

# Office of Minority Health and Health Disparities (OMHD)

## An Overview

Centers for Disease Control & Prevention (CDC)



# What is a “Health Disparity”?

## Conceptual Issues

- Inequality
- Difference in condition, rank
- Lack of equality as of opportunity, treatment, or status
- Inequity
  - Unfair and unjust
  - Unnecessary and avoidable

# “Health Disparity” in Public Health – Operational Definition

- Quantitative measures: rates, percents, means...
- The Quantity that separates a group from a reference point on a particular measure of health
- Calls attention to differences in health between groups regardless of cause
- Can be measured in absolute or relative terms



# Health Disparities

## *Communities of Color are Disproportionately Affected*



# Racial and Ethnic Minority Populations

- American Indian/Alaska Native (AI/AN)
- Asian American
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander (NHOPI)

# Other Populations By . . .

- Socio-economic status
- Geography (urban or rural)
- Gender
- Age
- Disability status
- Risk status related to sex and gender

# **CDC Vision**

CDC's Vision for the 21<sup>st</sup> Century is  
“Healthy People in a Health World –  
Through Prevention.”

# **CDC Mission**

To Promote Health and Quality of Life by  
Preventing and Controlling Disease, Injury,  
and Disability.



# OMHD Mission

The Office of Minority Health and Health Disparities (OMHD) aims to accelerate CDC's health impact in the U.S population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, and risk status related to sex and gender, among other populations identified to be at-risk for health disparities.





# OMHD Guiding Principle

The future health of the nation will be determined to a large extent by how effectively we work with communities to eliminate health disparities among those populations experiencing gaps in disease, disability, and death.



# What are OMHD Critical Goals?

- (1) Equity in health impact
- (2) Diversity in customer focus
- (3) Access to and participation in public health systems
- (4) Participation in the conduct and use of public health research to solve community wide health problems
- (5) The benefits of global health protection, especially among immigrants and border populations
- (6) A verifiable commitment to operational efficiency, program effectiveness, and accountability for public resources.



# What are the OMHD Core Functions?

1. Maintaining core functions of the Office of Minority Health (OMH) without loss of priority, resources, or visibility
2. Developing CDC-wide **health disparities elimination strategies**, policies, goals, and programs



# What are the OMHD Core Functions?

3. Managing health disparities elimination goals through scanning, analysis, knowledge management, decision-support systems, and reporting Key Performance Indicators \*, Government Performance and Results Act\*\*, Program Assessment Rating Tool\*\*\*

\*(GPRA) \*\*( PART) \*\*\* (KPI)



# What are the OMHD Core Functions?

4. Supporting internal and external **partnerships** to advance the science, practice, and workforce for eliminating health disparities inside and outside CDC
5. Synthesizing, disseminating, and encouraging use of **scientific evidence** about effective interventions to achieve health disparities elimination outcomes



# CDC's Office of Minority Health (OMH), 1988

- Established by CDC Director-- 1988
- A response to Secretary Heckler's report on excess deaths in certain groups and internal advocacy
- Coordination vs. program management
- Small staff, small budget, no large programs



# CDC's OMH, 1988-1998 Major Goals

- Assuring that policies direct activities toward minority health
- Enhancing research to reduce the disproportionate disease burden in minority groups
- Developing effective internal and external communication networks



# Strategic Redirection of OMH, 1998

- Executive retreat, agency-wide deliberations on draft paper on new vision/policy/strategy/action (1998)
- Senior Staff reviews, briefings & deliberations (1999-2001)
- Policy/Action items approved (Oct 2001)





# Action Items for Improving Minority Health: 2000 - 2005

- **Cross- Cutting Actions:** Activities each CIO should undertake
- **Infrastructure:** Mobilizing people, information systems, and resources
- **Program Development and Implementation:** Improving programs
- **Monitoring and Accountability:** Tracking and assuring quality



# OMH Functions/Priorities 2001-2004

- Strategic planning (minority health priorities)
- Policy initiatives (analysis, development)
- Leadership/coordination of minority health initiatives and Executive Branch activities
- Support for minority-serving institutions of higher learning
- Cooperative agreements to conduct research, prevention activities, student/faculty development
- Student traineeships
- Epidemiologic studies
- External partnerships (technical assistance/symposia)
- Direct support to CDC/ATSDR programs (SME)



# The Futures Initiative

*Transforming CDC for a Transforming World*

• **Input** 

• **Ideas** 

• **Implementation** 

**Impact** 

- Outside-in
- Interactive
- Driven by data
- Focused on customers
- Strategic direction first, then structure & processes



# Enhancing Impact on Health Disparities: New Proposals

- Office of Minority Health & Health Disparities
- Goal management & resource allocation to address disparities
- Accountability
  - performance measurement
  - external input



Civil Stakeholders Meeting

# Office of Minority Health and Health Disparities (OMHD)

## Organizational Units

### Director/ADMH

CAPT Walter W. Williams, MD, MPH

### Strategic Management Team

CAPT Walter W. Williams, MD, MPH

Tamara J. Kicera, Deputy Director

Benedict I. Truman, MD, MPH, Associate Director for Science

Stephanie Miles-Richardson, DVM, PhD, Assoc. Director Minority Health & Health Disparities Policy

### Science & Goals Management

CAPT Ralph T. Bryan, MD, Senior Tribal Liaison

Karen Bouye, MPH, MS, PhD, Senior Advisor for Research

Roland A. Richard, Jr., MPH, LT USPHS, Epidemiologist

Ramal Moonesinghe, PhD, Senior Mathematical Statistician

Vacant, Communications Specialist

Sarah Berry, Web Developer / Manager

### Partnerships & Preparedness

Sam Gerber, MS, RD, Public Health Analyst AAPI

Yvonne Lewis, Public Health Analyst AA

Vacant, Public Health Analyst, HISP

CAPT Pelagie "Mike" Snesrud, Senior Tribal Liaison, AI/AN

#### Public Health Preparedness

CAPT Sonja Hutchins, MD, MPH, DrPH, Team Leader

Benita Harris, MPH, Senior Public Health Advisor

Vacant, Health Communications Specialist

Vacant, Health Communications Specialist

### Resources & OMHD Operations

Vacant, Lead Management & Program Analyst (FTE)

Vacant, Administrative Support Specialist

Vacant, Program Specialist

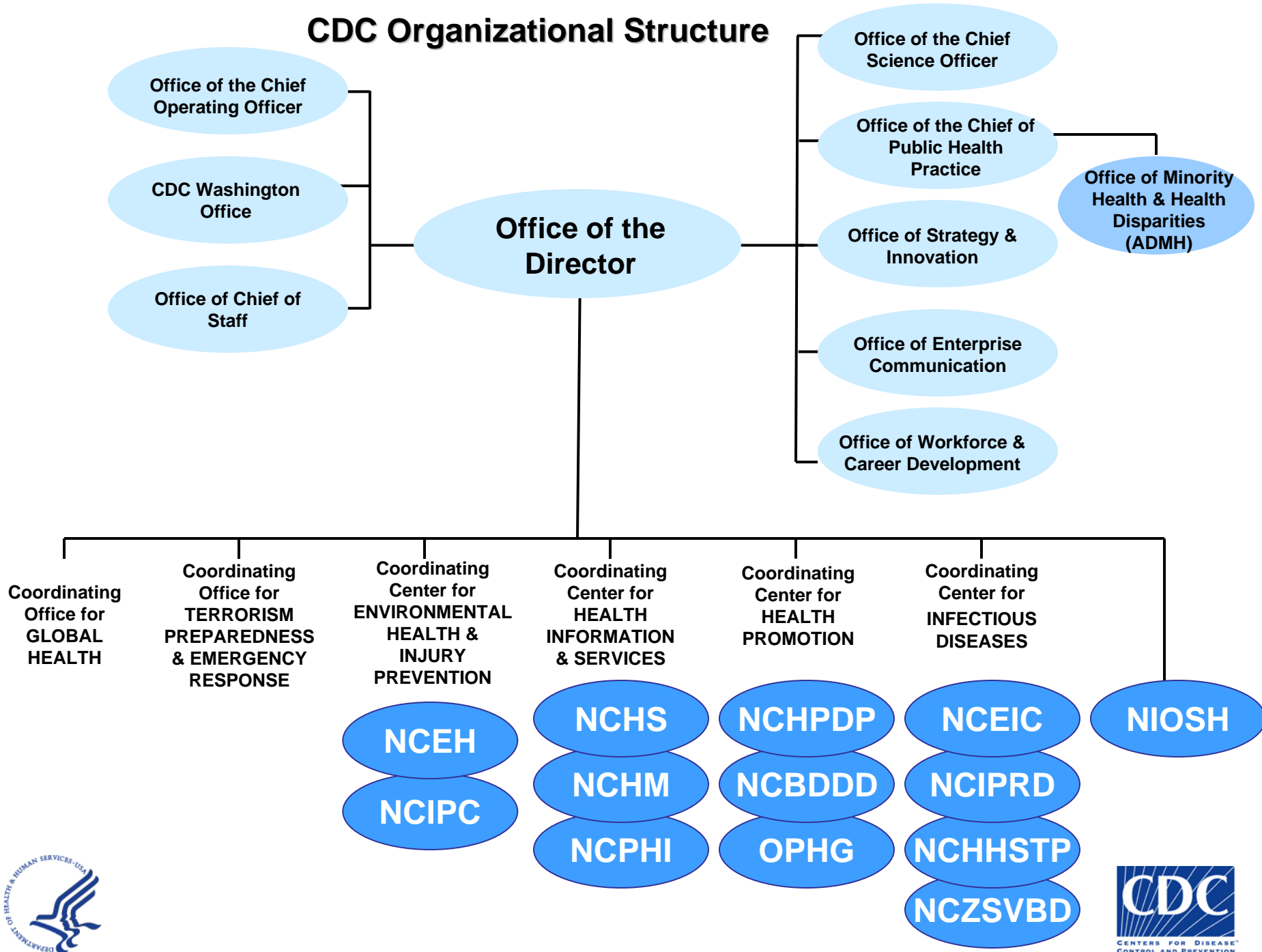
Theresa Potts, Assistant to the Director

Corlis Voltz, Administrative Assistant

Carol Irvin Grant, Secretary

Vacant, Computer Clerk

# CDC Organizational Structure



**Demographics**

**Culture**

**Healthcare cost increases**

**Unequal Access**

**Language**

**Race and ethnicity**

**Health care quality**



# Population Data and Representative Mortality and Case Rates





# Leading Causes of Death African Americans, U.S., 2005

- Heart Disease
- Cancer
- Stroke
- Unintentional Injuries
- Diabetes
- Homicide
- Chronic Lower Respiratory Diseases
- Nephritis, Nephrotic Syndrome, & Nephrosis
- HIV Disease
- Septicemia

Source: CDC, NCHS, Health, United States, 2007, Table 31.



# Leading Causes of Death Hispanic/Latinos, U.S., 2005

- Heart Disease
- Cancer
- Unintentional Injuries
- Stroke
- Diabetes
- Chronic Liver Disease & Cirrhosis
- Homicide
- Chronic Lower Respiratory Disease
- Influenza & Pneumonia
- Certain Conditions Originating in the Perinatal Period

Source: CDC, NCHS, Health, United States, 2007, Table 31.



# Leading Causes of Death American Indian/Alaska Natives, U.S., 2005

- Heart Disease
- Cancer
- Unintentional Injuries
- Diabetes
- Stroke
- Chronic Liver Disease & Cirrhosis
- Chronic Lower Respiratory Diseases
- Suicide
- Influenza & Pneumonia
- Nephritis, Nephrotic Syndrome, & Nephrosis

Source: CDC, NCHS, Health, United States, 2007, Table 31.



