



**Testimony**  
**Before the Subcommittee on Health**  
**Committee on Energy and Commerce**  
**United States House of Representatives**

**The Role of OMH in Eliminating  
Health Disparities**

*Statement of*

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## **Introduction**

Good morning, Chairman Pallone and other distinguished Members of the Subcommittee. My name is Garth Graham, and I am the Deputy Assistant Secretary for Minority Health, in the Office of Public Health and Science (OPHS), within the Department of Health and Human Services (HHS). I want to take this opportunity to thank you for inviting me to testify today. It is always a pleasure to talk about issues that are very near and dear to all of us, issues that serve and affect the lives and well being of so many people in our country. The mission at hand is a large one, and I assure you that the Office of Minority Health will continue to share what we have in terms of our network, expertise and resources with state and community partners and other agencies in HHS to help make change possible.

## **The Office of Minority Health (OMH)**

The Office of Minority Health is part of the Office of Public Health and Science (OPHS), in the HHS Office of the Secretary. Its creation in 1986 by then-HHS Secretary Margaret Heckler was one of the most significant outcomes of the 1985 Secretary's Task Force Report on Black and Minority Health. OMH was subsequently established by statute, by the Disadvantaged Minority Health Improvement Act of 1990 (PL 101-527) and reauthorized by the Health Professions Education Partnerships Act of 1998 (PL 105-392).

Our goal is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. Our work is more important than ever. After all, the diversity of the U.S. population is growing so fast that we expect that racial and ethnic minorities will comprise 40 percent of the U.S. population by the year 2030 and 50 percent by the year 2050<sup>1</sup>.

Today, I'd like to update you on what has been front and center on our agenda.

### **Grant Programs**

OMH supports a number of Competitive Grant programs. Based on FY 2007 year end activities, OMH grantees conducted the following activities:

- Provided interpretation and translation services to 11,462 clients while at appointments with health care providers, case managers, social service providers; also provided translation of written materials that clients need to understand and complete.
- Implemented health education, prevention and outreach to almost 1.2 million individuals
- Developed and disseminated 353,469 health education materials to minority and underserved populations (concerning health risks, prevention, treatment via outreach, presentations, and providers offices)

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<sup>1</sup> See Census Bureau projections, <http://www.census.gov/ipc/www/usinterimproj/natprojtab01a.pdf>

- Conducted diagnostic screening and referral services to more than 25,000 individuals
- Provided support, role-modeling, and mentoring services to 1,052 students
- Targeted and implemented Technical Assistance and Organizational Capacity Building services to 108,428 organizations.

We have also established cooperative agreements to support the vitally important work of medical schools at Historically Black Colleges and Universities. These include cooperative agreements with the Morehouse School of Medicine and the Meharry School of Medicine.

### **Data Collection**

OMH continues to work on challenges around data collection in racial/ethnic minority communities. Such efforts reflect OMH's crosscutting priority on collection and use of racial/ethnic health data.

- *HHS Data Council & Working Group on Racial/Ethnic Data.*--The HHS Data Council coordinates all health and human services data collection and analysis activities of the Department. OMH leads one of the four working groups of the Data Council, the Working Group on Racial and Ethnic Data. The Working Group recently coordinated the development and launch of a new minority health data portal. The purpose of the HHS Minority Health Data Portal is to create a comprehensive web-based minority health research

and data resource in order to identify data gaps and opportunities for linkages. The portal can be accessed at <http://www.hhs-stat.net/omh/>.

- *Evaluation of Statistical Methods for Race/Ethnicity Data Collection & Analysis.*—The purpose of this project is to identify unique, cost effective and constructive alternative methods of filling data gaps in national surveys for small racial and ethnic minority and other hard-to-reach populations.

### **The National Partnership for Action**

The National Partnership for Action to End Health Disparities (NPA) is our next step forward. The mission of the National Partnership for Action is to build a renewed sense of teamwork across communities; share success stories and methods; demonstrate how model programs can be replicated or tailored for greater impact; and create methods, tactics, and ideas that support more effective and efficient action.

One of the first products of this work is *The Strategic Framework for Improving Racial and Ethnic Minority Health and Eliminating Racial and Ethnic Health Disparities*. The Framework, which we released earlier this year, is a leadership tool intended to help guide, organize and coordinate the systematic planning, implementation and evaluation of efforts within OMH, HHS, and across the nation to achieve better results relative to minority health improvements and health disparities reductions.

The Framework reflects current knowledge and understanding of the nature and extent of health disparities, their causes or contributing factors, effective solutions and desired outcomes and impacts. It will be the basis for OMH's future strategic plans and a context for much of our work. You can read the Framework on our website [www.omhrc.gov](http://www.omhrc.gov).

