, Fall 2011-2012
- Native Hawaiian and Pacific Islander 2014 supplement
- NHIS – addition of questions on cultural competence of medical providers, now under development

Percentages of persons under age 65 who lacked health insurance coverage at the time of the interview, by race and ethnicity: United States, 2009-2014



Cohen RA, Martinez ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2014. National Center for Health Statistics. June 2015.

OMH U.S. Department of Health and Human Services Office of Minority Health

www.minorityhealth.hhs.gov

Healthy People 2020 Disparities Tool

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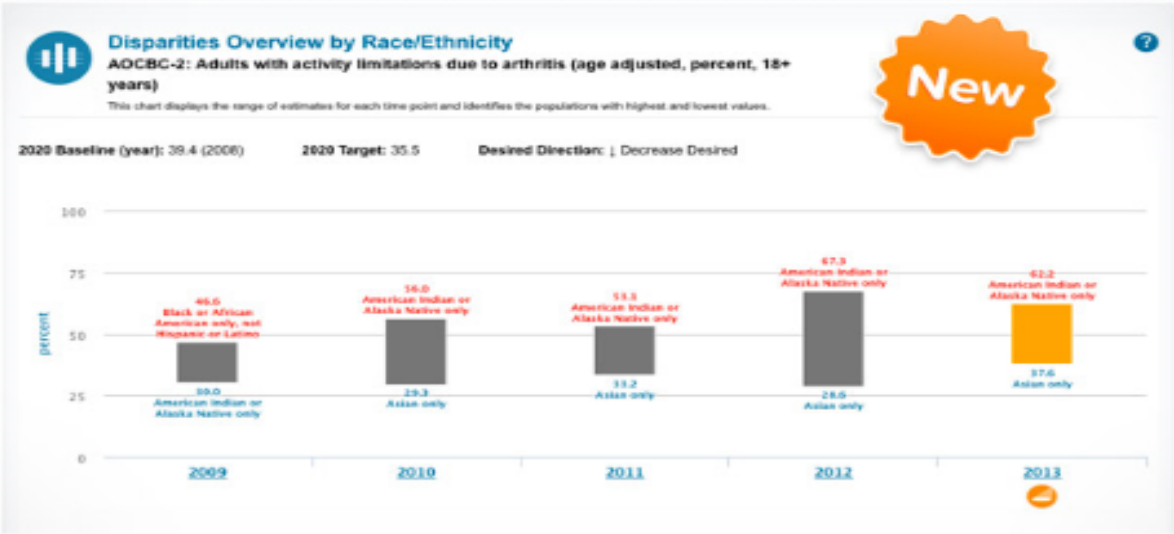


DATA2020's New Feature on Health Disparities

Use DATA2020 to view health disparities data by sex, race/ethnicity, educational attainment, and family income.

Explore DATA2020.

DATA2020 Search

This interactive data tool allows users to explore the data and technical information related to the HealthyPeople 2020 objectives. Search Healthy People data!

New

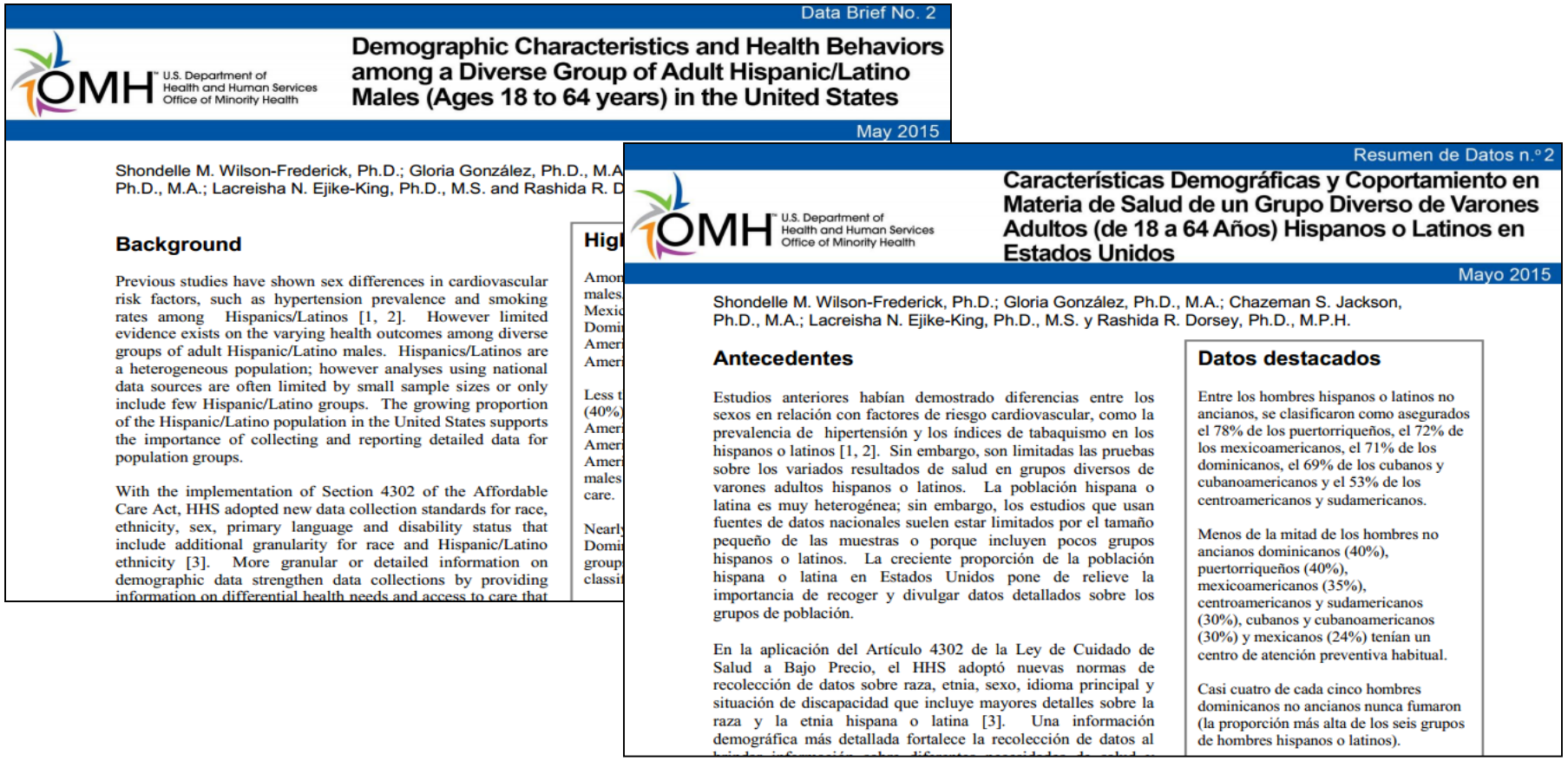
Leading Health Indicators: Progress Update