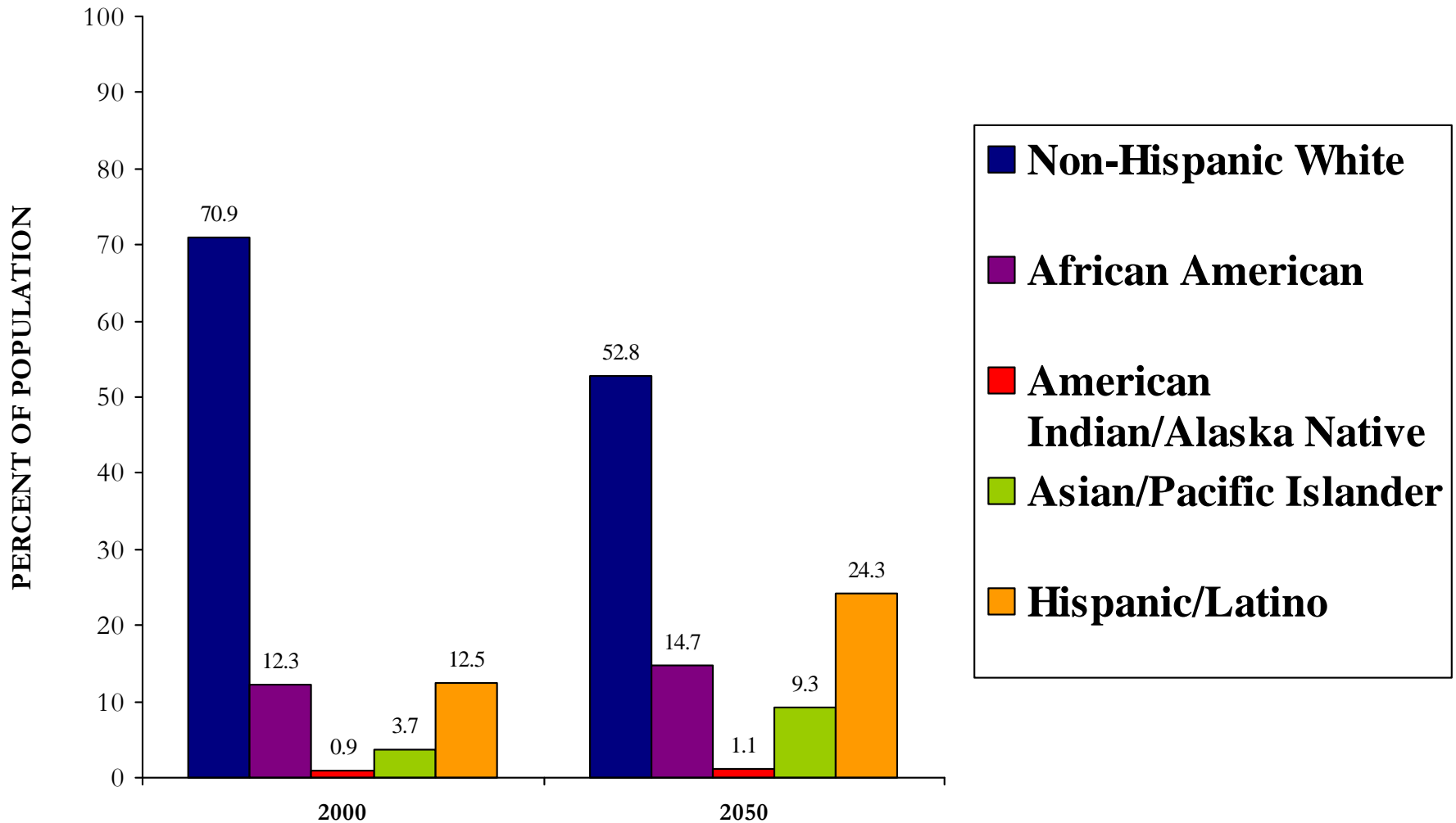
# Leading Causes of Death Asian or Pacific Islanders, U.S., 2005

- Cancer
- Heart Disease
- Stroke
- Unintentional Injuries
- Diabetes
- Influenza & Pneumonia
- Chronic Lower Respiratory Diseases
- Nephritis, Nephrotic Syndrome, & Nephrosis
- Suicide
- Alzheimer's Disease

Source: CDC, NCHS, Health, United States, 2007, Table 31.



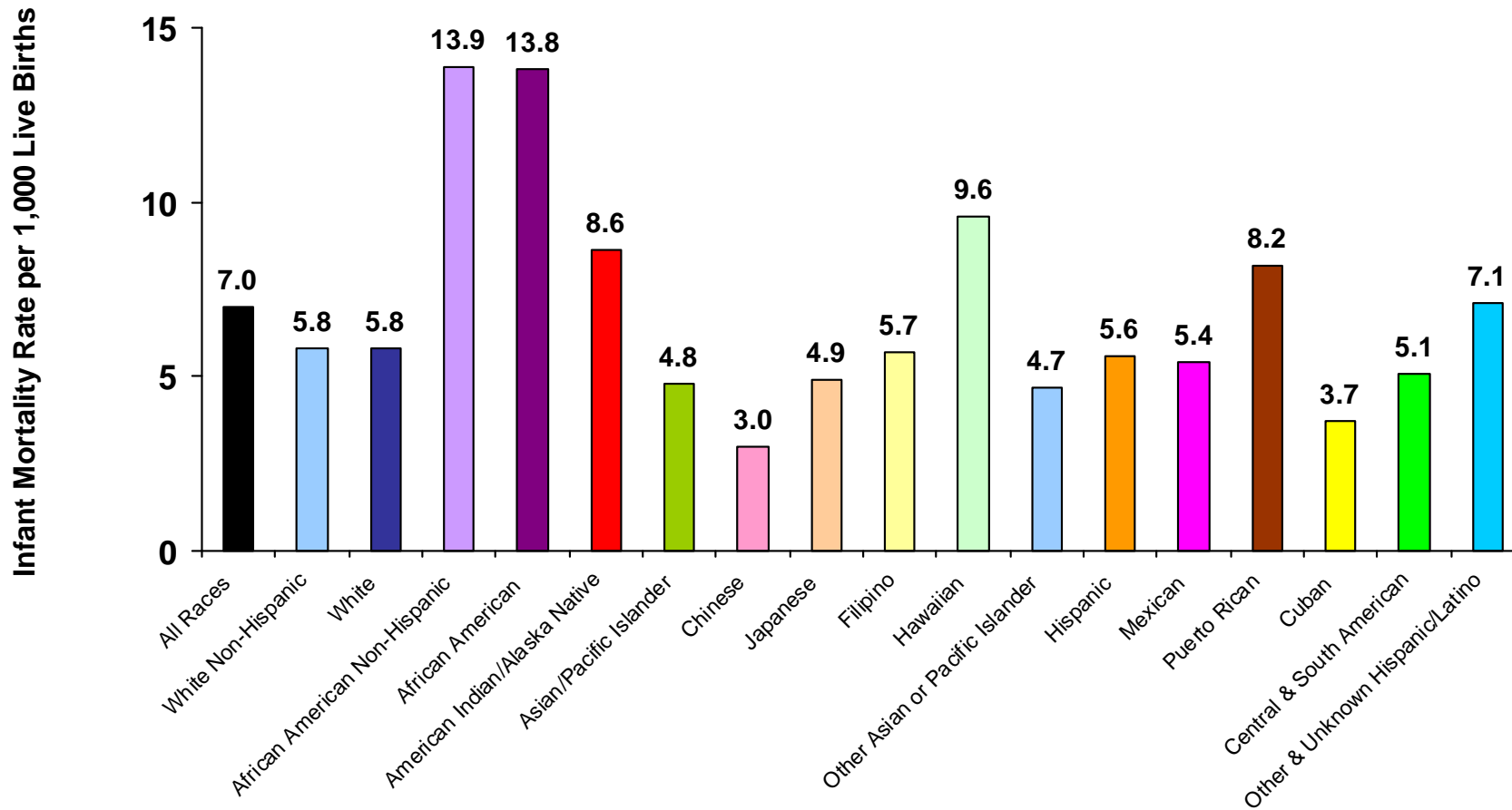
# Population by Race & Hispanic Origin: United States, 2000 & Projected 2050



Source: U.S. Census Bureau, May 2001



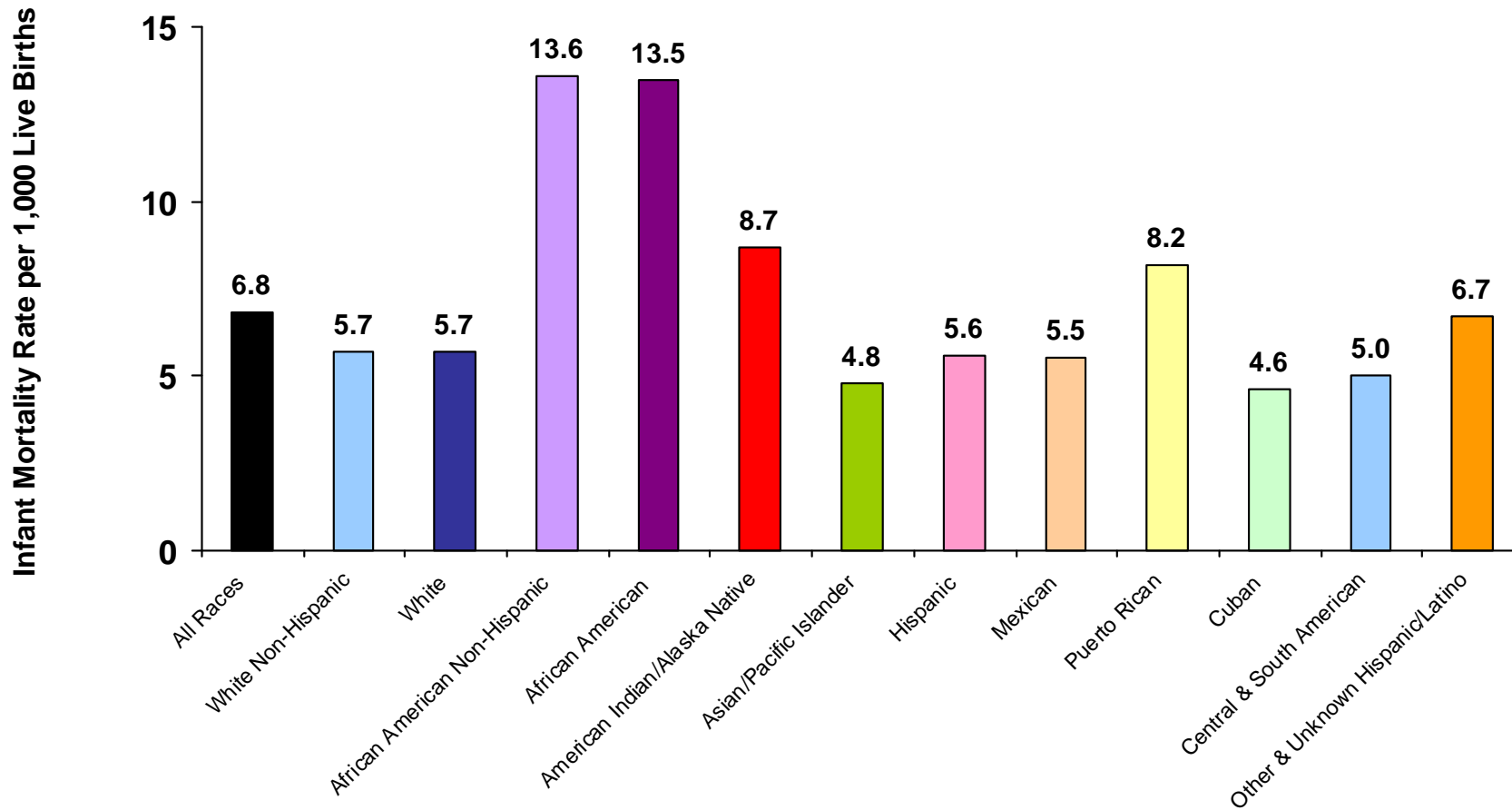
# Infant Mortality Rates per 1,000 Live Births by Detailed Race and Hispanic Origin of Mother: U.S., 2002



Source: Health, United States, 2006. <http://www.cdc.gov/nchs/data/hus/hus06.pdf#summary> Table 19.



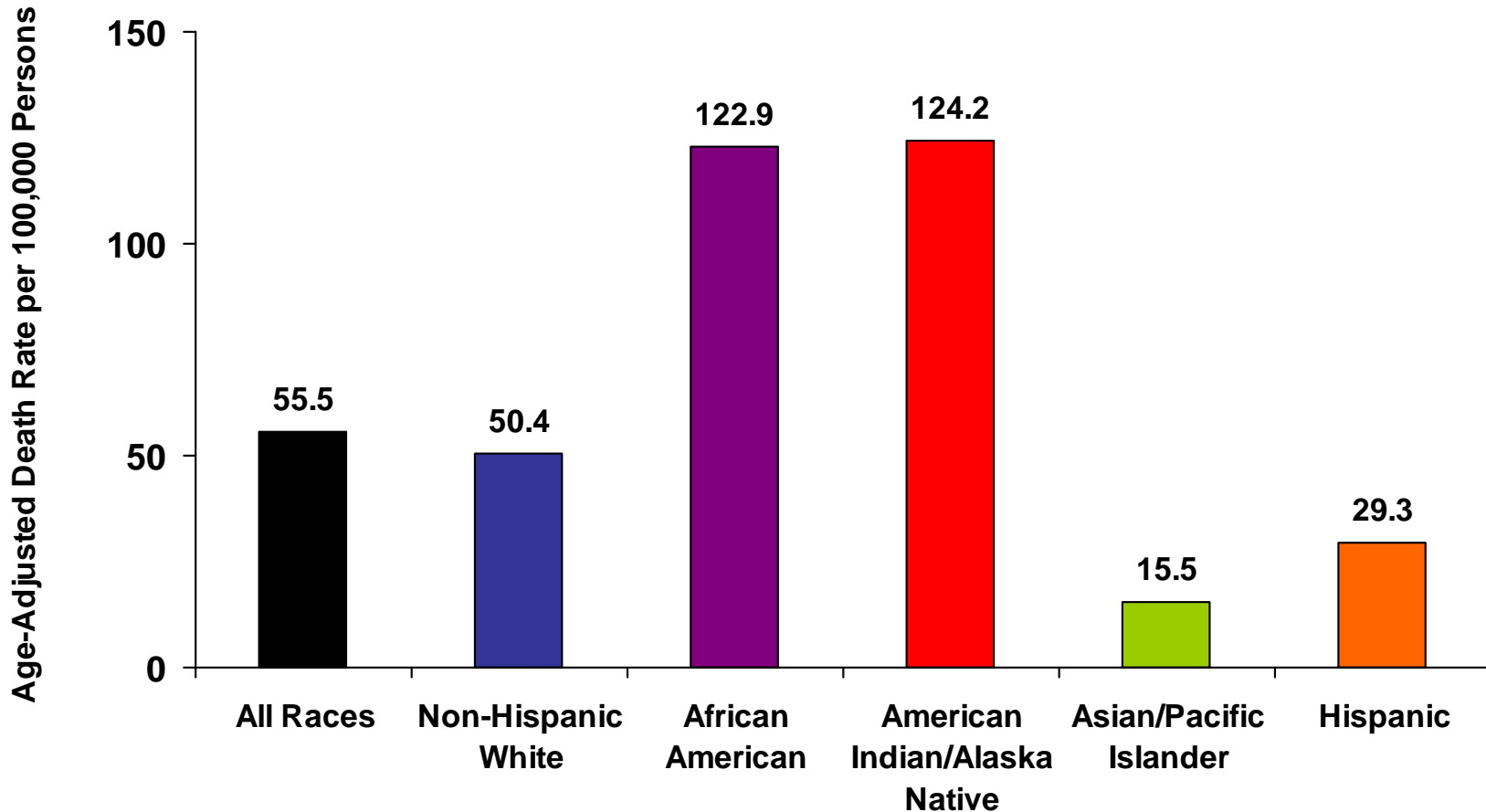
# Infant Mortality Rates per 1,000 Live Births by Detailed Race and Hispanic Origin of Mother: U.S., 2003.



