

# STATE OF NEVADA



## OFFICE OF MINORITY HEALTH 2015-2016 BIENNIAL REPORT

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## **EXECUTIVE SUMMARY**

Health disparities and inequities remain a significant challenge for racial and ethnic minority populations in Nevada. Unfortunately, the State of Nevada Office of Minority Health (NOMH) was severely limited in its ability to address these challenges due to the lack of fiscal resources devoted to tackle the issues, which are varied by community within the state. In September 2015, NOMH experienced the expiration of its State Partnership Grant through the National Office of Minority Health, which provided \$150,000 annually to support minority health initiatives in Nevada. This was the sole source of funding to support the Nevada office. Without funding to maintain support staff dedicated to the NOMH, various interested parties including government agencies, non-profit organizations, and community and business leaders began to meet over a period six months in 2016 to discuss the direction of NOMH, as well as to brainstorm initiatives to re-establish funding for the office and to bring in more community partners for future activities and community engagement. The following is a list of activities completed during this Biennium (2015-2016):

- Training of health care practitioners in national policies related to Culturally and Linguistically Appropriate Services (CLAS Standards);
- Provide education and enrollment opportunities in compliance with the Affordable Care Act targeting communities of color;
- Building partnerships and collaborations to facilitate enrollment in the Affordable Care Act and advance the mission of the Nevada OMH.
- A series of focus groups leading to the publication of a report with recommendations regarding the direction of minority health initiatives in Nevada.
- The establishment of the Nevada Minority Health and Equity Coalition.
- Quarterly Tribal Consultations with Native Tribes in Nevada.

There continues to be nationwide initiative for all states to maintain an active and progressive office dedicated to a health promotion and disease prevention agenda in racial and ethnic minority populations. One of the goals of NOMH is to function at a “systems” level by gathering stakeholders, including community-based organizations and all levels of local government, to investigate root causes of health disparities, develop strategies to address life-impacting issues, and reduce health disparities among racial and ethnic minority populations in Nevada. At the time of this report, the NOMH is not receiving any funding to further the accomplishment of this goal. However, the activities of the NOMH described during the period covered in this report was conducted with support from the Nevada Department of Health and Human Services (DHHS) – Director’s Office, Nevada DHHS Office for Consumer Health Assistance (OCHA), Nevada DHHS Tribal Liaison, University of Nevada, Las Vegas and a host of other community liaisons.

During the Biennium (2015-2016), the NOMH with personnel support provided by OCHA, continued to strive to fulfill its statutory duties by engaging in activities pertaining to access to care, improvement to quality of care, as well as providing educational opportunities and distributing information. NOMH does not provide direct medical or social services; however, NOMH endeavors to improve a statewide system to investigate health disparities and develop solutions to address them. NOMH activities have and will include, but are not limited to: education and outreach; advocacy; policy development; and creating issue-specific task forces.

In order to continue some of its functions operational, NOMH has relied on its collaborative relationship with the Nevada Office for Consumer Health Assistance (OCHA) and the DHHS Tribal Liaison. These collaborations have been extremely beneficial and has greatly aided in maintaining contact with community partners, ensuring participation in All-State conference calls with national Office of Minority Health, and responding to government official inquiries at the federal, state and local levels. The NOMH has also worked to establish partnerships with community and faith based organizations, health care providers, local health departments, and insurance providers. The NOMH continues to support the events of business and community-based entities to enhance outreach, education and awareness efforts targeted at the hard to reach, uninsured, and underserved minority populations. These supportive and collaborative relationships are key factors in bridging the gap in access to quality health care and availability of up-to-date information for racial and ethnic minority populations. Participation in these activities addresses the three primary program objectives as outlined in the mission statement.

As mentioned above, this report will cover the NOMH activities during the final year of the its State Partnership Grant project which focused on CLAS Standards and Affordable Care Act outreach and education. Brief descriptions of these projects are provided in later sections of this report. In addition to adhering to state statutory duties, the NOMH will continue to place importance on adhering to the U.S. Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities and the National Stakeholder Strategy for Achieving Health Equity, a product of the National Partnership for Action. These documents both point to the social determinants of health, with a focus on aiding various state OMH offices determine future state planning consistent with national objectives and funding. An Introduction and Background of the HHS Action Plan, as well as the executive summary of this National Stakeholder Strategy are included in the appendices of this report.