Read the report to learn about progress that's been made in each of the 26 Leading Health Indicators.

Summary of OMH and NCHS Collaborations

- Minority health fellow for health disparities research at NCHS
- Support for national surveys:
  - NHIS – Native Hawaiian and Pacific Islander 2014 supplement
  - NHIS – field testing of sexual identity questions, Fall 2011-2012
  - NHIS – addition of questions on cultural competence of medical providers (ongoing)
  - NAMCS – special supplement to track provision of culturally and linguistically appropriate services and awareness of National CLAS Standards
- Participation in Healthy People Progress Reviews
- New web tool for displaying disparities in HP2020 objectives

OMH Data Briefs



Data Brief No. 2

U.S. Department of Health and Human Services
Office of Minority Health

Demographic Characteristics and Health Behaviors among a Diverse Group of Adult Hispanic/Latino Males (Ages 18 to 64 years) in the United States

May 2015

Shondelle M. Wilson-Frederick, Ph.D.; Gloria González, Ph.D., M.A
Ph.D., M.A.; Lacreisha N. Ejike-King, Ph.D., M.S. and Rashida R. D

Background

Previous studies have shown sex differences in cardiovascular risk factors, such as hypertension prevalence and smoking rates among Hispanics/Latinos [1, 2]. However limited evidence exists on the varying health outcomes among diverse groups of adult Hispanic/Latino males. Hispanics/Latinos are a heterogeneous population; however analyses using national data sources are often limited by small sample sizes or only include few Hispanic/Latino groups. The growing proportion of the Hispanic/Latino population in the United States supports the importance of collecting and reporting detailed data for population groups.

With the implementation of Section 4302 of the Affordable Care Act, HHS adopted new data collection standards for race, ethnicity, sex, primary language and disability status that include additional granularity for race and Hispanic/Latino ethnicity [3]. More granular or detailed information on demographic data strengthen data collections by providing information on differential health needs and access to care that

Resumen de Datos n.º 2

U.S. Department of Health and Human Services
Office of Minority Health

Características Demográficas y Coportamiento en Materia de Salud de un Grupo Diverso de Varones Adultos (de 18 a 64 Años) Hispanos o Latinos en Estados Unidos

Mayo 2015

Shondelle M. Wilson-Frederick, Ph.D.; Gloria González, Ph.D., M.A.; Chazeman S. Jackson, Ph.D., M.A.; Lacreisha N. Ejike-King, Ph.D., M.S. y Rashida R. Dorsey, Ph.D., M.P.H.

Antecedentes

Estudios anteriores habían demostrado diferencias entre los sexos en relación con factores de riesgo cardiovascular, como la prevalencia de hipertensión y los índices de tabaquismo en los hispanos o latinos [1, 2]. Sin embargo, son limitadas las pruebas sobre los variados resultados de salud en grupos diversos de varones adultos hispanos o latinos. La población hispana o latina es muy heterogénea; sin embargo, los estudios que usan fuentes de datos nacionales suelen estar limitados por el tamaño pequeño de las muestras o porque incluyen pocos grupos hispanos o latinos. La creciente proporción de la población hispana o latina en Estados Unidos pone de relieve la importancia de recoger y divulgar datos detallados sobre los grupos de población.

En la aplicación del Artículo 4302 de la Ley de Cuidado de Salud a Bajo Precio, el HHS adoptó nuevas normas de recolección de datos sobre raza, etnia, sexo, idioma principal y situación de discapacidad que incluye mayores detalles sobre la raza y la etnia hispana o latina [3]. Una información demográfica más detallada fortalece la recolección de datos al

Datos destacados

Entre los hombres hispanos o latinos no ancianos, se clasificaron como asegurados el 78% de los puertorriqueños, el 72% de los mexicoamericanos, el 71% de los dominicanos, el 69% de los cubanos y cubanoamericanos y el 53% de los centroamericanos y sudamericanos.

Menos de la mitad de los hombres no ancianos dominicanos (40%), puertorriqueños (40%), mexicoamericanos (35%), centroamericanos y sudamericanos (30%), cubanos y cubanoamericanos (30%) y mexicanos (24%) tenían un centro de atención preventiva habitual.

Casi cuatro de cada cinco hombres dominicanos no ancianos nunca fumaron (la proporción más alta de los seis grupos de hombres hispanos o latinos).

Website: www.minorityhealth.hhs.gov

"Understanding and innovating with data has the potential to change the way we do almost anything for the better."
- President Barack Obama

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Office of Minority Health

@officeofminorityhealth