Source: Health, United States, 2006. <http://www.cdc.gov/nchs/data/hus/hus06.pdf#summary> Table 19.



# Sudden Infant Death Syndrome (SIDS) Rates per 1,000 Live Births by Race and Hispanic Origin: U.S., 2001

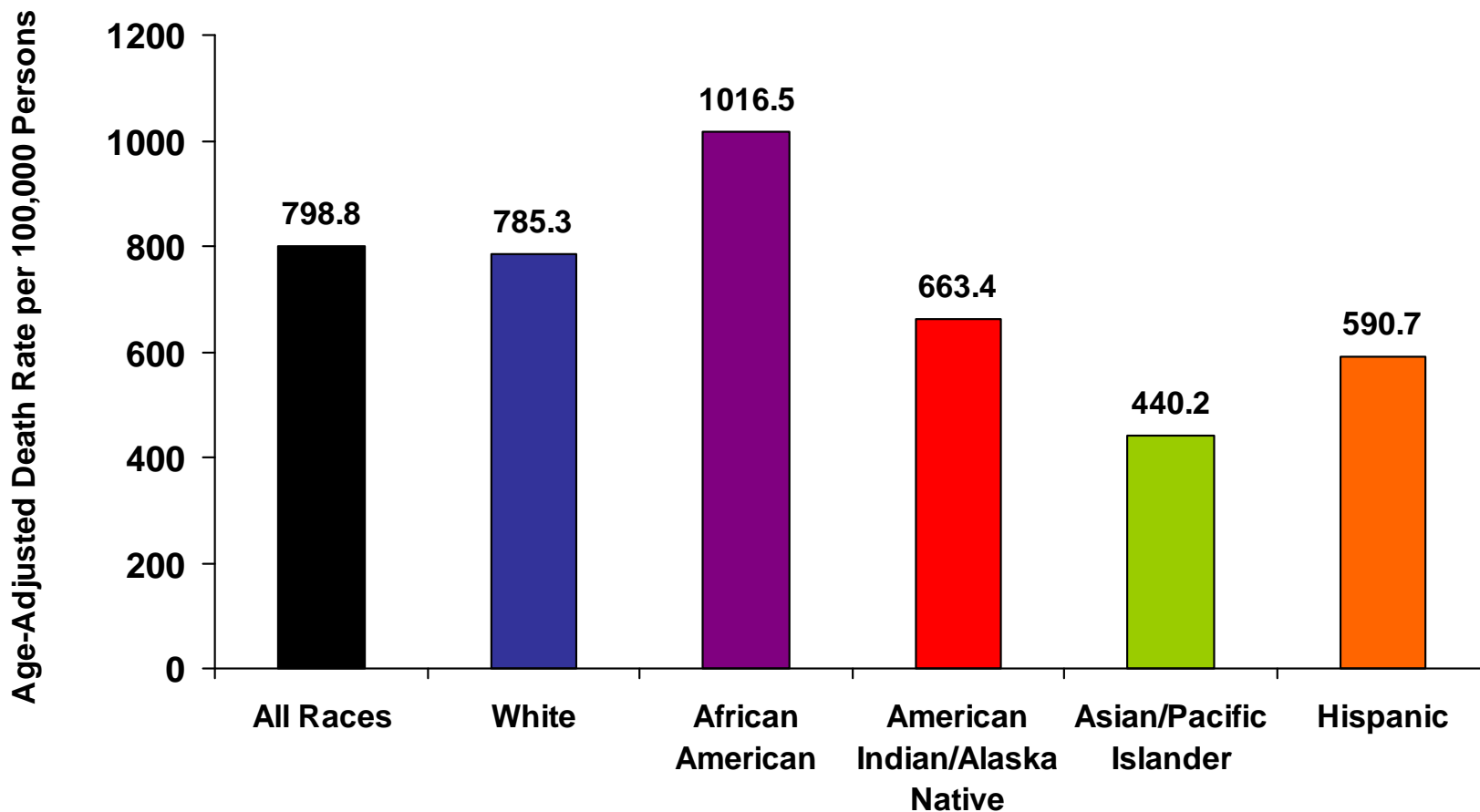


Source: National Vital Statistics Report Nov. 7, 2003, 52(9): 69-77





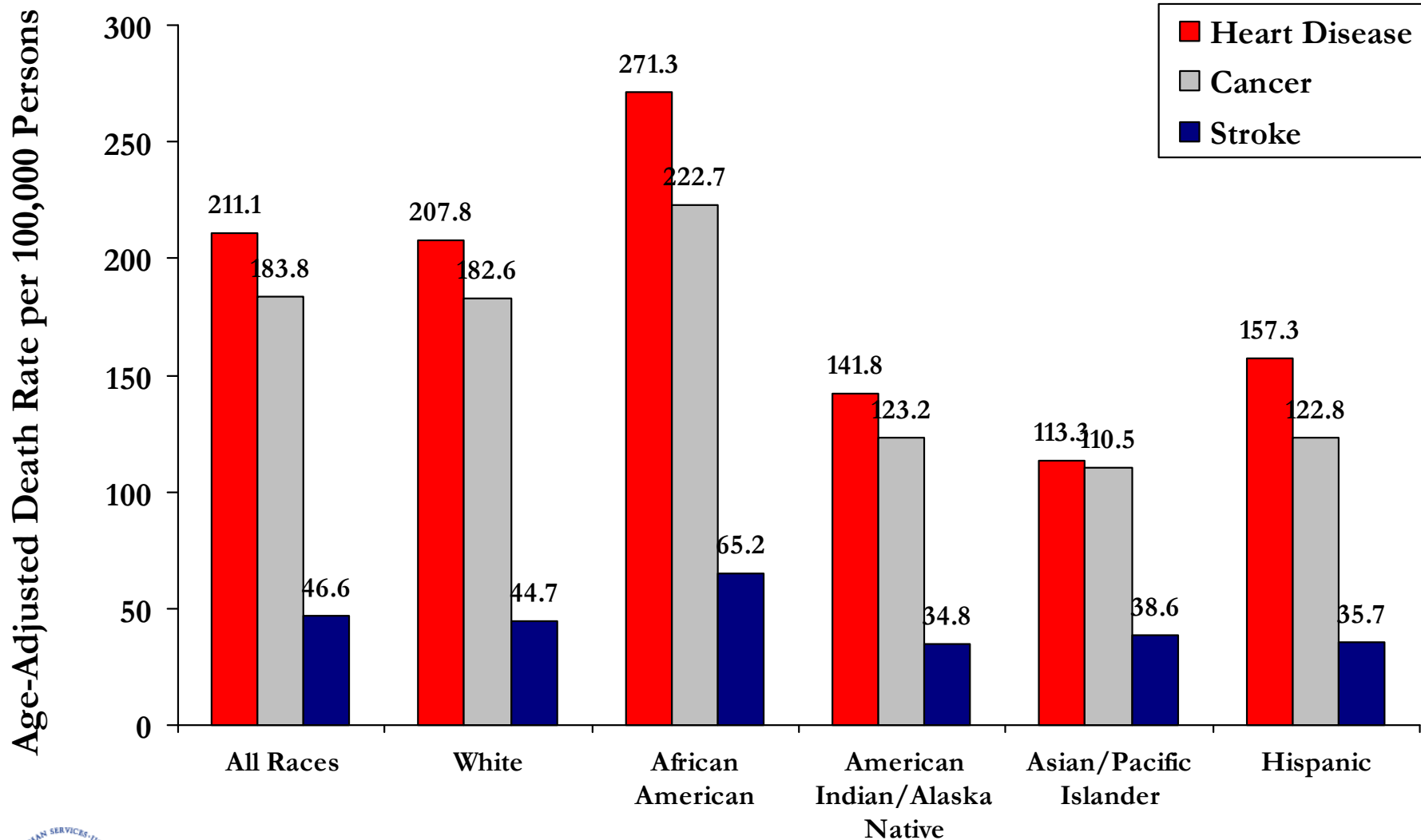
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for All Causes: U.S., 2005



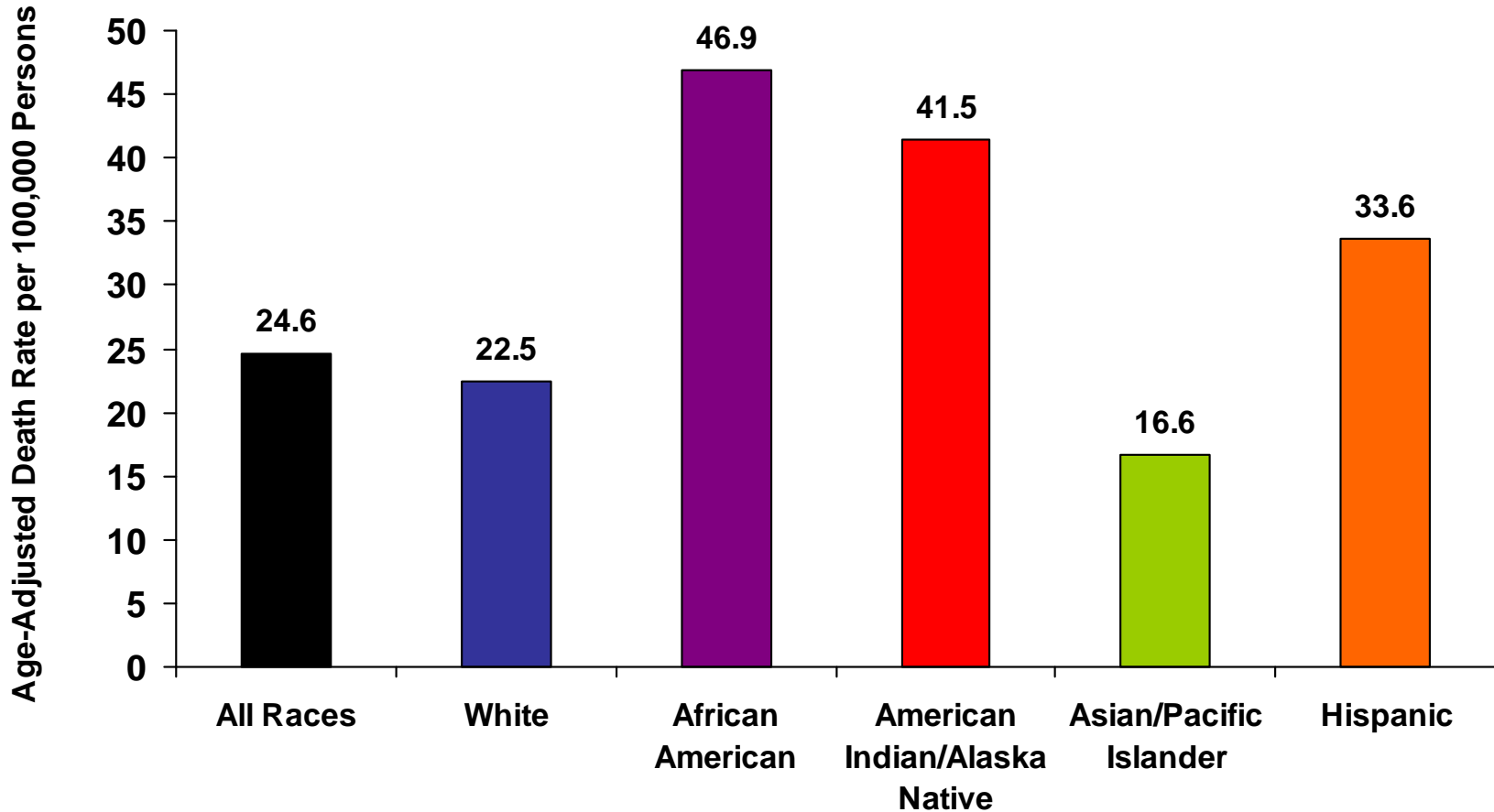
Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



