



CA Office of Health Equity

Advisory Committee

May 12, 2014

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Regional Minority Health Consultant, Region IX

Arizona, American Samoa, California, Commonwealth of Northern Mariana Islands,

Federated States of Micronesia, Guam, Hawaii, Nevada, Republic of the Marshall Islands, Republic of Palau

GOALS:

- Federal and State Cross-Cutting Issues
- Brief OMH Overview
- HHS Initiatives, Priorities, Regional OMH Activities
 - HHS Action Plan to Reduce Racial and Ethnic Health Disparities
 - National Stakeholder Strategy for Achieving Health Equity
 - Surgeon General's National Prevention Strategy
- Opportunities
- Discussion

ALIGNMENT/CROSS-CUTTING ISSUES:

partnerships

Affordable Care Act

Health Equity

minorities vulnerable populations

Technical assistance

data–new/existing

Health in All Policies

social determinants of health

culturally and linguistically appropriate health services

mental health

public engagement

research

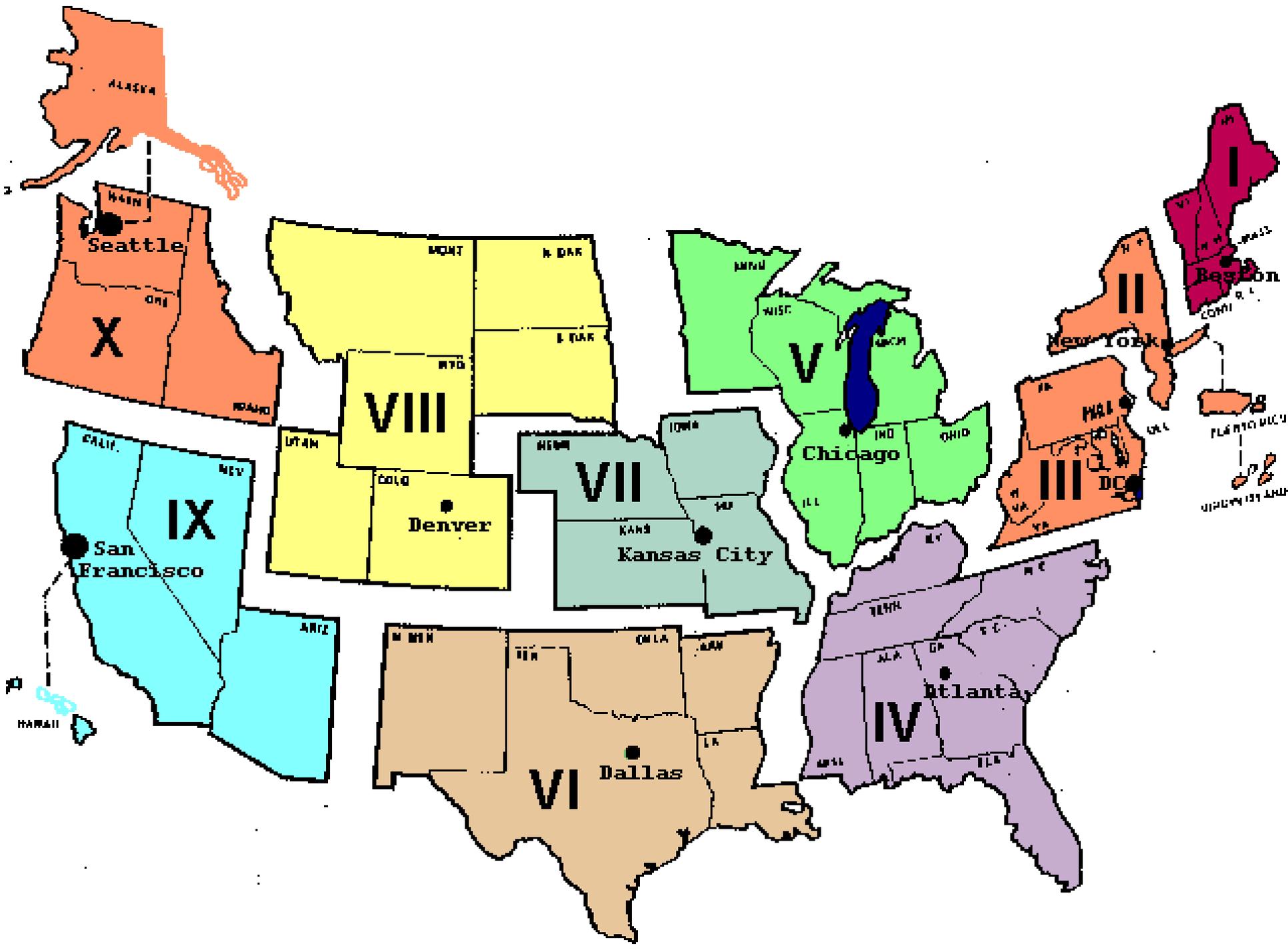
quality

workforce development

community defined practices

action oriented

coordination





AIR MILES BETWEEN HHS REGION IX SAN FRANCISCO AND STATE/TERRITORY CAPITALS

Pago Pago, AS	West	5,000 miles
Phoenix, AZ	East	652 miles
Sacramento, CA	North	100 miles
Saipan, CNMI	West	7,798 miles
Palikir, FSM	West	6,354 miles
Hagatna, Guam	West	6,200 miles
Honolulu, HI	West	2,400 miles
Carson City, NV	East	225 miles
Majuro, RMI	West	5,137 miles
Koror, ROP	West	8,627 miles

COMMUNICATION CHALLENGES

7 TIME ZONES, CROSS INTERNATIONAL DATELINE, A.S.

At 12 noon on Monday in Washington, D.C., it is...

9 am on Monday in CA, AZ, and NV.

7 am on Monday in HI.

6 am on Monday in American Samoa.

5 am on Tuesday in the Marshall Islands & Kosrae (FSM).

4 am on Tuesday in Pohnpei (FSM).

3 am on Tuesday in CNMI, Guam, Chuuk (FSM) & Yap (FSM).

