National Stakeholder Strategy for Achieving Health Equity

We are united by missions that protect and improve the lives of individuals, families, and communities.

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

NATIONAL PARTNERSHIP FOR ACTION
NPA
to End Health Disparities

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 *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 response to the *National Stakeholder Strategy*, HHS will jointly issue 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 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.

HEALTH DISPARITIES

The causes of health disparities — and the barriers to good health and health care — are multiple and overlapping. Many of the underlying risk factors that contribute to health disparities are the result of a host of interrelated elements that affect individuals across their lifespan, from birth to death. These factors, commonly called "determinants of health," influence the health and well-being of individuals and communities for good or ill; together they interact to impact health. The determinants of health can be grouped under four broadly accepted categories:

- **Social determinants of health** — examples include gender, socioeconomic status, employment status, educational attainment, food security status, availability of housing and transportation, and health system access and quality
- **Behavioral determinants of health** — examples include patterns of overweight and obesity; exercise norms; and use of illicit drugs, tobacco, or alcohol
- **Environmental determinants of health** — examples include lead exposure, asthma triggers, workplace safety factors, unsafe or polluted living conditions

- **Biological and genetic determinants of health** — examples include family history of heart disease and inherited conditions such as hemophilia and cystic fibrosis

The significance of the determinants of health has increasingly become a matter of discussion and research, along with the recognition that preventing disease and promoting health — rather than just treating disease once it appears — has tremendous potential for reducing health disparities and improving our nation's health. Efforts to eliminate health disparities must address determinants of health throughout an individual's lifetime. Health status should be of concern to policymakers in all sectors, not just health-related sectors — to develop policies and programs that tackle the fundamental causes of health inequity.

A HEALTH EQUITY STAKEHOLDER STRATEGY

The *National Stakeholder Strategy* development process was initiated and sponsored by the Office of Minority Health 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 — in short, the experts in efforts to reduce health disparities throughout the country. Using an approach that vested 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 fundamental goals of the NPA and the *National Stakeholder Strategy* are 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.

STRATEGIES FOR ACTION

The heart of the *National Stakeholder Strategy* resides in the 20 strategies for action to end health disparities that reflect the voices and wisdom of a variety of communities, organizations, sectors, geographical locations, and missions (see table on the following page). Each of these strategies is linked to one of the five NPA goals. The strategies can be used by any organization in any sector — public, private, and nonprofit — to design and prioritize policy and program changes at the local, state, tribal, regional, and national levels.

The goals and strategies in this plan offer a common reference, language, and starting point for those who wish to join in partnership with like-minded individuals and organizations to achieve health equity in the United States. A shared plan of action is especially important for the development of strong, strategic, collaborative partnerships. With the *National Stakeholder Strategy* in hand, they can begin discussions and planning for action with the same set of goals and potential strategies.

The overarching vision of the *National Stakeholder Strategy* is to promote systematic and systemic change that improves the overall health of the nation and its most vulnerable populations. It is the vision of the many stakeholders across the United States who built the plan and who stand ready to join in partnership to make their vision a reality.

Together We Can. Together We Will.

SUMMARY OF NPA GOALS AND STRATEGIES		
GOAL #	**GOAL DESCRIPTION**	**STRATEGIES**
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	1. **Healthcare Agenda** Ensure that ending health disparities is a priority on local, state, tribal, regional, and federal healthcare agendas
		2. **Partnerships** Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan
		3. **Media** Leverage local, regional, and national media outlets using traditional and new media approaches as well as information technology to reach a multi-tier audience — including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically isolated individuals — to encourage action and accountability
		4. **Communication** Create messages and use communication mechanisms tailored for specific audiences across their lifespan, and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health
2	**LEADERSHIP** — Strengthen and broaden leadership for addressing health disparities at all levels	5. **Capacity Building** Build capacity at all levels of decision making to promote community solutions for ending health disparities
		6. **Funding Priorities** Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services
		7. **Youth** Invest in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives
3	**HEALTH SYSTEM AND LIFE EXPERIENCE** — Improve health and healthcare outcomes for racial, ethnic, and underserved populations	8. **Access to Care** Ensure access to quality health care for all
		9. **Children** Ensure the provision of needed services (e.g., mental, oral, vision, hearing, and physical health; nutrition; and those related to the social and physical environments) for at-risk children, including children in out-of-home care
		10. **Older Adults** Enable the provision of needed services and programs to foster healthy aging
		11. **Health Communication** Enhance and improve health service experience through improved health literacy, communications, and interactions
		12. **Education** Substantially increase, with a goal of 100%, high school graduation rates by working with schools, early childhood programs, community organizations, public health agencies, health plan providers, and businesses to promote the connection between educational attainment and long-term health benefits
		13. **Social and Economic Conditions** Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes
4	**CULTURAL AND LINGUISTIC COMPETENCY** — Improve cultural and linguistic competency and the diversity of the health-related workforce	14. **Workforce** Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities
		15. **Diversity** Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems
		16. **Ethics and Standards, and Financing for Interpreting and Translation Services** Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation; encourage financing and reimbursement for health interpreting services
5	**DATA, RESEARCH, AND EVALUATION** — Improve data availability, and coordination, utilization, and diffusion of research and evaluation outcomes	17. **Data** Ensure the availability of health data on all racial, ethnic, and underserved populations
		18. **Community-Based Research and Action, and Community-Originated Intervention Strategies** Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparitie
		19. **Coordination of Research** Support and improve coordination of research that enhances understanding about, and proposes methodology for, ending health and healthcare disparities
		20. **Knowledge Transfer** Expand and enhance transfer of knowledge generated by research and evaluation for decision making about policies, programs, and grant making related to health disparities and health equity