# Age-Adjusted Mortality Rates per 100,000 Persons by Race/Ethnicity for 3 Health Focus Areas: U.S., 2005



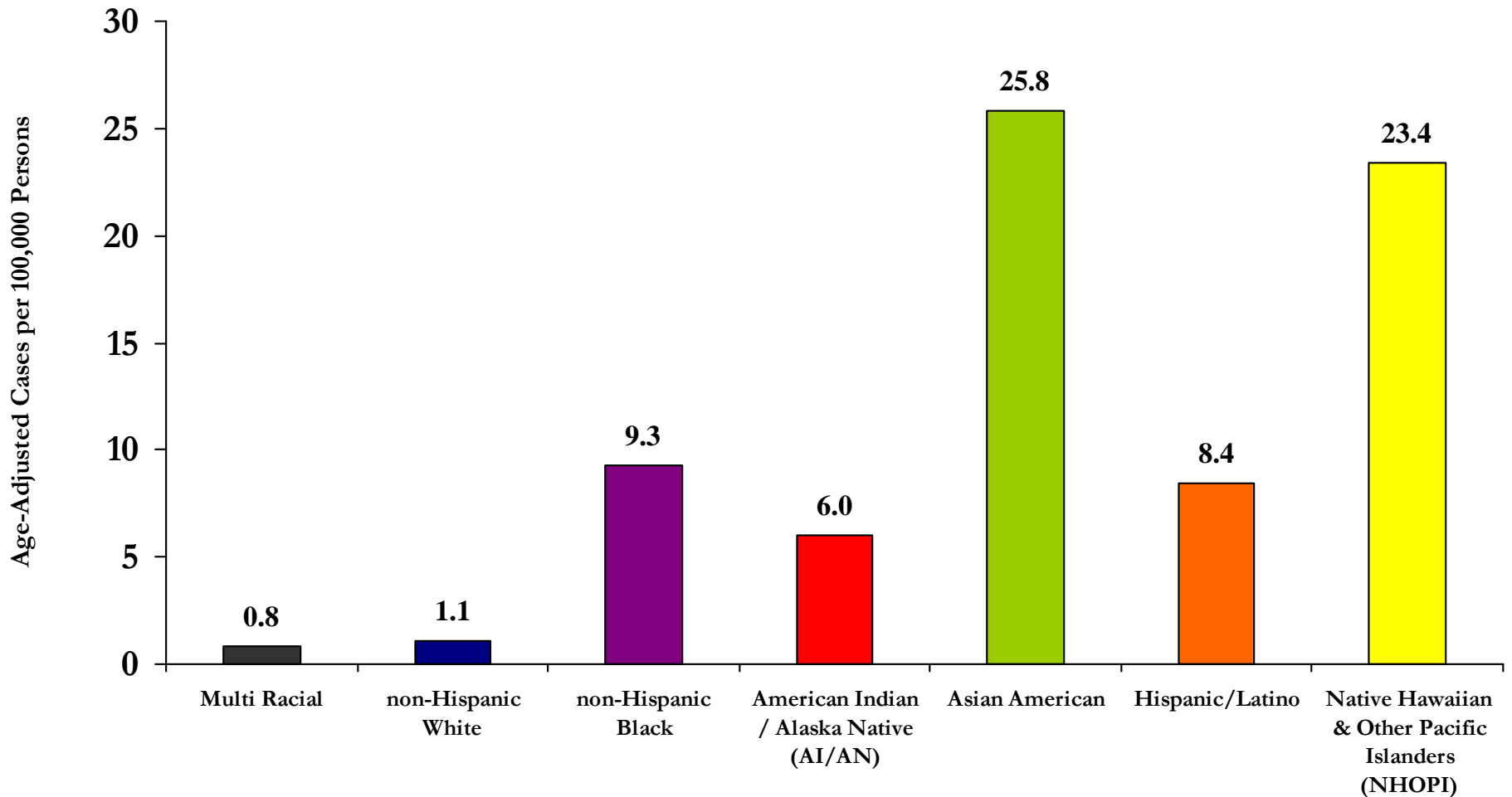
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Diabetes: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



# Age-Adjusted Case Rates Per 100,000 Persons by Race/Ethnicity for Tuberculosis (TB): U.S., 2007

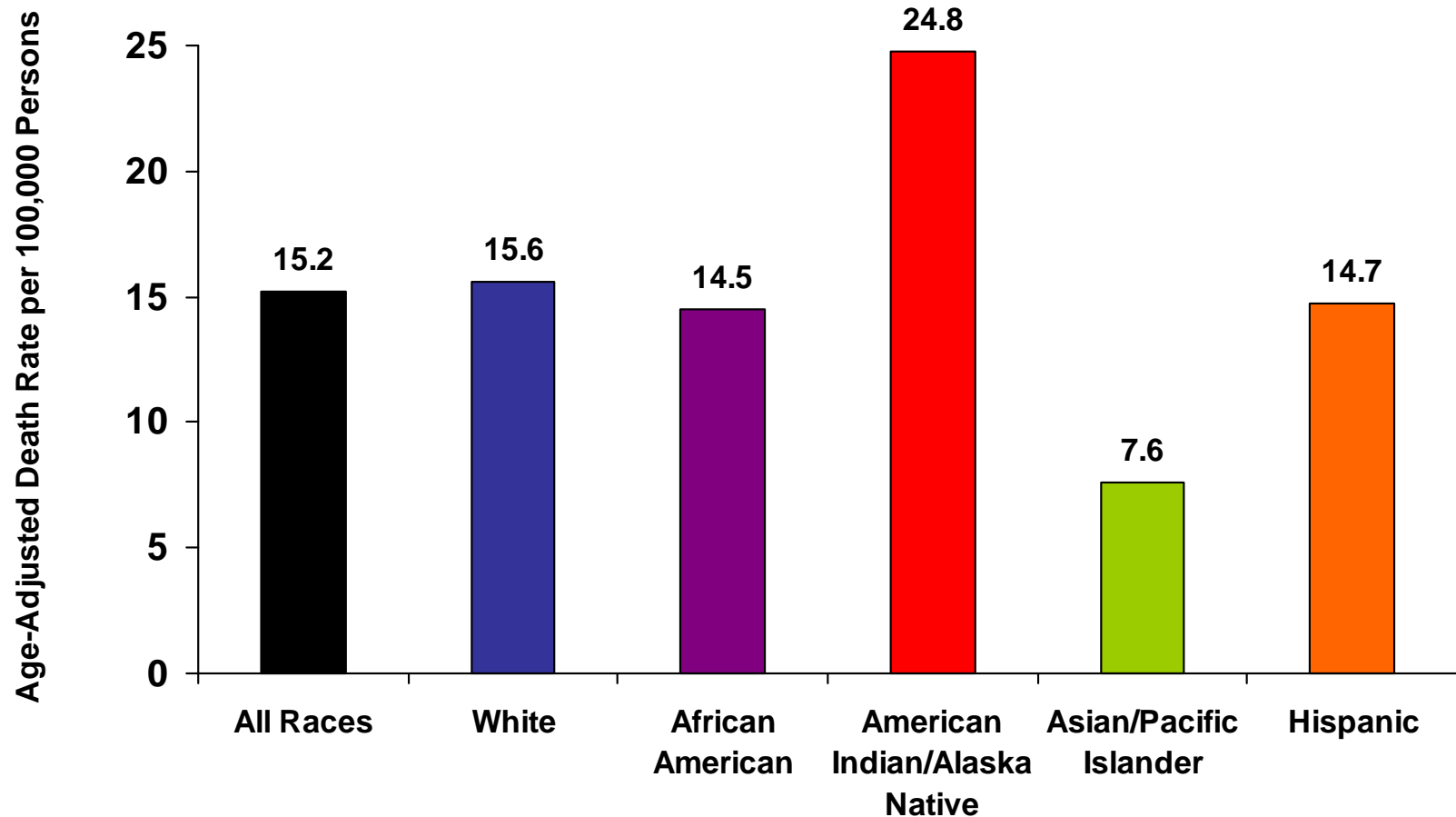


Source: CDC, MMWR, March 21, 2008 / 57(11);281-285, Trends in TB, US, 2007, Table:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5711a2.htm>



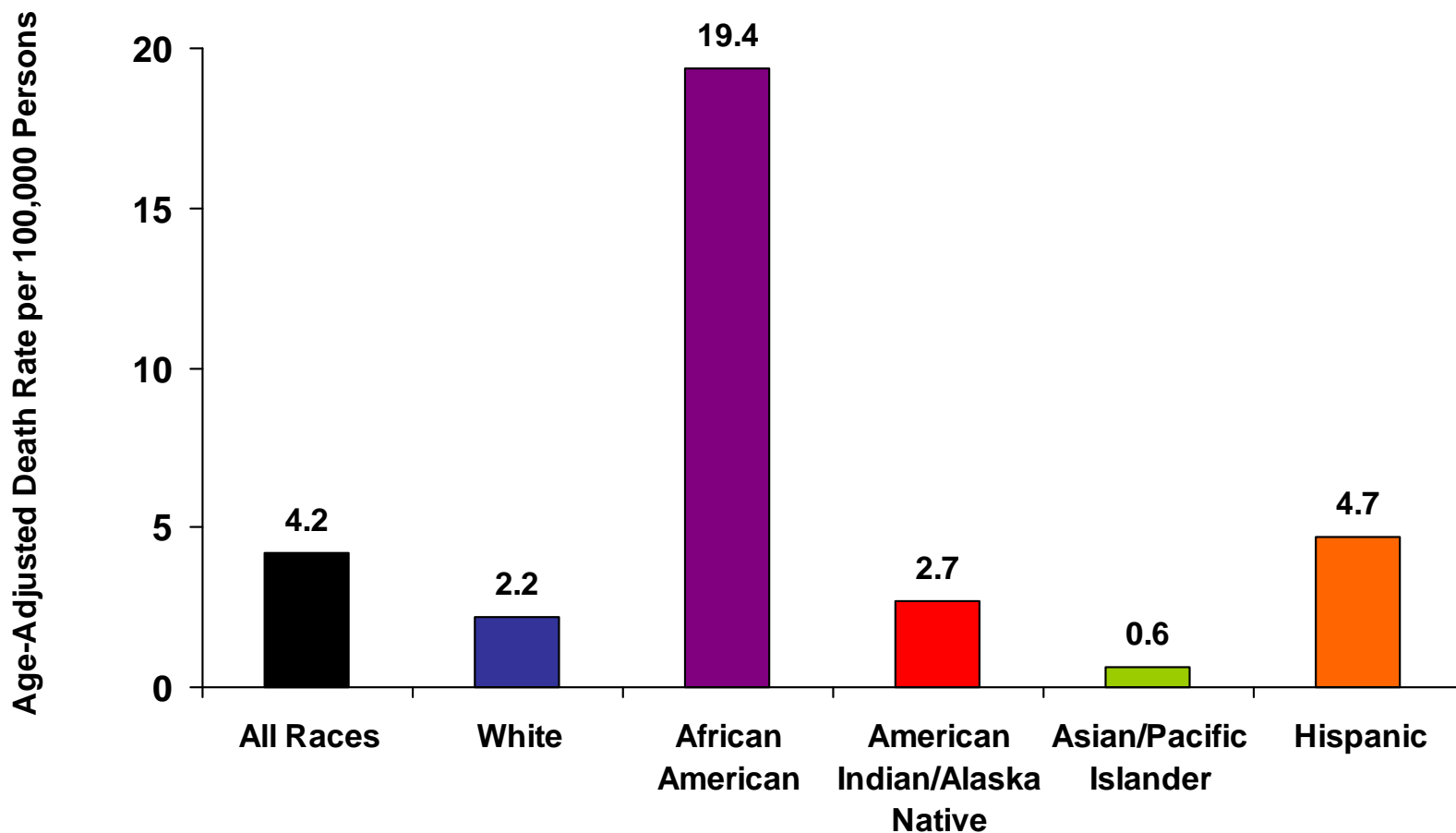
# Age-Adjusted Death Rates per 100,000 Persons by Race, and Hispanic Origin for Motor Vehicle-Related Injuries: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