The activities outlined in this report illustrate the accomplishments of the NOMH during the biennium and provide results with future recommendations. The recommendations for new direction seeks to bring the NOMH up to speed with other states OMH offices by offering suggestions to increase overall effectiveness by improving the quality of and access to health care services as well as presenting information with regards to the community engagement through the establishment of a Nevada Minority Health and Equity Coalition (NMHEC).

The racial and ethnic landscape in rapidly changing throughout the United States. This change is especially evident in Nevada. The increase in minorities from diverse racial and ethnic backgrounds has created the need to address health disparities as they exist for various minority groups. To respond to the needs of Nevada's growing racial and ethnic groups, NOMH focused its CLAS Standards and Affordable Care Act project on targeting African American, Latino and Asian communities. While these subject areas do not represent the health needs of minorities in their entirety, these topics have a direct impact on health status for these communities, and were in line with the federal funding awarded.

## **CURRENT HISTORY**

The Nevada State Legislature created the Nevada Office of Minority Health (NOMH) in 2005. The duties of the Office are established in NRS 232.467-484. An Advisory Committee composed of nine (9) members reflecting the ethnic and geographical diversity of the state assists and advises the Office in carrying out its duties.

In December 2010, the NOMH office was realigned from the Nevada State Health Division to the Nevada DHHS Director's Office, under the supervision of the Governor's Consumer Health Advocate. In June 2012, the physical location of the NOMH was moved south to Las Vegas, where the Governor's Consumer Health Advocate is located, within the Office for Consumer Health Assistance.

The NOMH had one federal State Partnership Grant to support its activities during this biennium, which expired September 2015. This State Partnership Grant program was mandated to focused solely on providing education related to Culturally and Linguistically Appropriate Services (CLAS) Standards and Affordable Care Act (ACA) enrollment education within minority populations. The overarching goal of this federal grant program is to demonstrate the effectiveness of strategic partnerships to improve the status of minority populations and eliminate disparities in at least one of the designated areas.

## **MISSION**

The mission of the NOMH is to:

- Improve the quality of health care services for members of minority groups;
- Increase access to health care services for members of minority groups;
- Disseminate information to and educate the public on matters concerning health care issues of interest to members of minority groups.

Additionally, the Office provides guidance on implementing health disparities initiatives, contributes to policy development on minority health, increases public awareness of racial and ethnic disparities in health outcomes and health care, and provides technical assistance to minority communities and faith based organizations interested in improving the status of minority health in Nevada.

## **VISION**

The NOMH vision is to achieve optimal levels of health and wellness for racial and ethnic minorities in the state. The Office is provides an organized statewide focus serving to:

- Identify, assess and analyze issues related to the health status of minority populations and to communicate this information where needed;
- Participate in, and lead when appropriate, the development of minority needs assessments, service strategies and minority health data;
- Provide reference and resource information on minority health issues;
- Engage internal and external entities to support initiatives that address specific minority health needs including targeting health care program resources to meet these needs;
- Monitor programs, policies and procedures for inclusiveness and responsiveness to minority health needs; and
- Facilitate the development and implementation of research and scientific investigations to produce minority specific findings.

## **KEY ACCOMPLISHMENTS**

### **2015**

- Secured a federal State Partnership Grant which provided funds through September 2015
- Worked with the Silver State Health Insurance Exchange (SSHIX), Nevada Health Link, and community partners in raising awareness of the ACA and enrollment efforts
- Conducted various presentations, Q&A sessions, and town hall discussions interpreting the ACA, enrollment procedures, and the availability of health care plans
- Acted as an advocate for community residents encountering problems utilizing the Nevada Health Link system
- Conducted mass enrollment workshops for specialized communities (i.e. teen mothers, homeless individuals, and individuals living in shelters)
- Offered one-on-one assistance for ACA education and enrollment through partnership with Navigator agencies funded by SSHIX
- Instructed sessions on the CLAS standards for students enrolled in the UNR School of Medicine, staff members of UMC and community based clinics, and other medical professional groups
- Made presentations to various entities included the Nevada System of Higher Education regarding NOMH to gain additional support for CLAS Standard education in health programs (i.e., Medical schools and Nursing programs) in the Nevada University system
- Quarterly Tribal Consultations with Tribes in Nevada
- Site visit to all Nevada Tribes
- Obtained guidance from the Federal OMH to embark on an aggressive strategic planning mission to advance the NOMH and bring it into alignment with other state OMH offices.

