Health disparities represent a lack of efficiency within the health care system and therefore account for unnecessary costs and reduce the quality of life for many patients. Because of this, health disparities are receiving attention from legislatures across the country. State policymakers are asking important questions: How are disparities in health eliminated? What is the role of state lawmakers in reducing disparities? How does my state compare to other states? What strategies decrease disparities in a cost effective way? In 2011, the U.S. Department of Health and Human Services released two plans to reduce health disparities that offer answers to some of these questions.

The first plan, the National Stakeholder Strategy for Achieving Health Equity—supported through the HHS Office of Minority Health and created by the National Partnership for Action to End Health Disparities (NPA)—incorporated ideas, suggestions and comments from thousands of individuals and organizations across the country to create a common set of goals and objectives to guide regional and local efforts. The federal Office of Minority Health hopes local groups will use the National Stakeholder Strategy to identify the most important goals for their communities and adopt the most effective ways to reach them.

The second plan, HHS Action Plan to Reduce Racial and Ethnic Health Disparities, was developed by senior HHS officials to complement the National Stake-
holder Strategy. It outlines four priorities that reflect the department’s commitment to end health disparities among racial and ethnic minorities. The priorities are supported by goals that outline actions HHS will take to reduce health disparities. Specifically, this plan will be used by HHS agencies to evaluate the success of policies and programs and to promote integrated approaches and the use of the most effective practices to reduce disparities.

Both plans call for federal agencies and their partners to work together to ameliorate social, economic and environmental factors that contribute to health disparities. The two plans are compared below.

**Goals**

<table>
<thead>
<tr>
<th>Action Plan to Reduce Racial and Ethnic Health Disparities</th>
<th>National Stakeholder Strategy for Achieving Health Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transform health care by expanding insurance coverage, increasing the availability of care, and introducing effective initiatives, such as medical homes.</td>
<td>• Improve the availability of high-quality care, especially children’s services for mental health, oral health, vision, hearing, nutrition and physical activity; and services for older adults. Address social factors that affect health; for example, by improving high school graduation rates and creating social, physical and economic environments in which children can succeed.</td>
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<tr>
<td>• Strengthen the health and human services workforce by recruiting undergraduates from minority communities for public health and biomedical sciences careers, improve health care translation, and support more training of community health workers, such as promotoras.</td>
<td>• Improve diversity in the work force by increasing recruitment of minorities into health professions. Improve cultural competency by supporting better interpreting and translation services and train more community health workers to serve as liaisons between patients and clinicians.</td>
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<td>• Use the CDC’s new Community Transformation Grants and other funding to lower rates of cardiovascular disease, childhood obesity, tobacco-related diseases, maternal and child health diseases, flu, and asthma.</td>
<td>• Increase public understanding of health disparities by developing partnerships and communicating in new ways to encourage organizations to put the issue prominently on their agendas.</td>
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<td>• Advance scientific knowledge and innovation by increasing patient-centered research, including undertaking the new health data collection and analysis authorized by the Affordable Care Act.</td>
<td>• Coordinate research to provide data that can be used to make better decisions, and promote putting evidence-based research into practice.</td>
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<tr>
<td>• Increase the efficiency, transparency and accountability of all HHS programs.</td>
<td>• Build the capacity to create community solutions, improve coordination of funding, and set priorities. Invest in youth, preparing them to be future leaders.</td>
</tr>
</tbody>
</table>
Implementation

Implementation of the National Stakeholder Strategy for Achieving Health Equity at the regional, state and local levels is coordinated through voluntary and diverse Regional Health Equity Councils (RHECs). Formed in each of the 10 HHS regions, the councils include members from the public and private sectors who represent communities with health disparities, state and local government agencies, tribes, health care providers and systems, health plans, businesses, academic and research institutions, foundations and other organizations.

Between August and October 2011, each of the 10 regional councils met for the first time to define their role in implementing the National Stakeholder Strategy for Achieving Health Equity. Each meeting was unique, yet all the groups created an initial list of priorities, a draft mission statement and charter, including membership and structure, a defined structure for the council, and a list of steps the council will take next. Continued support from the Office of Minority Health helps the councils communicate about health disparities in their regions and carry out action to address the problems.

In addition to the Regional Health Equity Councils, the Federal Interagency Health Equity Team (FIHET), comprised of representatives from 12 federal departments, continues to meet every month. Its five subcommittees have identified priorities for each of the five NPA goals and have developed action plans. Putting these plans into action is underway. During a recent evaluation of the health equity team, some members reported that their involvement has helped them address health disparities in their agency. During the upcoming months, informational webinars are planned to encourage dialog among the team and regional council members about initiatives, programs and other actions related to the HHS Health Disparities Action Plan as well those by other agencies. The goal is to strengthen coordination, collaboration and communication among federal and regional levels.

Evaluation

To measure the success of the National Stakeholder Strategy for Achieving Health Equity, an evaluation is being created that will monitor progress in both the short- and long-term. In the short-term, the evaluation will measure collaboration across sectors and the application of actions that support the five National Partnership for Action (NPA) goals. In the long-term, the plan will monitor system-wide policy changes to eliminate health disparities altogether.

To help organizations that are working on these issues, the NPA will create a set of protocols to guide gathering of data for evaluations and for use by organizations to strengthen their efforts to end disparities. These protocols are linked to the goals within the National Stakeholder Strategy for Achieving Health Equity.
State Policy Options

Although the NPA considers convening multiple stakeholders an accomplishment in and of itself, true success will be achieved only when health disparities are reduced or eliminated. Acknowledging that this monumental change cannot be accomplished by federal agencies alone, the NPA released a statement affirming that the potential for change requires “...utilization of the National Stakeholder Strategy by organizations in the public, private, and nonprofit sector 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 achieve health equity in the United States. A shared plan of action is especially important for the development of strong, strategic, collaborative partnerships.”

Three ways legislators can become involved with the goals of these plans:

1. Serve as an adviser to their regional council. For more information, visit http://minorityhealth.hhs.gov/npa/.

2. Inform their constituents about federal, regional and state efforts to reduce health disparities.

3. Organize and participate in community efforts to reduce health disparities.