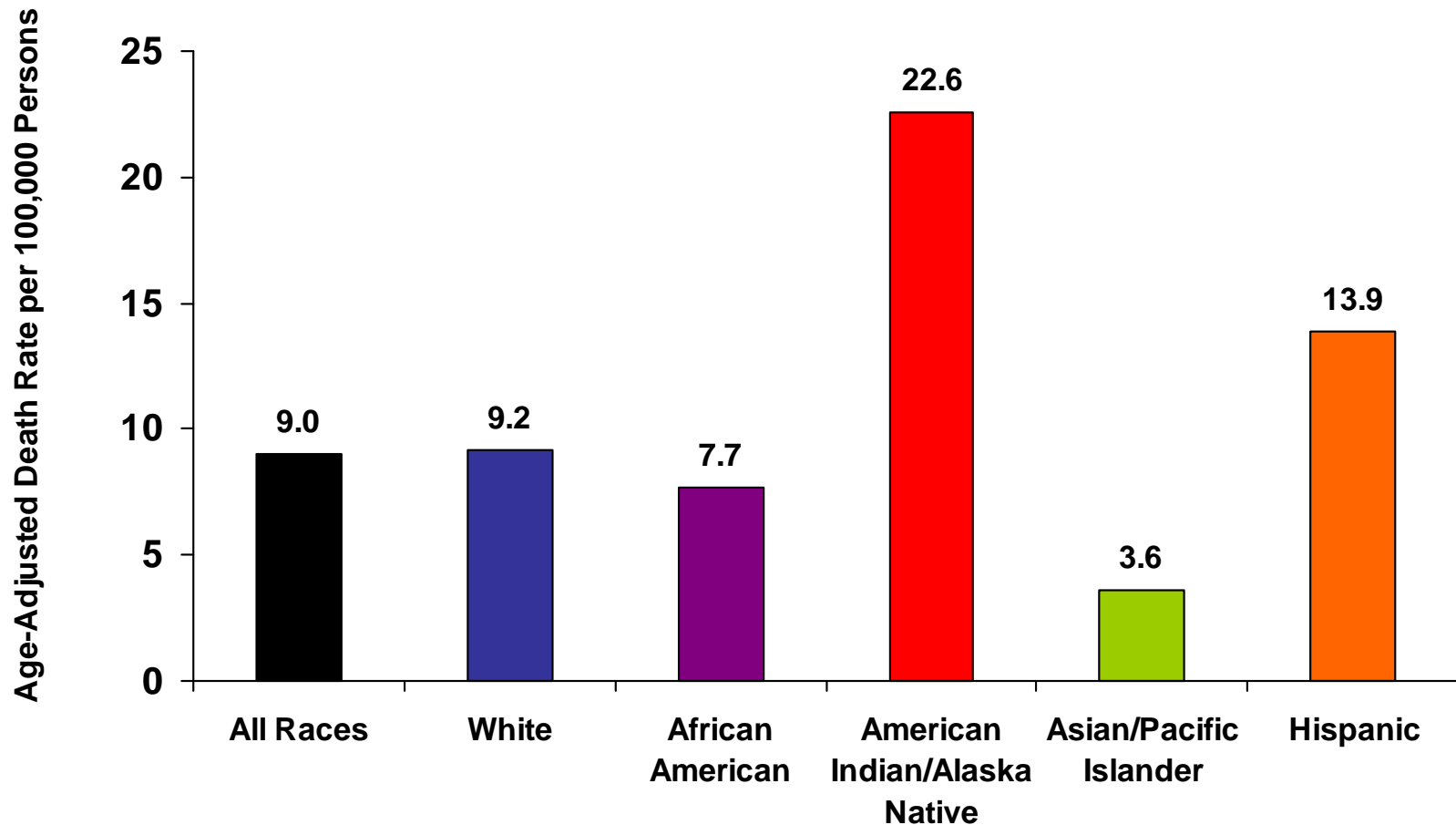
# Age-Adjusted Death Rates per 100,000 Persons by Race, and Hispanic Origin for Human Immunodeficiency Virus (HIV) Disease: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



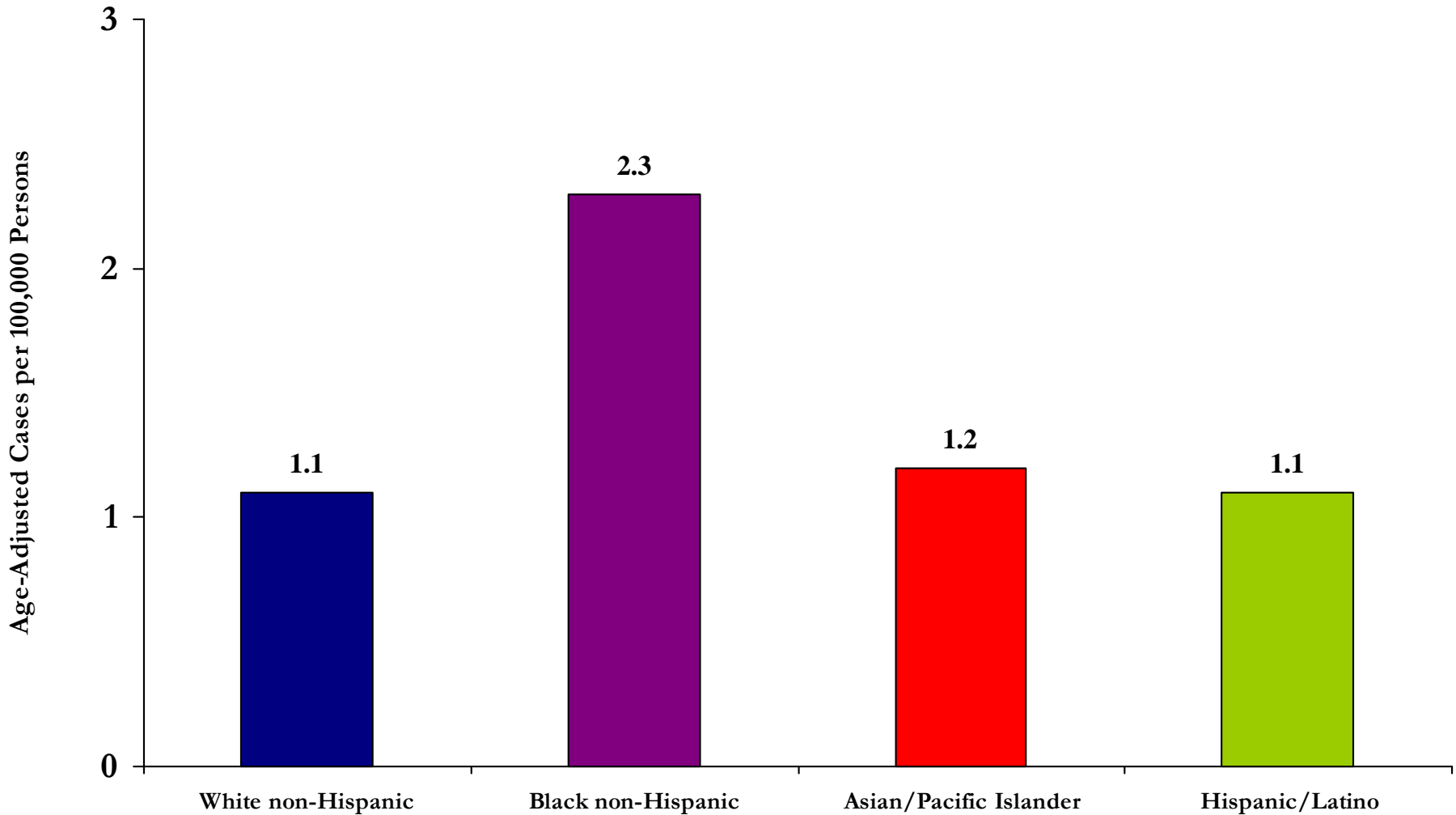
# Age-Adjusted Death Rates per 100,000 Persons by Race & Hispanic Origin for Chronic Liver Disease & Cirrhosis: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/abus/abus07.pdf#029> Table 29.



# Age-Adjusted Incidence Case Rates per 100,000 Persons by Race/Ethnicity for Acute Hepatitis B (HBV): U.S., 2006



Source: CDC MMWR, V57, SS2, March 21, 2008, p5. <http://www.cdc.gov/mmwr/PDF/ss/ss5702.pdf>





# Sources

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National Center for Health Statistics (NCHS)

Health U.S., 2007

National Vital Statistics Report

National Center for HIV, STD, and TB Prevention (NCHSTP)

National Center for Injury Prevention and Control (NCIPC)

MMWR

March 21, 2008 / 57 (SS2): 5. <http://www.cdc.gov/mmwr/PDF/ss/ss5702.pdf>

March 21, 2008 / 57(11); 281-285. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5711a2.htm>

National Institute on Alcohol Abuse and Alcoholism

National Women's Health Information Center (NWHIC)

U.S. Census Bureau



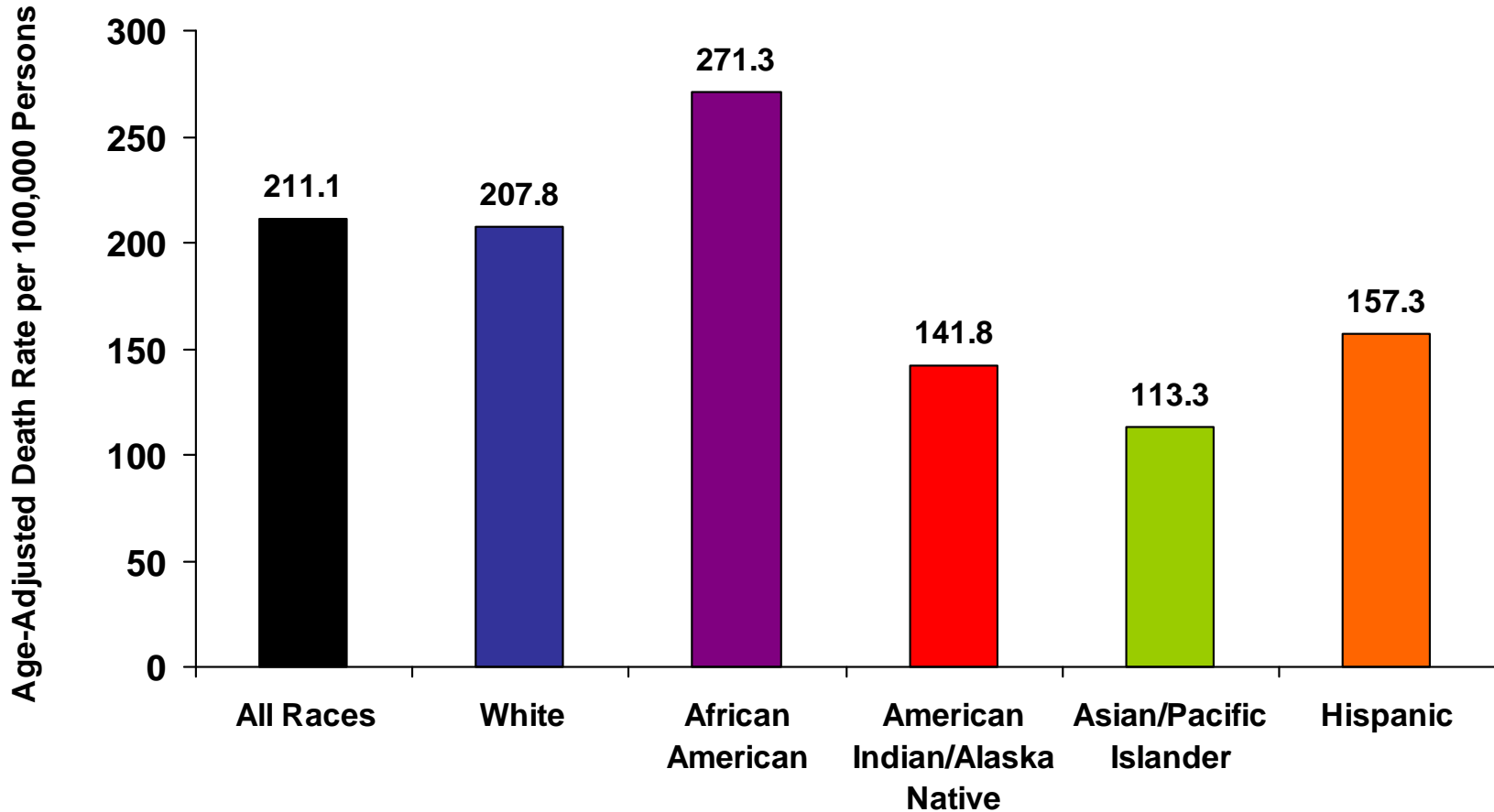


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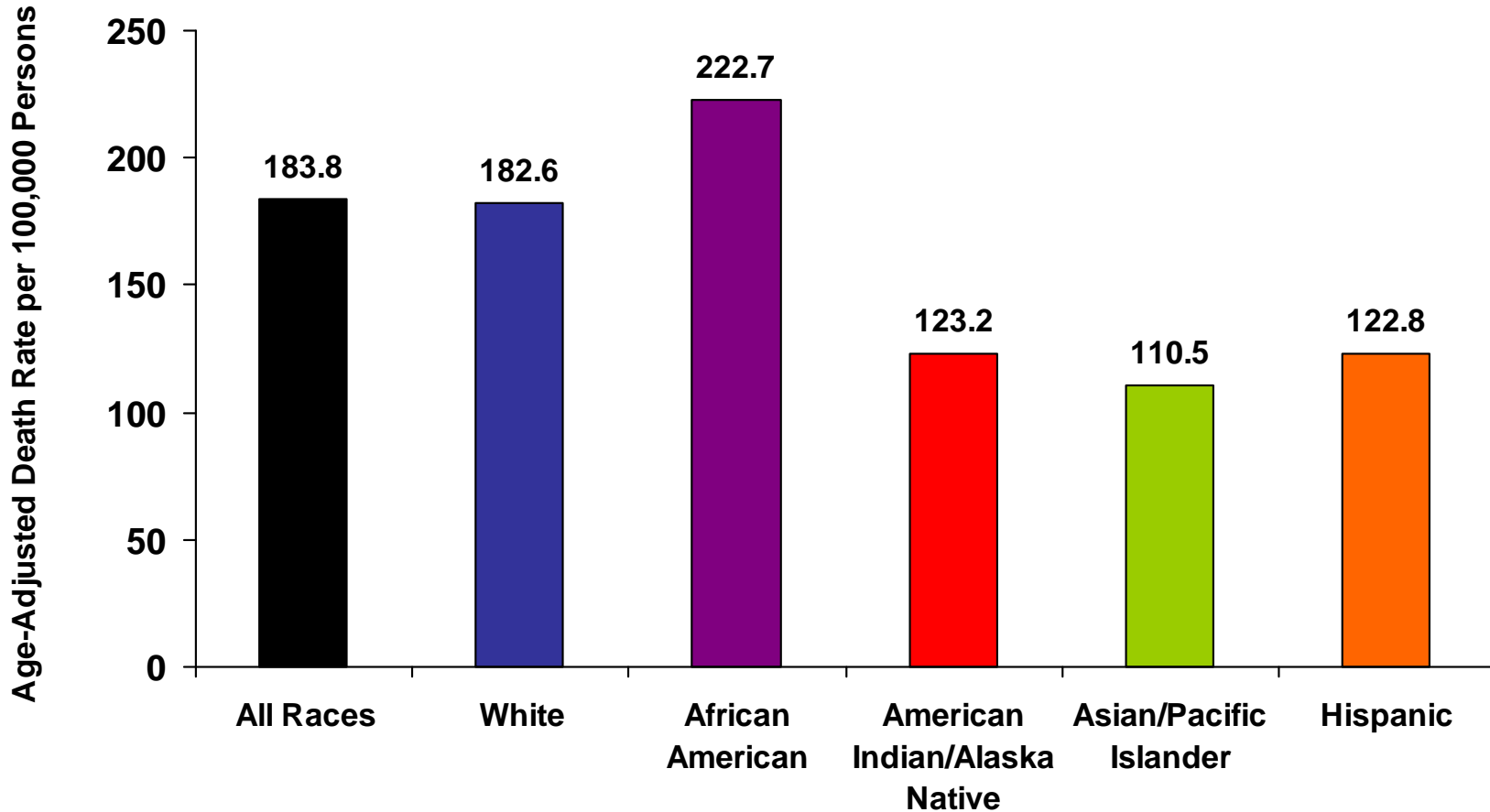
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Heart Disease: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