### **Federal Collaboration on Health Disparities Research (FCHDR)**

The Federal Collaboration on Health Disparities Research (FCHDR) is a collaboration of Federal partners working to find new or improved solutions to eliminate health disparities through research that can influence practice and policy. The purpose of the FCHDR is to engage a wide range of Federal institutions to identify, support, and coordinate research priorities for cross-agency research collaboration to hasten the elimination of health disparities. The co-leads are the HHS Health Disparities Council and the Department of Education's Interagency Committee on Disabilities Research.

### **Cultural and Linguistic Competency in Health Care**

OMH's Center for Linguistic and Cultural Competence in Health Care (CLCCHC) continues to fulfill its congressional mandate of improving the health of racial and ethnic minority populations through the development of programs that will mitigate health disparities. Under the CLCCHC, OMH has launched several flagship programs that have had widespread success in supporting the mandate and served to promulgate the dissemination and implementation of the Culturally

and Linguistically Appropriate Services (CLAS) standards throughout the healthcare system. The Physician Cultural Competency Curriculum Modules and Culturally Competent Nursing Modules are two of the Center's most important training programs. We also created the Health Care Language Services Implementation Guide and are working on a Cultural Competency Curriculum for Disaster Preparedness and Crisis Response.

### **Partnerships to Address American Indian and Alaska Native (AI/AN) Health Issues**

OMH has also been deliberate in addressing the needs of the American Indian/Alaskan Native community. The American Indian/Alaska Native Health Disparities Grant Program was established to improve the effectiveness of efforts to eliminate health disparities for AI/AN communities. The focus is to increase access and utilization of data and data-related activities, develop partnerships to improve coordination/alignment of health and human services, and improve access to training in public health and prevention.

In response to tribal leaders' health disparities concerns and input in Department-sponsored research, the HHS Secretary's American Indian and Alaska Native Health Research Advisory Council (HRAC) was formed in the Spring of 2006. HRAC addresses health disparities and ensures appropriate tribal participation in health research processes, priorities and needs. We also launched the Indian Country Methamphetamine Initiative, which represents a collaboration between OMH, the Substance Abuse and Mental Health Services Administration

(SAMHSA), Indian Health Service, National Institutes of Health, and other Federal partners to reduce meth abuse in Indian Country. Another initiative, the Secretary's Tribal Prevention Initiative - Healthy Indian Country Initiative, brings together National Indian Organizations and Indian Tribes/Organizations to focus on the prevention of disease in American Indian/Alaskan Native communities.

### **Emergency Preparedness in Minority Communities**

We have a number of projects related to emergency preparedness in minority communities. The project I'll talk about today is one launched by Drexel University. We supported Drexel in developing a national consensus statement that provides broad guidance, identifying priorities for integrating culturally diverse communities into public health preparedness planning and implementation. It lays out eight guiding principles that provide a general roadmap of actions for incorporating diverse communities in preparedness. Already, 26 national public and private organizations have signed on. Just as exciting, we worked with Drexel to create the nation's first online clearinghouse and information exchange site designed to help eliminate disparities for culturally diverse communities across all stages of an emergency. Find out more about this at [www.diversitypreparedness.org](http://www.diversitypreparedness.org).

### **New Orleans Violence Project**

The Post-Katrina Violence Prevention among New Orleans' Children and Youth Initiative is a public/private/community partnership established under the



leadership of the city of New Orleans Health Department to improve family health and reduce violence. The goal of this project is to strengthen New Orleans' violence prevention capacity through an intervention targeting the city's at-risk youth. The New Orleans Department of Public Health will leverage its existing and new relationships with partners, including law enforcement, schools, the faith community, and various community and governmental organizations to effectively address the root causes of crime as the city redevelops.

### **Health Information Technology**

On June 12th, here in Washington, we were proud to announce the first meeting of the National Health IT Collaborative for the Underserved. This is a brand new effort which aims to ensure that underserved populations are included as health information technologies (Health IT) are developed and deployed. We worked with three other organizations to organize the Collaborative: the Health Information and Management Systems Society; the Summit Health Institute for Research and Education, Inc., and Apptis, Inc., of Chantilly, VA. They will be joined by additional Federal agencies, particularly the HHS Office of the National Coordinator for Health IT, and private sector and community-based stakeholders to mount a year-long Health IT initiative. At the end of this ambitious effort, we hope to have a:

- Compilation of models, strategies, practices and/or activities with proven effectiveness in informing and engaging the underserved in the use of Health IT for health self-management and empowerment;

- Description of academic, in-service and other models, strategies, practices and/or activities resulting in the availability of health professionals and technical personnel in underserved communities who are Health IT-literate and competent;
- Compendium of public and private funding options and written guidance for underserved communities seeking financial support for Health IT operations and sustainability; and.
- Recommendations for a structural framework to maintain an emphasis on Health IT adoption in underserved communities, with such functions as providing for information exchange; conducting pilot programs; providing technical assistance and publication of community guidance documents.