### **2016**

- Participated in a six month Community Based Participatory Action Research project aimed at developing a footprint for a minority health coalition
- Significantly increased the number of partnerships and collaborations to extend the reach of the NOMH by assisting with development of the Nevada Minority Health and Equity Coalition (NMHEC)

- Collaborated with various health and social service providers, including faith based organizations to provide health screenings, information, health diaries, and referrals to medically underserved Nevadans.
- Presented at various conferences, associations, and community groups regarding minority health issues in Nevada.
- Organized and supported various large-scale events such as the annual Choose and Move Health and Wellness Fair hosted by Community Partners for Better Health.
- Conducted Quarterly Tribal Consultations with Native Tribes in Nevada.
- Conducted site visits to all Nevada Native Tribes.
- Participated in multiple town halls, work groups, and advisory panels to address system-level factors.
- Disseminated the Nevada Diabetes Resource Directory in English and Spanish.

## **CONTINUED ACTIVITIES INTO NEXT BIENNIUM**

- Complete the strategic plan further defining the purpose of NOMH and outlining activities through 2019.
- Continue to apply of alternative funding through various sources
- With an eye toward growth and sustainability comply with the following:
  - Support State Legislature for BDR 18-214
    - Renames NOMH to the Office of Minority Health and Equity to reflect the advocacy work to reduce disparities in other populations, such as those with disabilities, LGBT population, and children/seniors
    - Makes an appropriation to the Office of Minority Health to re-establish support staff for the office and to provide seed funding to the NMHEC
  - Submit competitive applications for federal grants, for example:
    - Partnership to Achieve Health Equity – Due March 31, 2017
- Continue to create new and strengthen existing partnerships with a focus on advancing health equity
- Deepen the reach of NOMH into tribal communities with a focus on tribal health issues.
- Expand the use of social media in NOMH activities



## **SUPPORT FROM U.S. OFFICE OF MINORITY HEALTH, 2015**

As previously mentioned, Nevada has been awarded two federal grants through the US Department of Health and Human Services' Office of Minority Health. During 2013, NOMH received a modest \$130,000 in the final year of a three year grant. These funds included support for a Program Manager and a part time Administrative Assistant. These positions were originally housed in Carson City, but moved to Las Vegas in June 2012.

### **2013-2015 State Partnership Grant Program – CLAS Standards and Affordable Care Act Outreach, Education, and Enrollment**

#### **Grant Project:**

The focus of this grant is two-fold. Project One of this grant centers on increasing the knowledge and utilization of Culturally and Linguistically Appropriate Services (CLAS) Standards. These standards are a set of fifteen elements required to ensure services are being provided in manner that is respectful and inclusive of cultural, ethnic, and racial differences. These elements are broken into four sub-groups. The CLAS Standards are as follows:

#### *Principal Standard*

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

#### *Governance, Leadership, and Workforce*

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

#### *Communication and Language Assistance*

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

*Engagement, Continuous Improvement, and Accountability*

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Project two of the State Partnership Grant focused on outreach, education, and enrollment opportunities in communities of color in compliance with the Affordable Care Act. NOMH accomplished these tasks by employing a variety of methods, most important of which is partnerships and collaborations. NOMH hosted and sponsored enrollment fairs, organized ACA 101 community information sessions, instructed mass enrollment events, and acted as a liaison for residents encountering obstacles with enrollment.

**Grant Objectives:**

- Goal 1: Increase the rate of adoption and implementation of the National CLAS Standards in targeted Nevada Health agencies.
- Goal 2: Increase the number of racial and ethnic minority Nevadans who have health insurance by 25,000 individuals per grant year.

## **NOMH ADVISORY COMMITTEE**

### **NRS 232.482 Advisory Committee: Creation; composition; terms of members; Chair.**

1. There is hereby created in the Office an Advisory Committee consisting of nine members appointed by the State Board of Health.
2. When appointing a member to the Advisory Committee, consideration must be given to whether the members appointed to the Advisory Committee reflect the ethnic and geographical diversity of this State.
3. The term of each member of the Advisory Committee is 2 years. A member may be reappointed for an additional term of 2 years in the same manner as the original appointment. A vacancy occurring in the membership of the Advisory Committee must be filled in the same manner as the original appointment.
4. At its first meeting and annually thereafter, the Advisory Committee shall elect a Chair from among its members.