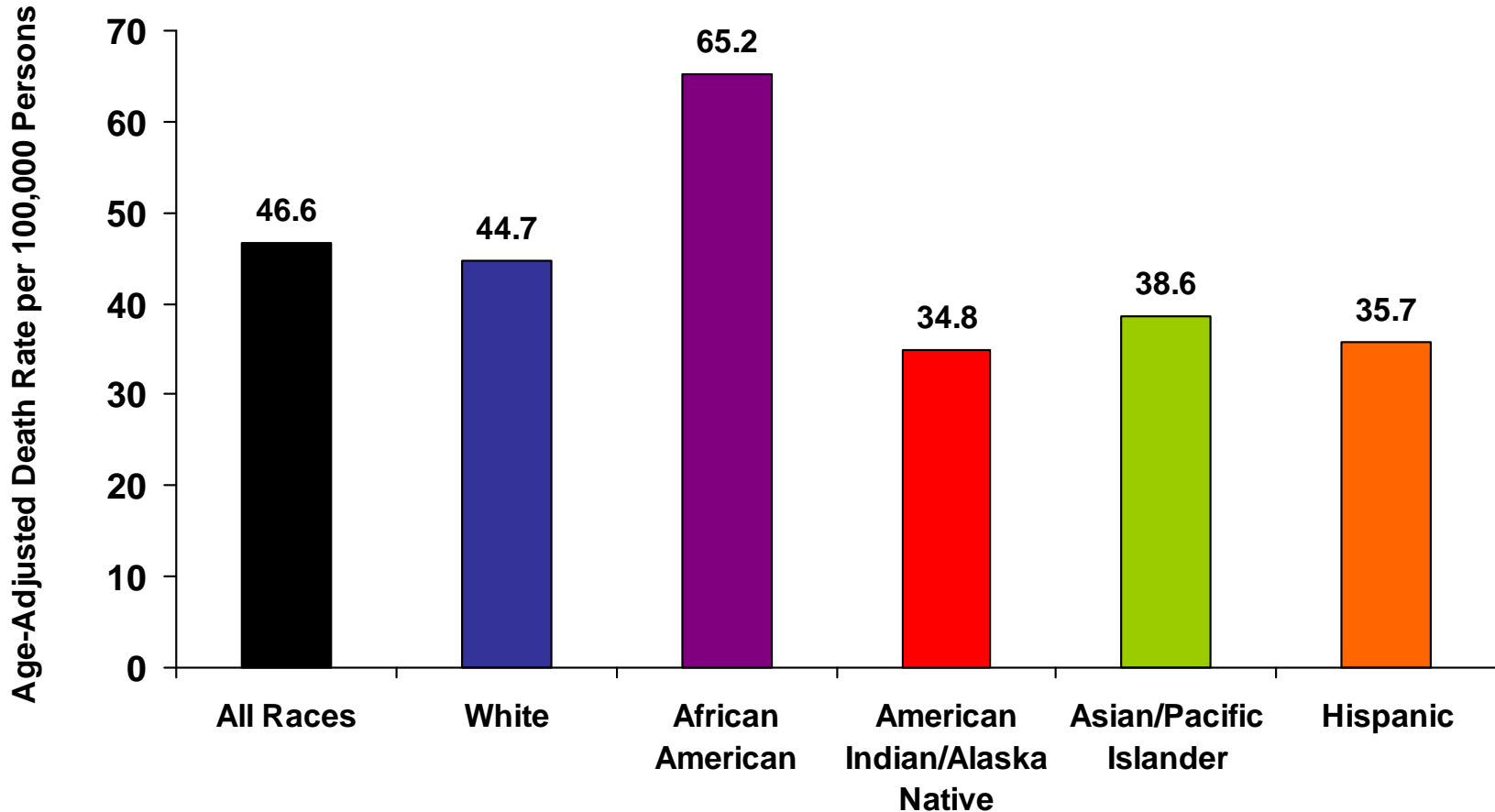
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Cancer: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



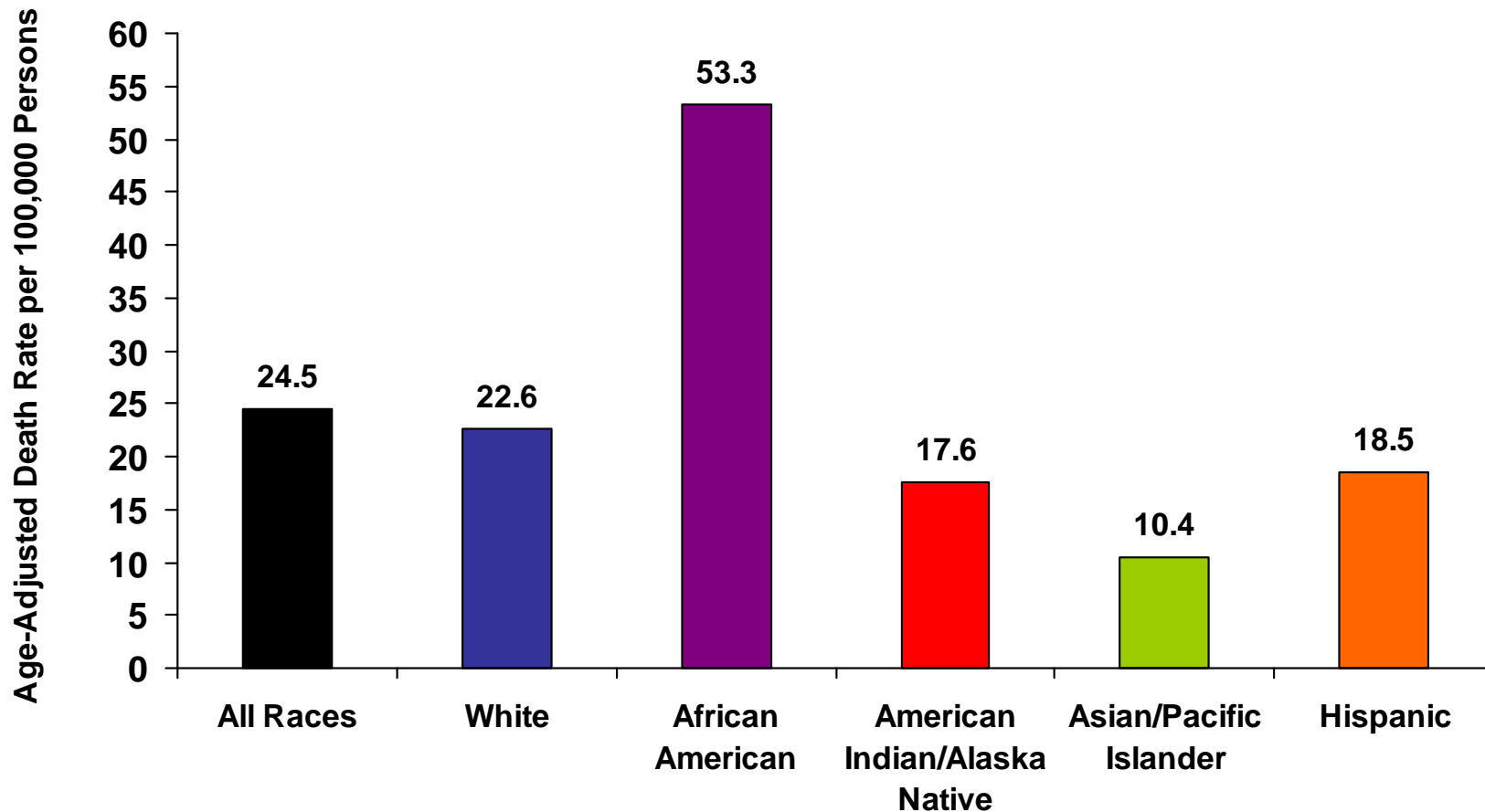
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Stroke: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



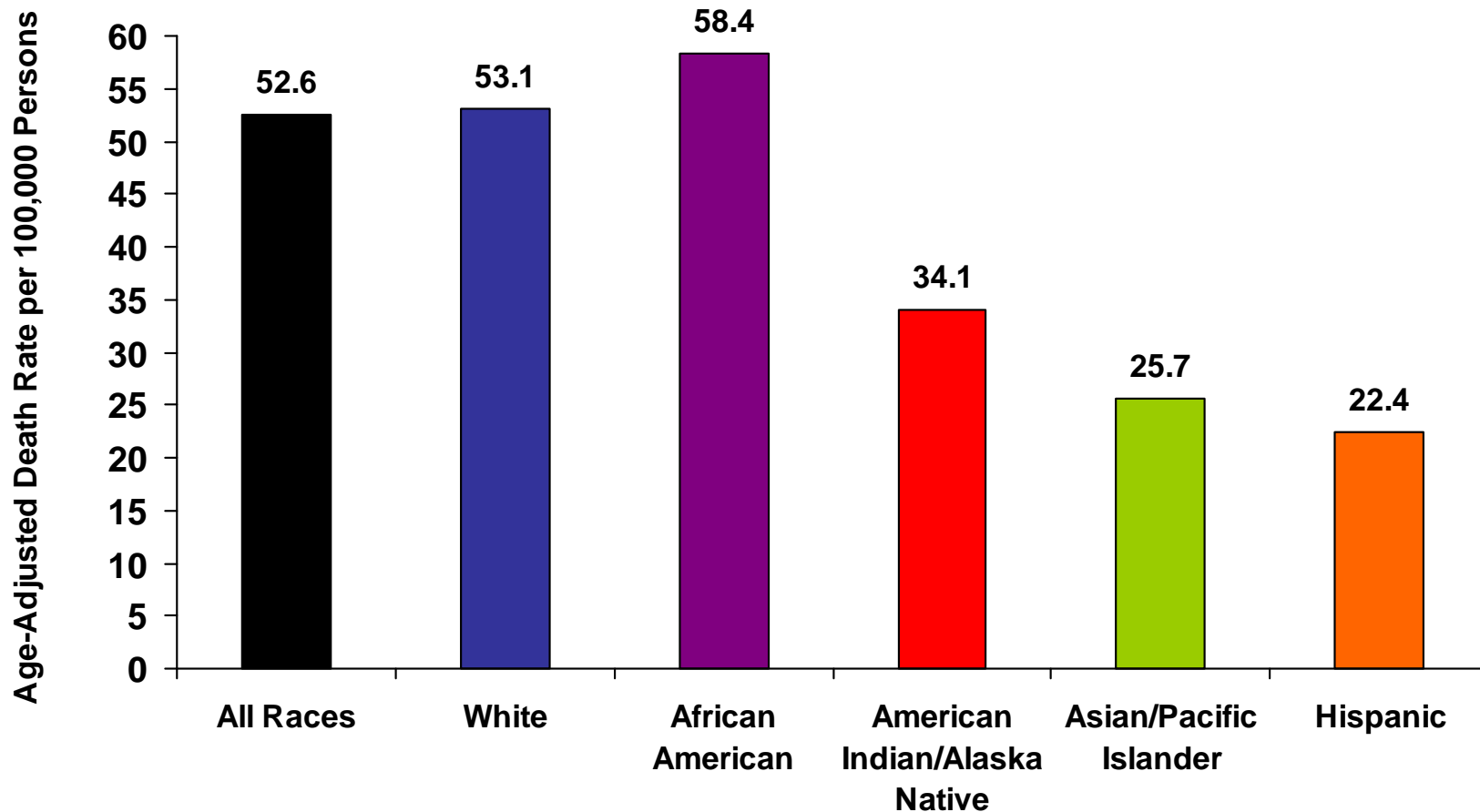
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Prostate Cancer: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