2 am on Tuesday in Palau.

Regional Conference Call Schedule Mon-Thurs: 3-4-5PM (Tues-Fri USAPI) 6PM Wash.D.C.

TOTAL REGION IX POPULATION:	49,561,618
TOTAL U.S. POPULATION:	316,128,839
GLOBAL POPULATION:	7,137,577,750
•California	38,332,521
•Arizona	6,626,624
•Nevada	2,790,354
•Hawaii	1,404,054
•Guam	160,378
•Federated States of Micronesia	102,624
•American Samoa	55,519
•Commonwealth of Northern Mariana Islands	51,483
•Republic of the Marshall Islands	70,983
•Republic of Palau	21,108

MAJOR RACIAL AND ETHNIC GROUPS, REGION IX

- AS:** Samoan & Tongan
- AZ:** White, Hispanic, AI/AN, Black, Asian, Mixed, NHPI
- CA:** White, Hispanic, Asian, Black, Mixed, AI/AN, NHPI
- CNMI:** Carolinian, Chamorro, Chinese, Japanese & Korean
- FSM:** Micronesian & Polynesian
- GU:** Chamorro, Chinese, Filipino, Japanese & Korean
- HI:** Asian, White, Mixed, NHPI, Hispanic, Black, AI/AN
- NV:** White, Hispanic, Black, Asian, Mixed, AI/AN, NHPI
- RMI:** Micronesian
- ROP:** Micronesian

•*Region IX: 42% People of Color; 33% of all Federally Recognized Tribes*

REGION IX OVER 42% PEOPLE OF COLOR

- ◉ **564 Federally Recognize Tribes-137 Region IX (33% of ALL FRT nationally)**
 - AZ (5.2%), CA (1.7%), NV (1.6%), HI (0.4%)

- ◉ **Whites**
 - AZ (57.1%), CA (39.4%), NV (52.9%), HI (22.8%)

- ◉ **Hispanics are 16% of total U.S. pop**
 - CA (38.2%); AZ (30.2%); HI (9.5%); NV (27.1%)

- ◉ **Blacks 13 % nationally**
 - NV (8.6%); CA (6.6%), AZ (4.5%); HI (2.0)

- ◉ **NHPI 52% live in 2 states representing 70% nationally**
 - Hawaii 10.1%(355,816); CA 0.5% (286,145); NV (0.4%); AZ (0.3%); USAPIs combined (301,717)

- ◉ **Asians : More than ½ Live in 5 states- 3 are in Region IX**
 - HI (38.5%); CA (13.2%); NV (7.7%); AZ (3%) (NY, TX NJ 20%)
 - County populations with 25-50+% Hono, Kauai, Maui HI; San Francisco, CA; San Jose, CA; Los Angeles, CA; Las Vegas