During this biennium NOMH was able to retain and recruit members of the Advisory Committee. The committee is now fully staffed and in compliance with NRS 232.482 and continues to meet on a quarterly basis. The current members of the NOMH Advisory Committee, as of April 2016, and their geographic location within Nevada, include:

- Cassandra Cotton, Chair, Southern Nevada
- Dr. Lemuel Evans, Vice-Chair, Southern Nevada
- Gideon Agaton, Southern Nevada
- Rosita Castillo, Southern Nevada
- Gerold Dermid, Northern Nevada
- Amie Belmonte, Southern Nevada
- Col William Olds (retired), Southern Nevada
- Dr. Darren Rhaman, Southern Nevada
- Sarita Alvarez, Northern Nevada

## **NOMH ADVISORY COMMITTEE RECOMMENDATIONS**

### **INTERNAL RECOMMENDATIONS**

Moving forward into the next biennium, the following are the criteria held to be essential by the NOMH Program and its Advisory Committee:

- NOMH must design a comprehensive plan of action that will bring it into alignment with leading OMHs across the country
- NOMH must align itself with the National Partnership for Action, the US OMH offices, and the Healthy People 2020 documents when creating strategic plans and collaboration with agencies within and outside of the State of Nevada
- NOMH must maintain a separate, high profile identity
- NOMH must “brand” itself to become more fully recognized throughout the state
- NOMH will maintain and operate its functions by securing funding to re-establish staffing and full operation
- NOMH must seek funding to assure sustainability and potential expansion of the NOMH program
- The NOMH Advisory Committee will revisit the current bylaws to assure the program is managed utilizing non-discriminatory processes, and roles and responsibilities are clearly outlined for the Advisory Committee and community partners

### **STATEWIDE OMH ACTIVITY RECOMMENDATIONS**

- Encourage schools of medicine and other allied health training programs to include cultural competency and CLAS standards as part of their training curriculum
- Encourage providers and hospital systems participating in the Medicaid/Medicare reimbursement programs to offer or attend cultural competency training
- Encourage health insurance companies to cover Language Access Services (LAS) as part of medical coverage plans
- Encourage cultural competency training for Nevada Medicaid and Nevada Check Up providers
- Encourage providers receiving federal funding, particularly those under CMS, to collect race and ethnicity data in a format consistent with National Office of Minority Health guidelines to ensure adequate and accurate tracking and monitoring of health disparities for racial and ethnic minorities
- Continue to create partnerships and collaborations to extend the reach of NOMH and better meet the unique needs of various populations
- Seek opportunities to offer assistance to other underrepresented, at-risk populations.

## **Nevada Office of Minority Health Reorganization History 2010 -2012**

Since the establishment of NOMH in 2005, community leaders have sought funding and support to assure the activities and improvements in healthcare for minorities would be accomplished. Due to severe economic conditions and diminishing resources, NOMH has struggled to fulfill the goals and objectives. Since 2010, NOMH has been 100% grant funded and receives no Nevada general funds.

On December 9, 2010, the Nevada State Health Division coordinated a Memorandum of Understanding (MOU) with the Governor's Consumer Health Advocate and the Office for Consumer Health Assistance (OCHA). The purpose of this MOU was to transfer the responsibility of NOMH to OCHA. While not part of this biennium report, it imperative that this action be included in this report since there will be proposed legislation in the 79th (2017) Session of the Nevada Legislature to once again make adjustments to the office's location within the Nevada DHHS organizational structure.

The rationale behind the move to OCHA was to facilitate leveraging additional resources, renew community interest and improve outreach. Since the realignment, OCHA has assisted with facilitation of increased activity and expansion of NOMH's mission throughout the state by interfacing the resources and collaborations developed by the two entities. The move has provided greater exposure for NOMH in the Vegas Valley, home to the largest population density area in Nevada, and rural areas of Southern Nevada.

NOMH and OCHA have a shared mission to disseminate information, educate, and advocate the health concerns of Nevadans. While the two programs have retained their own identities, overlap in information, education and advocacy has expanded to more fully include minority populations throughout the state as the two programs have worked with the NOMH Advisory Committee and community organizations. OCHA has taken a lead in providing consumer information, education and advocacy for health care reform and the Affordable Care Act (ACA). The ACA has shown to be critically important in impacting the health of minority communities in Nevada by allowing so many uninsured individuals with acute, chronic and terminal illnesses to gain access to medical care.

OCHA has arranged for language translation services through a telephone system to facilitate 240 languages and dialects for verbal and written translation. This enhances the ability of NOMH to communicate with minority community members, and reinforces the thrust of providing culturally and linguistically appropriate services.