### **Working with Business**

Recently, OMH renewed its long relationship with the National Business Group on Health (NBGH) to help large employers highlight the issue of health disparities.

Business Group members provide health coverage for more than 50 million U.S. workers, retirees and their families. Its members, corporate purchasers of health insurance and medical directors, see health disparities as a quality issue, and they're tired of paying for care that doesn't improve the health of their entire work force.

On February 11th, at the National Press Club, NBGH and OMH announced a new two-year effort to strengthen ongoing partnerships and build new business-community coalitions to reduce racial and ethnic health disparities and improve the quality of health care for minority populations. Helen Darling, president of NBGH, called on employers to seek new strategies for getting maximum value for their health insurance dollars by focusing on providers and strategies that will help reduce health disparities affecting minorities. This effort will identify best practices for the business community in addressing racial and ethnic disparities among their workforces.

### **A Healthy Baby Begins with You**

Infant mortality rates among African American babies are twice as high as those of the general population. Even when the rates decrease, the gap continues. OMH launched a new campaign in 2007, “A Healthy Baby Begins with You.” It is a national campaign to raise awareness about infant mortality with an emphasis on the African American community. The campaign features Tonya Lewis Lee, author, attorney, television producer and wife of film maker Spike Lee, as its spokesperson.

We’ve been working with Healthy Start programs, and we’d like to bring more attention to the issue, and to the local community organizations that are the essential service providers for people of color.

## **The OMH Resource Center (OMHRC)**

One of the first projects established by OMH, the Resource Center was founded in 1987 as a national resource and referral service on minority health and has been mandated by OMH's authorizing legislation since 1990. OMHRC focuses on African American, American Indian and Alaska Native, Asian American, Hispanic/Latino, Native Hawaiian and other Pacific Islander communities.

OMHRC has evolved from a call center and fulfillment house into an organization that, (1) responds to customer queries via telephone, e-mail and person-to-person appointments, (2) develops electronic and print products to educate the public on minority health issues, and (3) provides technical assistance to community-based and faith-based organizations working on HIV/AIDS-related issues. The special focus on HIV was initiated in 1999-2000 at Congressional direction for additional HHS and OPHS efforts to combat the epidemic.

The Resource Center's web page, [www.omhrc.gov](http://www.omhrc.gov), links to the full portfolio of cultural competency work funded by OMH, (see also [www.thinkculturalhealth.org/](http://www.thinkculturalhealth.org/)), including the CLAS standards, online educational packages, and language services implementation guides, as well as to selected materials produced by other HHS agencies.

The technical assistance and capacity development team works with small and new HIV/AIDS community-based and faith-based organizations throughout the

US to help them achieve technical skill and stability that will allow them to make an impact in their community and become eligible to participate in the projects and programs sponsored by the Health Resources and Services Administration, the Centers for Disease Control and Prevention, SAMHSA and the other large HIV/AIDS programs in the Department.

The Resource Center has used Minority HIV/AIDS Initiative funds to create a Pacific Resource and Training Center on Guam, run by a local community organization, that now actively conducts educational outreach, has built new and close ties with the Guam Department of Health and serves as a resource for all of the US-associated Pacific jurisdictions. For example, it has provided mini-grants, technical assistance and training to community-based organizations and health departments in the six US-associated jurisdictions. In addition, it is developing a mentoring project involving experienced and younger community leaders of HIV/AIDS service organizations to help cultivate the next generation of leadership. To find out more about these and other OMH and OMHRC programs, call 1-800-444-6472 or visit [www.omhrc.gov](http://www.omhrc.gov).

## **Conclusion**

In closing, there is more I could discuss. I could talk about our support for a task force seeking to promote broader immunization coverage for Hepatitis B vaccine among Asian American, Native Hawaiian and other Pacific Islander populations.

We have an effective, preventive vaccine, but coverage rates are far from universal.

I could talk about our work with Baylor School of Medicine and the Intercultural Cancer Council to publish guidelines and best practices for researchers in organizing culturally competent clinical trials. The key to all of these activities is that complex problems require leadership, direction, and coordination – this is one of OMH's unique roles, contributions, and strengths. OMH's approach has been to harness the strengths of all of those who have a stake in positive health outcomes for racial and ethnic minorities and in closing racial and ethnic health gaps.

Every day brings new opportunities and new beginnings. We have set a course that focuses on ensuring that our work is transparent, contributions are targeted, and we achieve a return on our investment. But working together, we can make an even bigger difference in the lives of people.

Thank you for the opportunity to testify. I will be happy to answer any questions.