MANY LANGUAGES, MANY HOPES

Spanish Chinese Vietnamese Korean Thai Polish Triqui
Cantonese Persian Hmong Japanese Mandarin Urdu Nahuatl
French Armenian Russian Arabic Hindi Tagalog Mixteco
German Samoan Indonesian Laotian Amharic Ibo Zapoteco
Bengali Gujarathi Burmese Tongan Ilocano Malay Yapese
Navaho Nepali Bantu Chamorro Hawaiian Apache Kosraen
African Gaelic Hungarian Telugu Hebrew Panjabi Nukuroo
Yorubu Romanian Dutch Portuguese Lithuanian Woleanian
Czech Finnish Sebuano Jamaican Creole Patois Chuukese
French Creole

OMH Timeline and Historical Events

1985- Report of the Secretary's Task Force on Black and Minority Health, The Heckler Report

1986- OMH established in the Public Health Service

1987- OMH Resource Center established- Contractor of OMH

1990- Disadvantaged Minority Health Improvement Act of 1990

1998- Health Professions Education Partnerships Act of 1998

2000- Health People 2010 includes elimination of health disparities goal

2003- Institute of Medicine *Unequal Treatment* Report; 1st annual AHRQ health care quality & disparities report

2006- OMH convenes National Leadership Summit

2007- OMH launches the National Partnership for Action to End Health Disparities (NPA) initiative

2010- Affordable Care Act reauthorizes OMH, establishes agency OMHs, and elevates National Center on Minority Health and Health Disparities to a NIH Institute

2011- HHS Action Plan to Reduce Racial and Ethnic Health Disparities and National Stakeholder Strategy for Achieving Health Equity released

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.

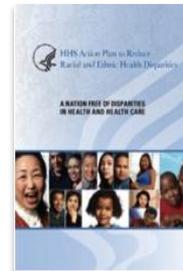
OMH Functions



OMH 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.



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 on the ground into strategic activities and policies.

Affordable Care Act

- I. Makes health insurance more affordable.
- II. Strengthens Medicare.
- III. Provides better options for coverage.
- IV. Reauthorizes Office of Minority Health 2016



The Affordable Care Act was passed by Congress and then signed into law by the President on March 23, 2010.

AFFORDABLE CARE ACT

October 1, 2013- March 31, 2014 Enrollment Total: Close to 13 million people

- From Coverage to Care: Roadmap to Better Care; and Discussion Guide to Community Partners
- Prevention Services
- Enrollment 2014-2015

Update: Unprecedented outreach and enrollment effort to vulnerable and uninsured:

~ 13 mil: 8.1 mil (SBM & FFS); 4.8 mil Medicaid & CHIP

Also 3.1 new young adults enrolled under parents plans

State and local partners, in-person help, CHW/promotores, online and call centers

Race and Ethnicity Self-Report Enrolled in Federally-facilitated Marketplace (optional reply)

62.9 percent white

16.7 percent African

10.7 percent Latino

7.9 percent Asian

1.3 percent multiracial

0.3 percent American Indian/Alaska Native

0.1 percent Native Hawaiian/Pacific Islander

Office of Minority Health Reauthorized Affordable Care Act, Section 10334, 2010

ACA requires six Offices of Minority Health established within six agencies of HHS:

- Agency for Healthcare Research and Quality (AHRQ);
- Centers for Disease Control and Prevention (CDC);
- Centers for Medicare & Medicaid Services (CMS);
- Food and Drug Administration (FDA);
- Health Resources and Services Administration (HRSA); and
- Substance Abuse and Mental Health Services Administration (SAMHSA).

ACA elevates the National Center on Minority Health and Health Disparities to a NIH institute (National Institute on Minority Health and Health Disparities).

Together, these offices and institute join the HHS Office of Minority Health to lead and coordinate activities that improve the health of racial and ethnic minority populations and eliminate health disparities.

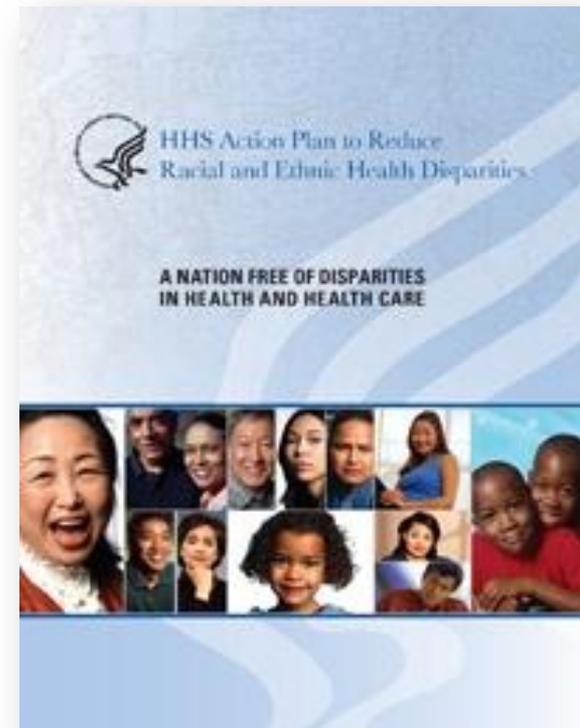
HHS Action Plan to Reduce Racial and Ethnic Health Disparities

Vision

“A Nation free of disparities in health and health care.”