Initiatives through OCHA provide rural outreach and education. This has improved access to the extremely underserved minority communities living in rural areas. OCHA's established relationship with numerous community organizations with whom OCHA regularly interacts. At the same time, existing and renewed relationships developed through NOMH the Southern Nevada Health District, Washoe County Health Department, and numerous health related organizations will enhance delivery of care. Health disparities within Nevada's minority communities continue to rise as demonstrated in a 2016 Community Health Assessment report release by the Southern Nevada Health District, making the work of NOMH more important and relevant than ever.

## **THE NATIONAL PARTNERSHIP TO END HEALTH DISPARITIES**

The National Partnership for Action to End Health Disparities (NPA) was established through the US Department of Health and Human Services and the Office of Minority Health (USOMH) to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities, and to move the nation toward achieving health equity. The mission of the NPA is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action. One of the products of the work of the NPA has been the development of the National Stakeholder Strategy for Achieving Health Equity, released in 2012, and state OMH offices including NOMH have been strongly encouraged to align with the details of this strategy. The executive summary of this report can be found as Appendix C.

The National Stakeholder Strategy development process was initiated and sponsored by USOMH and consisted of a series of activities that engaged the wisdom of the multitude of individuals on the ground; in communities; in local, state and tribal organizations; in government agencies; and in places of education, business, and healthcare delivery. Using a “bottom up” approach, thereby vesting those at the front line of fighting health disparities with the responsibility of identifying and helping to shape core actions for a coordinated national response to ending health disparities, the development process included:

- A **national summit** of nearly 2,000 leaders were challenged to consider how best to collectively take action to effectively and efficiently reduce health disparities and advance health equity. USOMH responded to the shared concerns of the Summit participants and formulated a draft version of the goals and principles of the NPA.
- A series of “**Regional Conversations**” with stakeholders in the ten HHS health regions in order to define, refine, and collaborate on a plan to eliminate health disparities through cooperative and strategic actions
- A variety of **focused stakeholder meetings** sponsored by OMH to analyze input that had been received—in order to finalize NPA and National Stakeholder Strategy goals, principles, and strategies
- An extended opportunity for **public review and incorporation of public input** into the NSS during which the draft version of the National Stakeholder Strategy was posted online and approximately 2,200 comments were received. OMH incorporated this input wherever possible.
- A **period of analysis, discussion and planning throughout all of the divisions within HHS**. The results of that dialogue are detailed in the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, which will be reviewed annually to communicate ongoing actions.

Based on the process of community and stakeholder collaboration, the fundamental goals of the NPA and the National Stakeholder Strategy were ultimately defined as follows:

- **Goal 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.

- **Goal 2: Leadership**—Strengthen and broaden leadership for addressing health disparities at all levels.
- **Goal 3: Health System and Life Experience**—Improve health and healthcare outcomes for racial, ethnic, and underserved populations.
- **Goal 4: Cultural and Linguistic Competency**—Improve cultural and linguistic competency and the diversity of the health-related workforce.
- **Goal 5: Data, Research, and Evaluation**—Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

Four fundamental principles are central to the goals of the National Stakeholder Strategy:

- First, change at the individual or community level is not sustainable without **community engagement** and leadership.
- Second, the creation of **partnerships** is critical in any action plan to eliminate disparities. The causes of health inequities are multiple and complex. Resources to solve such problems are valuable, finite, and must be strategically deployed. Partnerships allow the pooling of resources, mobilization of talents, and use of diverse approaches. Partnerships can limit duplication of efforts and fragmentation of services.
- Third, the culture with which an individual identifies informs how he or she understands the meaning of health and disease, and how that individual interacts with health providers or makes personal health or wellness decisions. The level of **cultural and linguistic competency** of healthcare providers and health educators has a powerful impact on the success or failure of any efforts to help individuals achieve optimum health.
- Finally, the requirement of **non-discrimination** for healthcare access and delivery is not only mandated by federal civil rights laws but also is a moral imperative and a practical necessity for achieving health equity. It must be present in our actions, services, leadership, and partnerships.

The National Stakeholder Strategy document, coupled with information from the State of Nevada including health statistics and the strategic plans of our collaborating offices, and supporting reports from the U.S. Office of Minority Health and the NPA, will form the basis for future and ongoing strategic planning for NOMH.

## **APPENDIX A:**

# **U.S. Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities**

## **A nation free of disparities in health and health care**

### **Introduction and Background**

“It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone.”