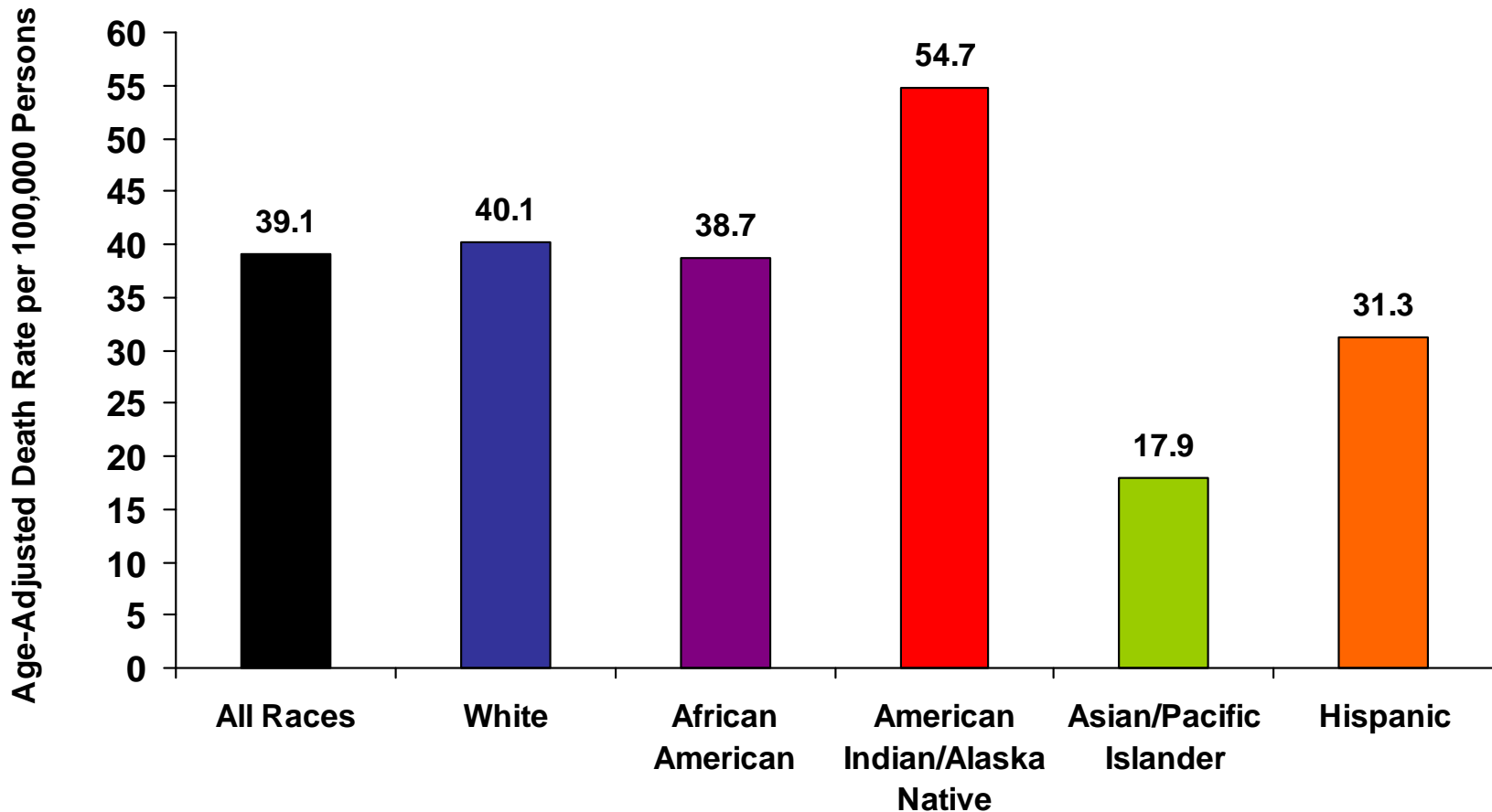
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Trachea, Bronchus & Lung Cancer: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Unintentional Injuries: U.S., 2005

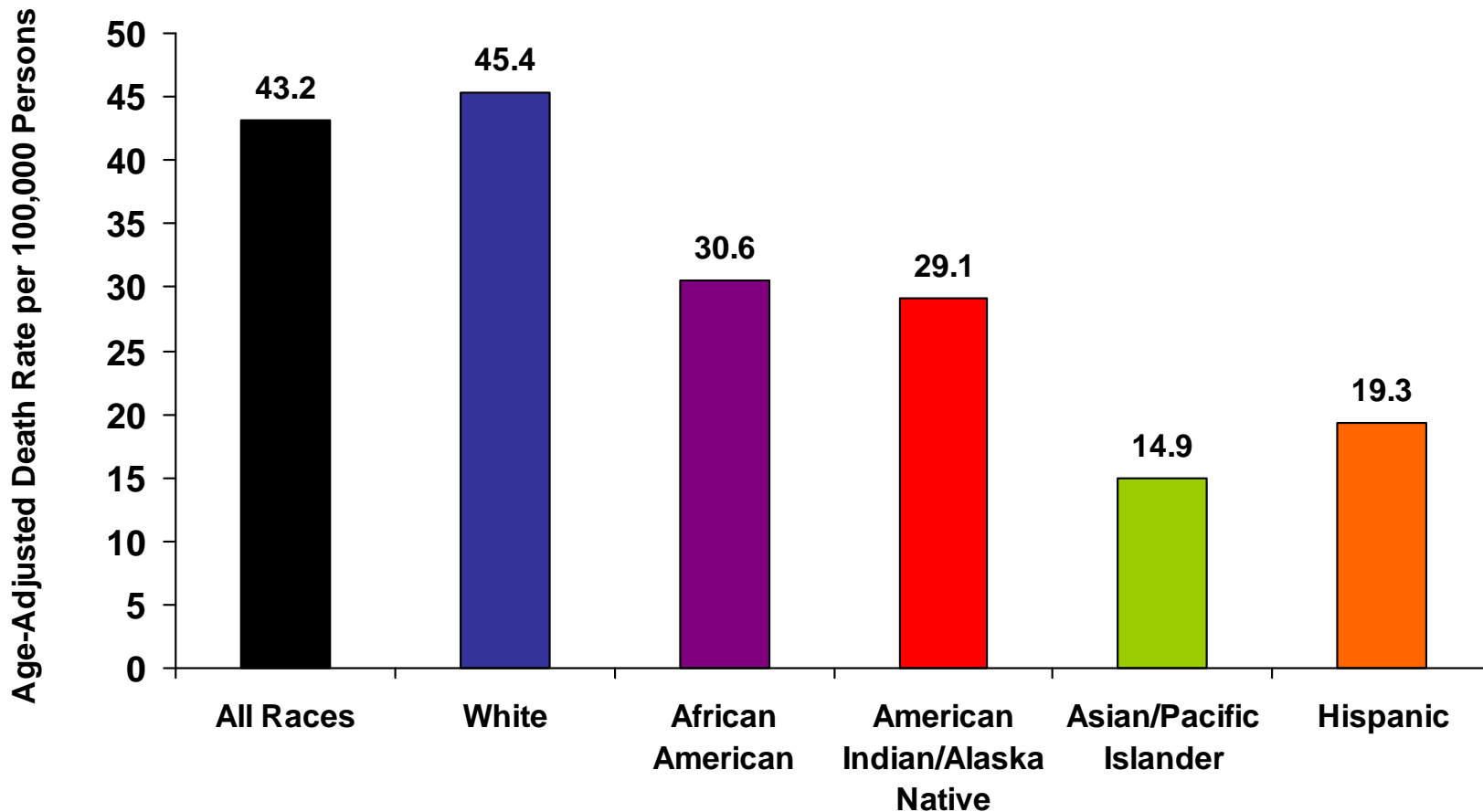


Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.





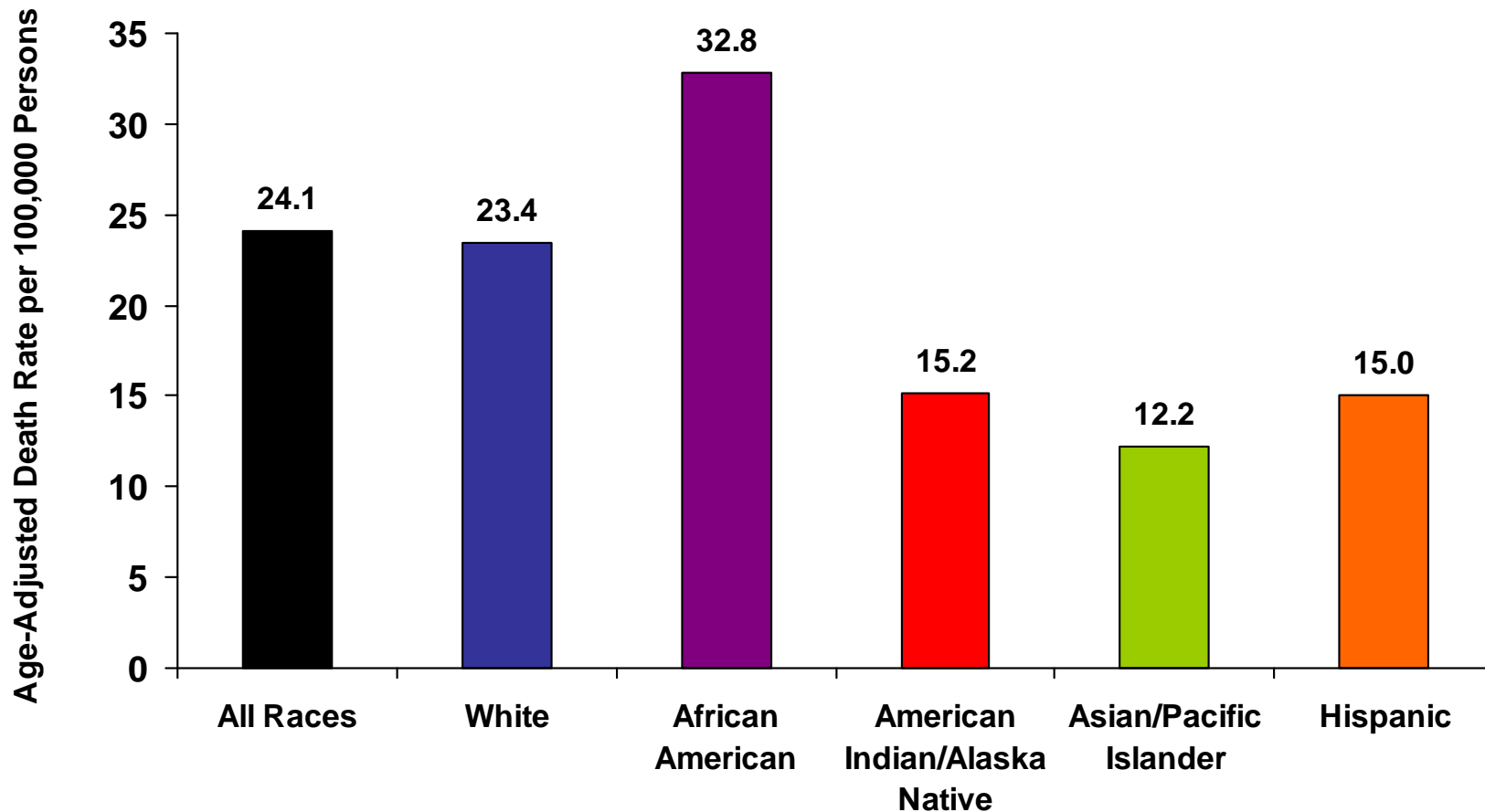
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Chronic Lower Respiratory Disease: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



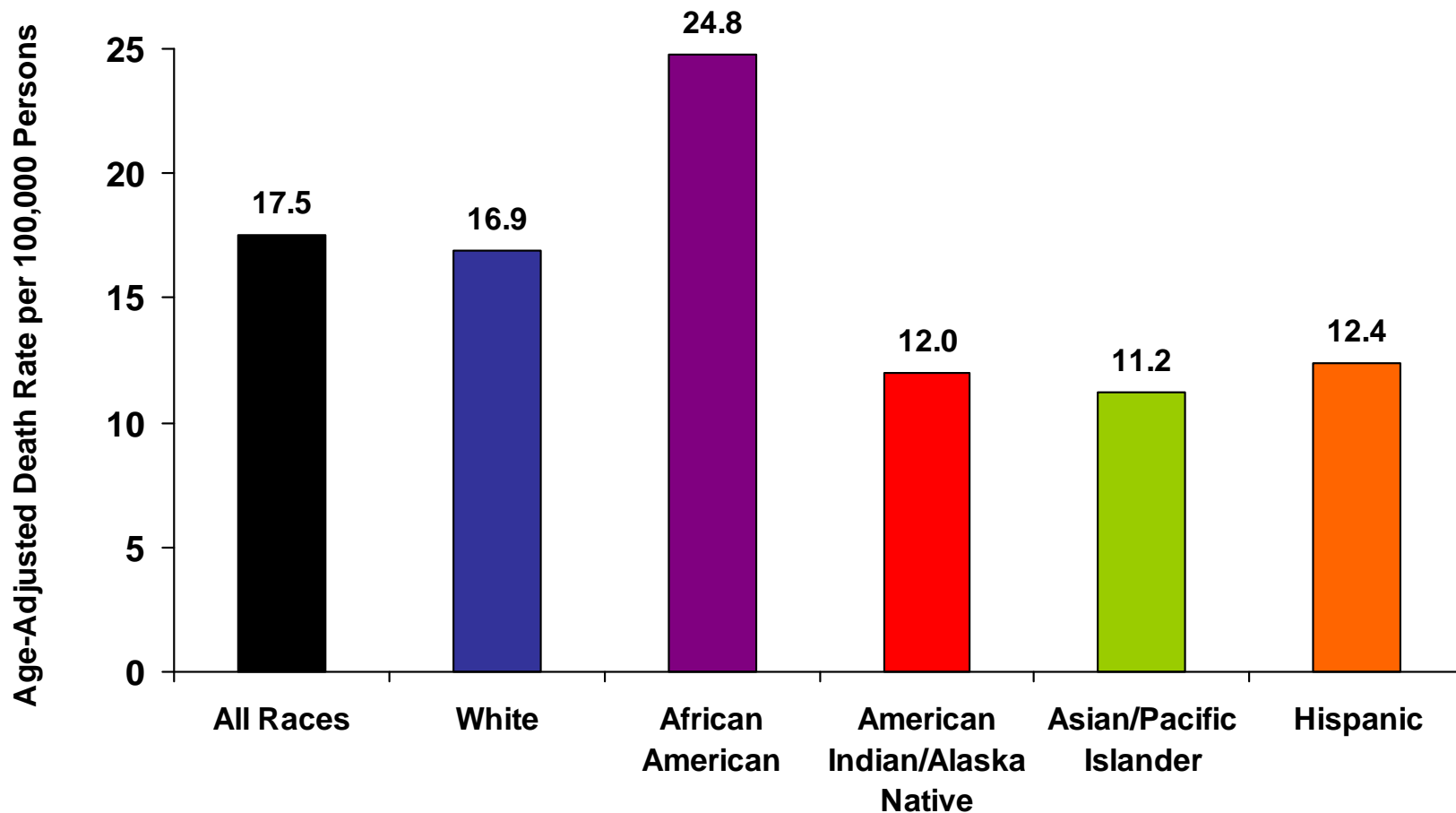
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Breast Cancer: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