Goals

- I. Transform Health Care
- II. Strengthen the Nation’s Health and Human Services Infrastructure and Workforce
- III. Advance the Health, Safety, and Well-Being of the American People
- IV. Advance Scientific Knowledge and Innovation
- V. Increase Efficiency, Transparency, and Accountability of HHS Programs



HHS ACTION PLAN

Actions for Goals: Transforming, and Strengthening Infrastructure/Workforce

Increase the number of people with health insurance.... (CMS,ACF, HRSA, SAMHSA, USDA...)

Close to 13 million enrolled under Marketplace

Increase the proportion of persons with a usual primary care provider & patient-centered homes (HRSA, CMS, ACF, CDC, SAMHSA)

Between 2012-2014 HRSA awards 231 (CHC) new access points in CA alone

Collaborate with individuals and health professional communities to make enhancements to the current National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) (OASH/OMH, SAMHSA)

Launched April 2013

HHS ACTION PLAN OUTCOMES

Agency-wide Strategies and Benchmarks

The Cultural Competency Program for Oral Health Professionals

e-learning skills and knowledge to deliver culturally and linguistic services

<https://oralhealth.thinkculturalhealth.hhs.gov/default.asp>

HHS and Walgreens Partnership-Seasonal Flu Vaccination- 4 years

Walgreens donates 300,000 free flu vaccination vouchers for uninsured

Redemption: Yr 1: 5,000; Yr 2: 52,000; Yr 3: 184,000; Yr 4 240,000

Native Hawaiian and Pacific Islander National Health Interview Survey

First scale expansion, 4,000 extra NHPI households, Feb- June 2014

Will address NHPI health information gaps; CDCs NCHS with OMH

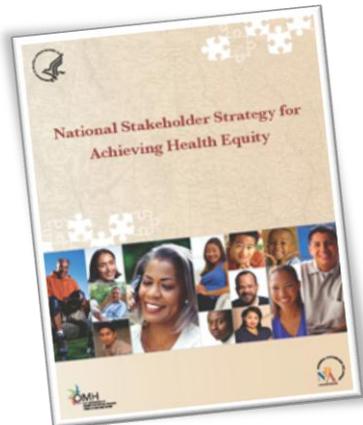
www.cdc.gov/nchs/nhis/nhpi.html

National Partnership for Action (NPA)

Purpose: To mobilize a nationwide, comprehensive, and community-driven approach to combating health disparities.

Five Goals of the NPA:

- I. Awareness
- II. Leadership
- III. Health System and Life Experience
- IV. Cultural and Linguistic Competency
- V. Data, Research, and Evaluation



National Stakeholder Strategy (NSS):

A product of the NPA that offers 20 specific strategies for reaching NPA goals and assists federal, regional, tribal, state, and local stakeholders in adopting effective strategies for their communities.

HHS ACTION PLAN-5 GOALS

NPA-5 Goals

Alignment

- Transform health care
- Strengthen workforce
- Advance health, safety & well-being
- Advance scientific knowledge and innovation,
- Increase efficiency, transparency accountability

- Awareness
- Leadership
- Health System and Life Experience
- Cultural and Linguistic Competency
- Data, Research and Evaluation

HHS Action Plan to Reduce Racial and Ethnic Disparities

National Partnership For Action to End Health Disparities

NATIONAL PARTNERSHIP FOR ACTION

Five Goals/ Stakeholder Strategies

Awareness: Health disparities as priority to impact positive outcomes:

Healthcare Agenda; Partnerships, infrastructure, drive action, accountability, Media and social marketing; Communication is targeted, motivational.