– Kathleen G. Sebelius, Health & Human Services Secretary

Medical advances and new technologies have provided people in America with the potential for longer, healthier lives more than ever before. However, persistent and well-documented health disparities exist between different racial and ethnic populations and health equity remains elusive. Health disparities — differences in health outcomes that are closely linked with social, economic, and environmental disadvantage — are often driven by the social conditions in which individuals live, learn, work and play. This document provides a brief overview of racial and ethnic health disparities and unveils a Department of Health and Human Services (HHS) Action Plan to Reduce Racial and Ethnic Health Disparities (“HHS Disparities Action Plan”).

The HHS Disparities Action Plan complements the 2011 National Stakeholder Strategy for Achieving Health Equity, a product of the National Partnership for Action (“NPA Stakeholder Strategy”). The NPA Stakeholder Strategy reflects the commitment of thousands of individuals across the country in almost every sector. It resulted from a public-private collaboration that solicited broad community input with the assistance of state and local government and Federal agencies. The NPA Stakeholder Strategy proposes a comprehensive, community-driven approach to reduce health disparities in the U.S. and achieve health equity through collaboration and synergy. Now, this first-ever HHS Disparities Action Plan and the NPA Stakeholder Strategy can be used together to coordinate action that will effectively address racial and ethnic health disparities across the country. Furthermore, the HHS Disparities Action Plan builds on national health disparities’ goals and objectives recently unveiled in Healthy People 2020, and leverages key provisions of the Affordable Care Act and other cutting-edge HHS initiatives.

With the HHS Disparities Action Plan, the Department commits to continuously assessing the impact of all policies and programs on racial and ethnic health disparities. Furthermore, the Department can now promote integrated approaches, evidence-based programs and best practices to reduce these disparities. Together, the HHS Disparities Action Plan and the NPA Stakeholder Strategy provide strong and visible national direction for leadership among public and private partners. While the Department respects and recognizes the critical roles other Federal departments play in reducing health disparities, this action plan focuses on HHS initiatives

**For a full copy of this report, please visit:**

<https://www.minorityhealth.hhs.gov>



## **APPENDIX B: THE NATIONAL STAKEHOLDER STRATEGY FOR ACHIEVING HEALTH EQUITY EXECUTIVE SUMMARY**

### **OVERVIEW**

In 1985, the United States Department of Health and Human Services (HHS) released a landmark report documenting the existence of health disparities for minorities in the United States. It called such disparities, “an affront both to our ideals and to the ongoing genius of American medicine.” In the decades since the release of that report much has changed in our society—including significant improvements in health and health services throughout the nation. Nevertheless, health and healthcare disparities continue to exist and, in some cases, the gap continues to grow for racial and ethnic minorities, the poor, and other at-risk populations. Beyond the heavy burden that health disparities represent for the individuals affected, there are additional social and financial burdens borne by the country as a whole. These burdens constitute both ethical and practical mandates to reduce health disparities and achieve health equity.

New approaches and new partnerships are clearly needed to help close the health gap in the United States. The *National Partnership for Action to End Health Disparities* (NPA) was established to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation toward achieving health equity. The mission of the NPA is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action. The NPA is a critical and innovative step forward in combating health disparities by bringing individuals and organizations within the health sector together with other individuals and organizations whose work influences health.

The initial and primary product of the NPA, the *National Stakeholder Strategy for Achieving Health Equity* (National Stakeholder Strategy) provides an overarching roadmap for eliminating health disparities through cooperative and strategic actions. The other two key components of the NPA include: Blueprints for Action that are aligned with the *National Stakeholder Strategy* and guide action at the local, state, and regional levels; and targeted initiatives that will be undertaken by partners across the public and private sectors in support of the NPA.

In addition to the *National Stakeholder Strategy* launch, HHS jointly issued the first ever departmental health disparities strategic action plan. The HHS Action Plan to Reduce Racial and Ethnic Health Disparities is focused on improving the health status of vulnerable populations across the lifespan. It will assess the impact of all HHS policies and programs on health disparities, promote integrated approaches among HHS agencies, and drive the implementation of evidence-based programs and best practices.

Together, the HHS Strategic Action Plan and the *National Stakeholder Strategy* provide visible and accountable federal leadership while also promoting collaborations among communities, states, tribes, the private sector and other stakeholders to more effectively reduce health disparities.

**For a full copy of this report, please visit:**

<https://www.minorityhealth.hhs.gov/npa>