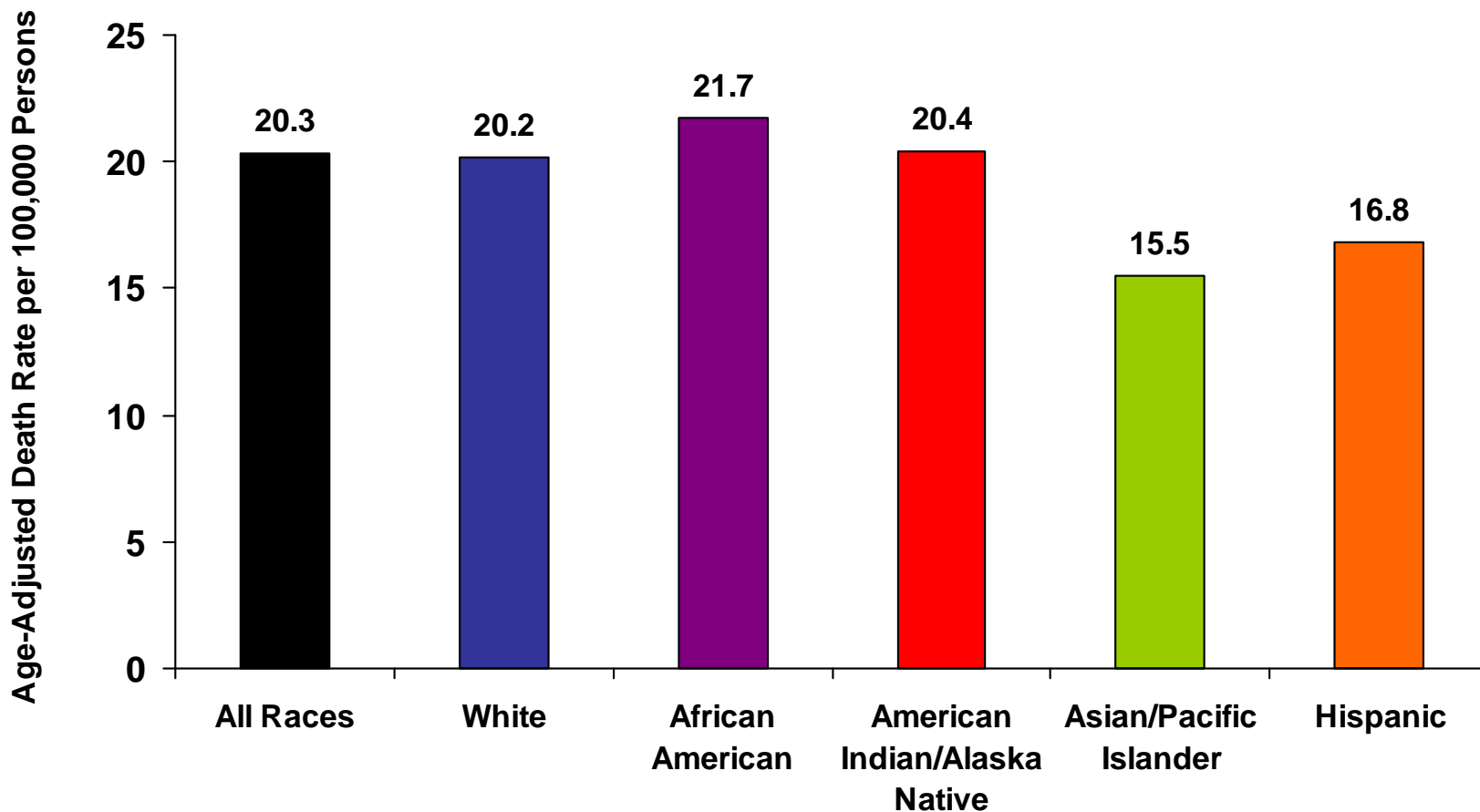
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Colon, Rectum & Anus Cancer: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



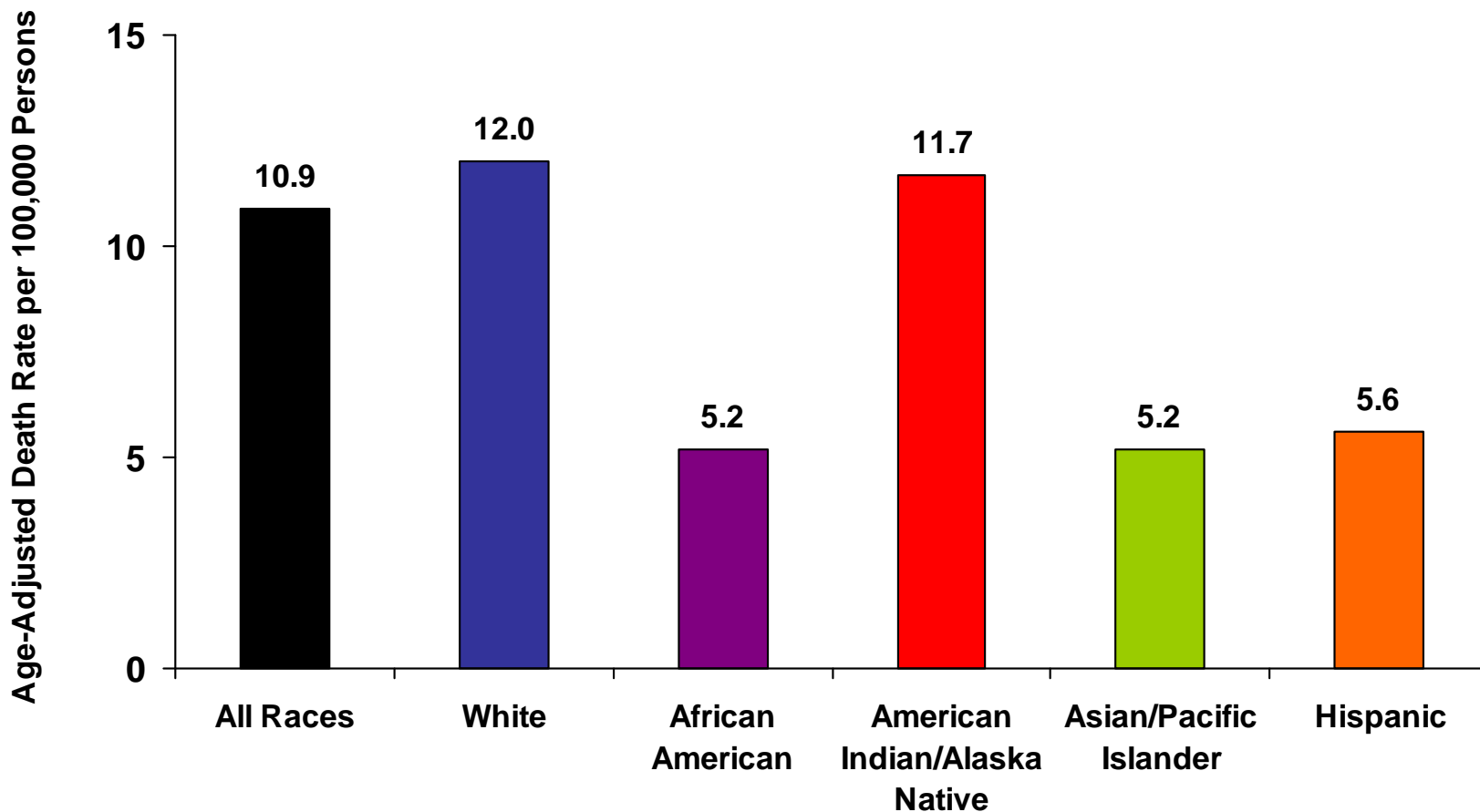
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Influenza & Pneumonia: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



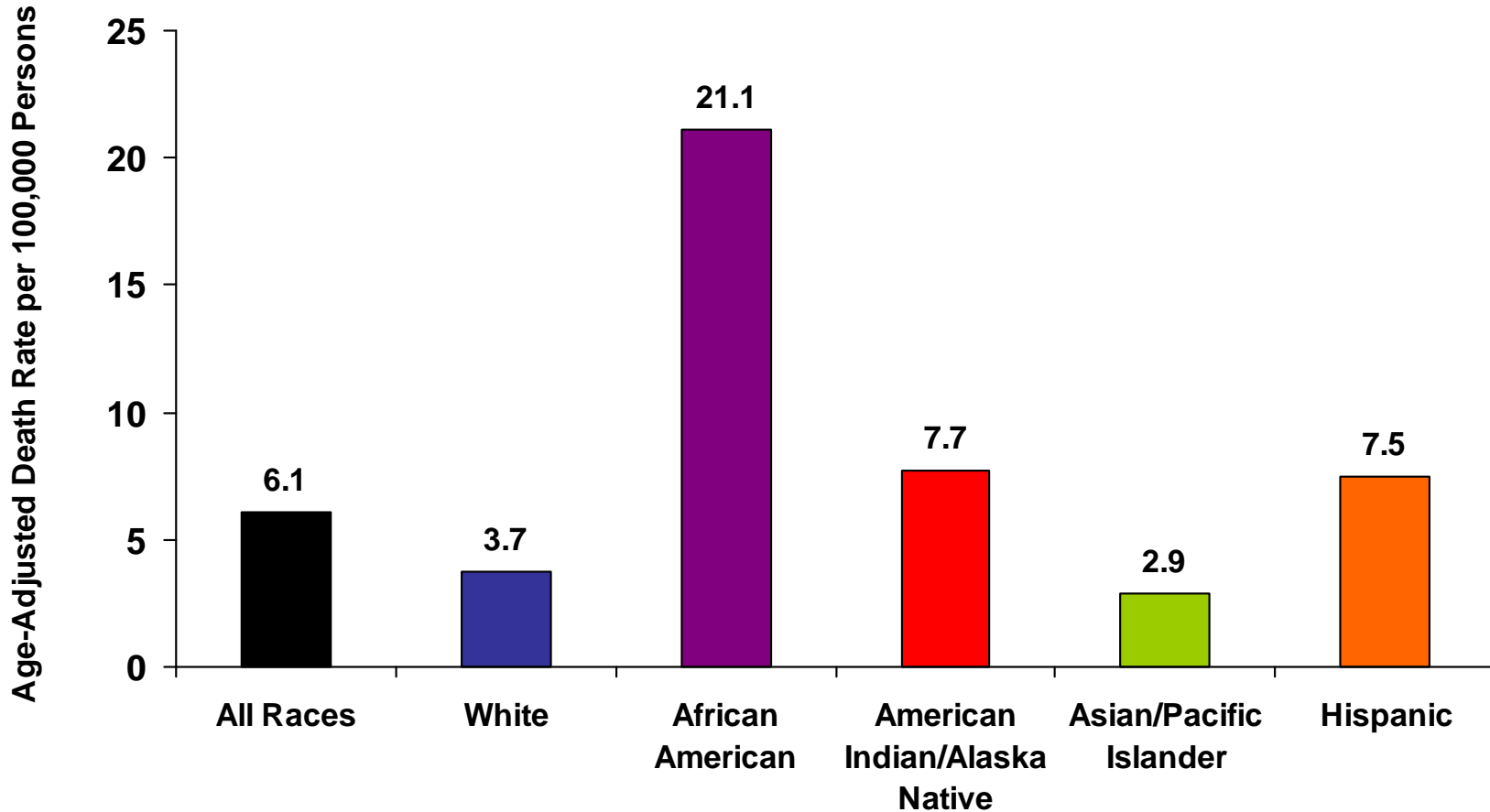
# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Suicide: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



# Age-Adjusted Death Rates per 100,000 Persons by Race and Hispanic Origin for Homicide: U.S., 2005



Source: Health, United States, 2007. <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029> Table 29.



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