Leadership: Strengthened at all levels, including youth:

Capacity Building, Funding & Research Priorities and Youth-

Health System and Life Expectancy: Improved outcomes for underserved:

Cultural and Linguistic Competency: Improved implementation, increased reimbursement:

Data, Research and Evaluation: Coordination, utilization, outcomes:

NPA / NATIONAL STAKEHOLDER STRATEGY

Crosscutting Fundamental Principles/ Critical

Community Engagement- community-driven leadership

Partnerships- resources

Cultural and Linguistic Competency- healthcare providers and health educators; culture informs the process

Non-discrimination- healthcare access and delivery is mandated by civil rights laws, but a moral imperative

NPA Implementation Partners

NPA Lead: The Office of Minority Health

Federal Interagency Health Equity Team (FIHET)

- Identify opportunities for federal collaboration, partnership, coordination, and/or action on efforts that are relevant to the NPA
- Provide leadership and guidance for national, regional, state, and local efforts that address health equity
- Leverage any opportunities for integrating health disparities into their policies, practices, and initiative

Regional Health Equity Councils (RHECs)

- Address common health disparity improvement actions for geographic areas and work to leverage resources
- Help drive and support actions at the state, tribal, and local community levels
- Infuse NPA goals and strategies into policies and practices of members' agencies and institutions
- Share stories and successes with broad constituencies

Communities

State Offices of Minority Health (SOMHs)

- Develop strategic partnerships
- Mobilize networks
- Improve awareness and communications through different media outlets
- Lead states' efforts in updating health disparity or health equity plans so that they align with the NPA

National Partners

- Support the NPA by leveraging resources and expanding the NPA's reach and spheres of influence
- Build internal capacity by infusing the NPA goals and strategies into organizational policies and practices and sharing successes with broad constituencies

NPA/ STAKEHOLDER ACCOMPLISHMENTS

Regional Health Equity Councils (10)

- Pacific and Southwest Regional Health Equity Council (19) [13 CA; 3 AZ; 2 NV; 1 HI]

3 Subcommittees:

- Environmental Scan

Snapshot of the region through the lens of health disparities

- Community Health Workers

Collecting information on where CHWs are utilized in Region IX; identify skill sets; develop database

- Health Information Technology

Assess how underserve access health information technology

Annual face to face meeting; regular conference calls, sub-committee calls.

NPA/ STAKEHOLDER

Emerging Priorities and Integration of 5 NPA Goals

Affordable Care Act

Educating the uninsured and underinsured about the ACA benefits

CLAS Standards

Support implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health Care

Youth Engagement, Education, Empowerment

Educate about health disparities and SDH and provide practical learning experiences

Community Health Workers

Strengthen the nation's network and reinforce their critical contribution to health promotion and disease prevention

Equity in Policies that Affect Health and the Social Determinants of Health

Promote integration of health equity in policies and programs

National CLAS Standards

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

www.thinkculturalhealth.hhs.gov

**National Standards for
Culturally and Linguistically
Appropriate Services in
Health and Health Care:**

**A Blueprint for Advancing
and Sustaining CLAS Policy
and Practice**

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

NATIONAL PREVENTION STRATEGY, 2011

America's Plan for Better Health and Wellness at every stage of life.....

- Section 4001, of ACA creates through Executive Order ***National Prevention, Health Promotion, and Public Health Council, June 10, 2010***
- *Chaired by U.S. Surgeon General, **The National Prevention Council** coordinates and leads 17 executive departments and agencies on prevention, wellness and health promotion activities.*
- ***National Prevention Strategy: America's Plan for Better Health and Wellness (NPS), June 16, 2011***
- ***National Prevention Action Plan- commitment of 17 federal departments and unique department actions related to each NPS Strategic Direction***
- ***The health in all policies paradigm for the nation.***
- DHHS DOD DOI OPM DVA HUD DOA DOE DOT FTC OSG DOI DOJ DOL DHS DOJ EPA ONDCP DPC DOJ GSA OPM...

NATIONAL PREVENTION STRATEGY

Four Directions- Active Engagement of All Sectors of Society

Building Healthy and Safe Community Environments

Prevention starts in communities: adopting business practices to increase physical activity, reduce pollution, travel demand management, etc...

Expanding Quality Preventive Services in Both Clinical and Community Settings

prevention decreases health disparities, morbidity/mortality from cancer, diabetes, immunizations

Empowering People to Make Healthy Choices: policies, programs for healthy options, and access to relevant, cultural competent tools and resources

Eliminating Health Disparities: eliminating disparities improves health and improves quality of life for all.

NATIONAL PREVENTION STRATEGY

Seven Priorities

- 1. Tobacco Free Living**
- 2. Preventing Drug Abuse and Excessive Alcohol Use**
- 3. Healthy Eating**
- 4. Active Living**
- 5. Injury and Violence Free Living**
- 6. Reproductive and Sexual Health**
- 7. Mental and Emotional Health**

With evidence-based recommendations likely to reduce burden of leading causes of preventable death and illness

PUBLIC-PRIVATE PARTNERSHIP FOR SEASONAL INFLUENZA IMMUNIZATIONS- INDICATOR TRACKED IN NPS IS SEASONAL FLU IMMUNIZATION RATES

U.S. Department of Health and Human Services and Walgreens Company

- **2010–2011 flu season**
- *▪The HHS Demonstration Project to Expand Efforts to Reduce Health Disparities in Flu Vaccinations*
- *▪Targeted eight cities in a coordinated effort with public and private organizations to improve seasonal flu vaccination rates among underserved populations*
- **●2010–2013 flu seasons**
- *▪Partnerships increased from eight cities to 30 markets*
- *▪Vaccinations in underserved communities increased from **5,000 to 240,000 flu vaccines** (between Sept 2012- March 2013)*
- *Nationally, Region IX redeemed 21% of total vouchers.*

NATIONAL PREVENTION STRATEGY

Characteristics of Successful Collaboration: ASTHO

Identify shared goals- shared values, and co-benefits across sectors to build trust: tracking system identified early

Engage partners early- nurture, essential for planning; Walgreens was connected with community groups, year round communication, how?

Define a common language- remove communication barriers; same page

Activate the community- frame the conversation early: advertise early with community input; after hour events

Leverage funding- compliment programs and support, sustain efforts; paired voucher program with health screening events: where, who?

U.S. Department of Health & Human Services

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ELIMINATING HEALTH DISPARITIES IN REGION IX- RESPONSIBILITIES

- **Catalysts** for Action on OASH & HHS Initiatives
- **Connect** & Foster Collaboration to Create Systems of Prevention and Improve Health Delivery Models
- **Innovate**: HHS priority + field presence + partners + opportunities + creativity=innovation

CATALYSTS FOR ACTION ON DHHS AND OASH INITIATIVES

ACA & Preventive Services
Healthy People 2020
National Prevention Strategy
Achieving Health Equity
Reducing Health Disparities
Improving Health Literacy
Tobacco Control
Million Hearts
Obesity Prevention
HIV/AIDS Strategy
Viral Hepatitis
National Vaccine Plan

Healthcare Associate Infections
Partnership for Patients
Multiple Chronic Conditions
National Health Security
Public Health Quality
Quality Improvement: Healthcare
2010 Dietary Guidelines
2008 Physical Activity Guidelines
SG's Call to Action: Breastfeeding
SG's Vision: Fit and Healthy Nation
Oral Health Initiative 2010
Environmental Health

REGIONAL ACTIVITIES- AFFORDABLE CARE ACT

Health Insurance Marketplace Implementation

Prevention Services

From Coverage to Care:

- Roadmap to Better Care
- Discussion Guides for Community Partners

Special Enrollment for Complex Cases for 2014 Marketplace Enrollment- to see if you qualify call the Marketplace Call Center at 1-800-318-2596; TTY 1-885-889-4325

Qualifying events: marriage, birth, adoption of child, loss of other health coverage, system or situational event that made it difficult or impossible to enroll

Next Health Insurance Marketplace Open Enrollment: Nov. 15, 2014- Feb. 15, 2015

Medicaid and Children's Health Insurance Plan (CHIP)- Apply for coverage any time

www.healthcare.gov

CONNECTING-PARTNERSHIPS

State Territory Minority Health Offices

- Arizona Health Disparities Center- Zipatly Mendoza, MPH
- California Office Health Equity- Jahmal Miller, MHA
- Hawaii Office of Health Equity- Kimo Alameda, Ph.D.
- Nevada Office of Minority Health- Tamika Ulmer
- Guam Office of Minority Health- Roselie Zabala, MSW

REGIONAL ACTIVITIES-PARTNERSHIPS

Federal

White House Initiative on Asian American Pacific Islanders, Regional Roundtables

- **Purpose:** Increase awareness of Federal resources, training, planning, funding opportunities
- **Locations** (4): Oakland & Los Angeles, CA; Hono., HI, and Hagatna, Guam
- **When:** March- April 2014
- **Outcomes:** Resources on training (s) for grant writing and targeted technical assistance provided; links for related T.A. resources, and opportunities for group face to face trainings and capacity building available, request for *AAPI Roundtable* in Phoenix, AZ

Federal Regional Council- Established 1979, 22 separate federal Departments & Agencies with over 60 different program offices- collaborative efforts to improve effectiveness and efficiency of federal programs for Region IX; 3 FRC Committees: U.S.- Mexico Border, Tribal Affairs, and Outer Pacific. FRC leverages resources; develops training opportunities; outreach partnerships; **NEW: Key theme for next 6 months is Drought, Climate Change, Federal Green Challenge & Tribes; e.g. OASH/Office of Pacific Health-climate change impact on water table levels in Outer Pacific islands and related public health issues**

REGIONAL ACTIVITIES-MENTAL HEALTH

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

California Mental Health Services Act (MHSA) Multicultural Coalition,
Project of the Racial and Ethnic Mental Health Disparities Coalition
(REMHDCO); training on the CLAS Standards, Sacramento, CA, June, 19, 2014

**Uniform Mental Health Services in Veterans Health Administration for
Veterans Affairs at Medical Centers and Clinics-** Veteran Community
Stakeholder Meeting, feedback on quality mental health services
implementation, 2014

WestCare – non-profit in Guam, veterans conference with behavioral health
component , July 22, 2014

REGIONAL ACTIVITIES

Region IX Office of Minority Health & Office on Women's Health – Aug. 27-28, 2014

Region IX Prevention Summit on Asian American, Native Hawaiian and Pacific Islander Women and Their Families: Healthy Eating, Active Living and Tobacco Free (3 of 7 National Prevention Strategy priorities)

Focus on 4 National Prevention Strategy Strategic Directions through a community driven lens:

- Healthy and Safe community environments
- Clinical and community preventive services
- Empowered people, and
- Elimination of health disparities

Goal: support the systematic adoption, implementation and evaluation of successful programs,

Convene 100 stakeholders working with AA, NH and PIs,

Share competent emerging & promising policies, model programs, prevention strategies & research

Compile promising policies, models, prevention strategies for contribution to Hawaii Dept of Health's "Promising Practices Database" <http://www.hawaiihealthmatters.org>

Inform future OMH and OWH program priorities, and share Summit recommendations with stakeholders

REGIONAL INNOVATIONS

OMH Promotores de Salud Initiative to address health disparities, 2011, 2012

“Promoters of Health”- empowering community members as the key resource for improving the health and well-being of the community- CHWs, peer leaders, patient navigators, ambassadors, health advocates, community health outreach workers

Campesinos Sin Fronteras- Yuma, AZ: migrant and seasonal farmworkers learning to prevent chronic disease, domestic violence, decrease tobacco, recognize depression;

Vision y Compromiso, CA, statewide network develops *promotora influenza training curriculum* for outreach, education, on seasonal flu vaccination and increase immunization rates and improve outcomes for limited English proficient populations; 10 network regions, over 3000 promotoras

2012- 10 Promotores/CHW projects funded in throughout the region including Republic of the Marshall Islands

REGIONAL ACTIVITIES-INNOVATIONS

Workforce Development

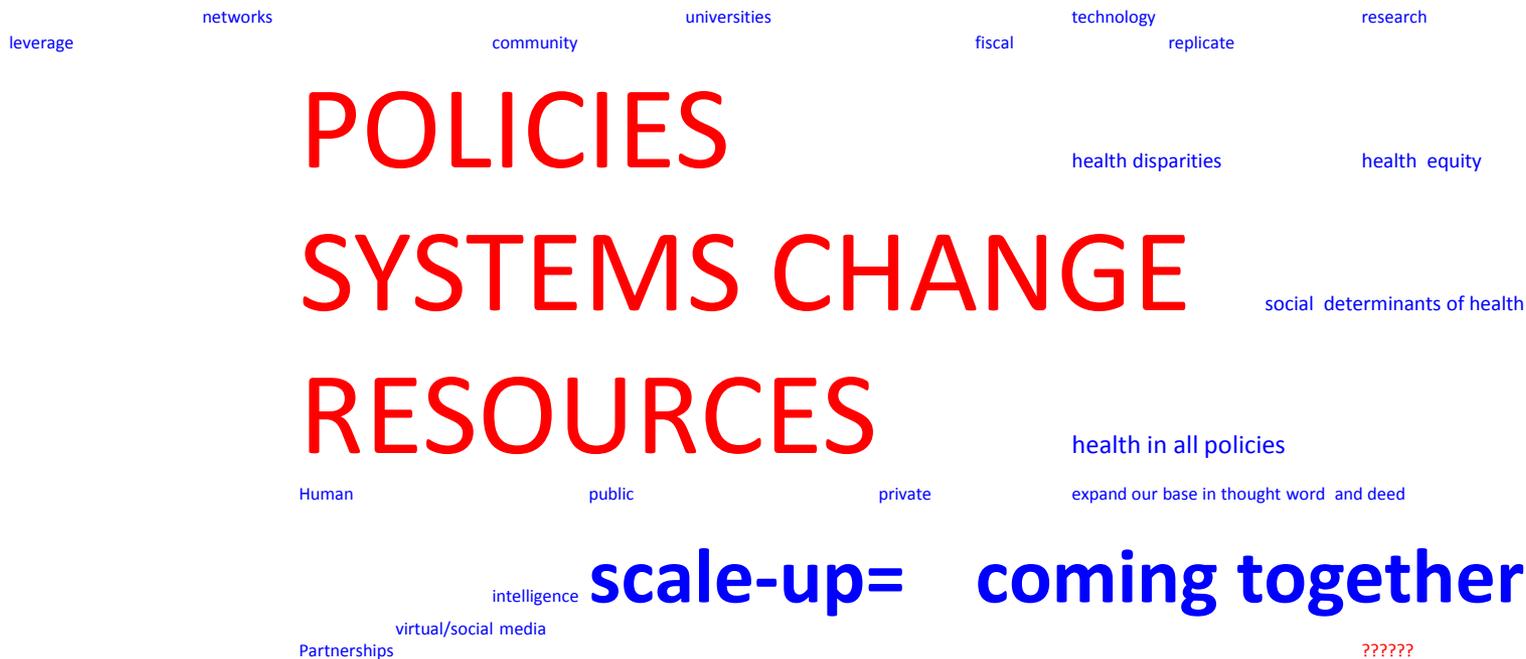
Women's Health Leadership Institute

Border Women's Health Leadership Institute **2004-2009**, RIX (CA) RVI (NM, TX)-
Binational promotora leadership skills development; training curriculum development
(U AZ; Mariposa CHC, Nogales, AZ OBH, Tohono O'odham Nation, Colegio de Sonora,
others); **2012 WHLI**, expanded nationally; 20 Master Trainers (2 from each
region) and 385 CHWs from across the U.S. Trained in public health systems
approach to risk factors associated with chronic diseases & other health
disparities.

Office of Minority Health Resource Center 5 Year Initiative

Minority Serving (academic) Institution Technical Assistance Center 2014

OPPORTUNITIES- IMPLEMENTING OUR VISION



NPA / STAKEHOLDER

Emerging Priorities

Affordable Care Act

Educating the uninsured and underinsured about the ACA benefits

CLAS Standards

Support implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health Care

Youth Engagement, Education, Empowerment

Educate about health disparities and SDH and provide practical learning experiences

Community Health Workers

Strengthen the nation's network and reinforce their critical contribution to health promotion and disease prevention

Equity in Policies that Affect Health and the Social Determinants of Health

Promote integration of health equity in policies and programs

OPPORTUNITIES

Health in All Policies

- **HHS National Prevention Strategy: Strategic Directions**
 - Healthy and Safe Community Environments
 - Clinical and Community Preventive Services
 - Empowered People
 - Elimination of Health Disparities
- **OMH National Stakeholder Strategy for Achieving Health Equity**
 - **RHEC**- share relevant information
 - **Federal Interagency Health Equity Council (FIHET)**
Monthly Webinar Series: Promoting Health Equity through Programs and Policies
Open to all, must register first:
<http://minorityhealth.hhs.gov>

OPPORTUNITIES:

partnerships

Affordable Care Act

Health Equity

community defined practices

Technical assistance

data—new/existing

awareness

social determinants of health

culturally and linguistically appropriate health services

mental health

public engagement

uninsured

workforce development

“Opportunities multiply as they are seized”

- Sun Tzu, 500 BC

FUNDING-FEDERAL

Office of Minority Health- States Eligible- June 9, 2014 Proposal deadlines

FY 14 National Health Education Program on Lupus for Healthcare Providers- disseminating lupus information, **one award- \$2,000,000.00; one year**

<https://www.grantsolutions.gov/gs/preaward/reviewPublicAnnouncement>

HIV/AIDS Initiative for Minority Men (AIMM)- employs evidence-based disease management and preventive health programs and support services that targets young racial and ethnic MSM and young minority living with HIV/AIDS.... **4-6 awards; \$250,000- \$375,000, up to 3 years**

<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement>

FUNDING-NON-FEDERAL

RWJF: Public Health Services and Systems Research- July 23, 2014 deadline

Purpose:

Expand evidence for administrative and policy mechanisms that improve quality, efficiency and value of public health delivery- funding **up to 9 studies/ up to \$350,000/ up to 24 months.**

Studies will focus on multidisciplinary research that examines the organization, financing, delivery and quality of public health services and subsequent impact on population outcomes.

- http://www.rwif.org/en/grants/calls-for-proposals/2013/public-health-services-and-systems-research.html?cid=xsh_rwif_em

Office of Minority Health
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