



Latino/Hispanic Health Equity Initiative

Statewide Symposium:

Achieving Health Equity Through Education, Collaboration and Action

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Topics

- HHS Region II Overview
- Overview Latinos in the U.S.
- Health Disparities, Health Equity and Social Determinants of Health
- HHS Reducing Health Disparities:
 - Strategies & Plans
 - Initiatives



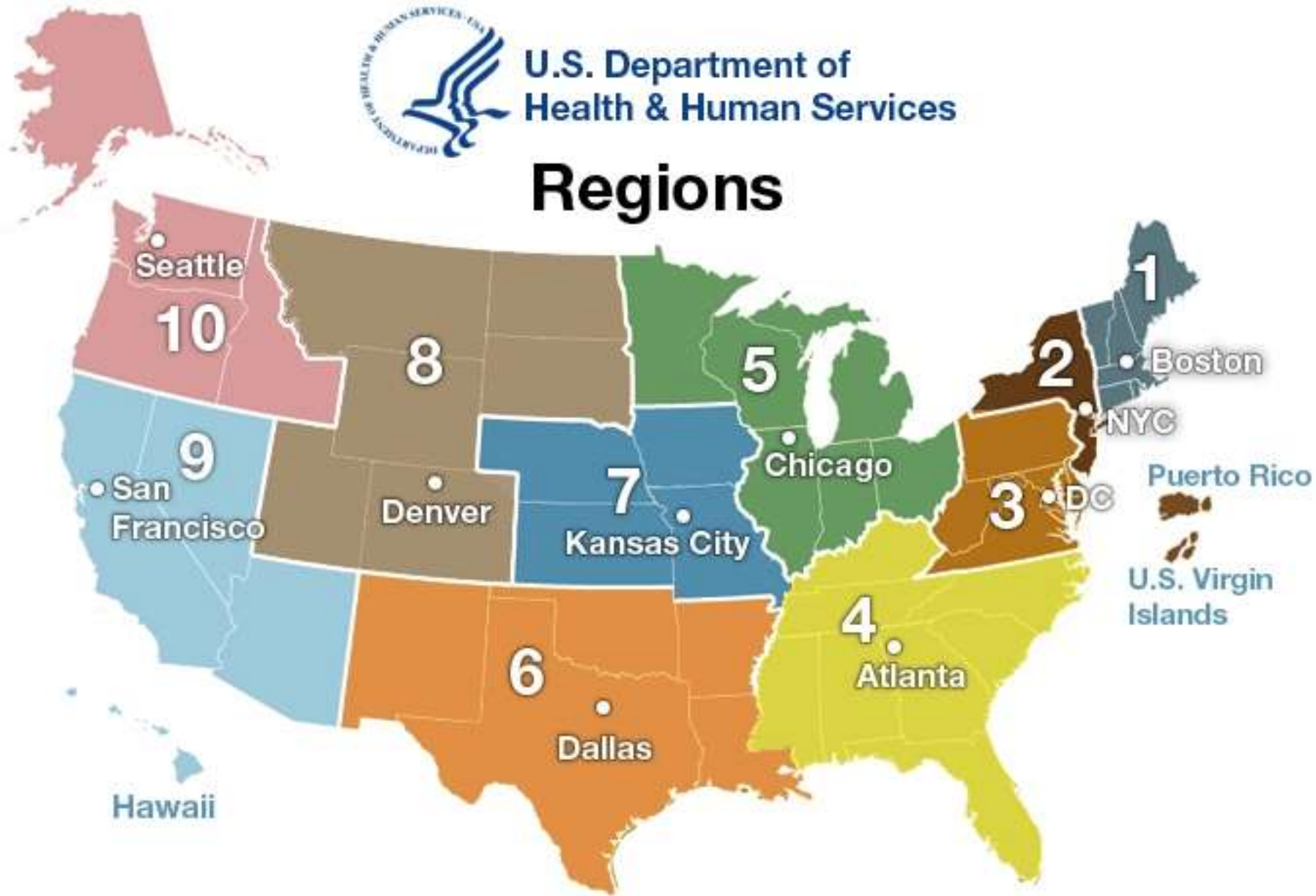
Region II Population Based Programs





U.S. Department of
Health & Human Services

Regions

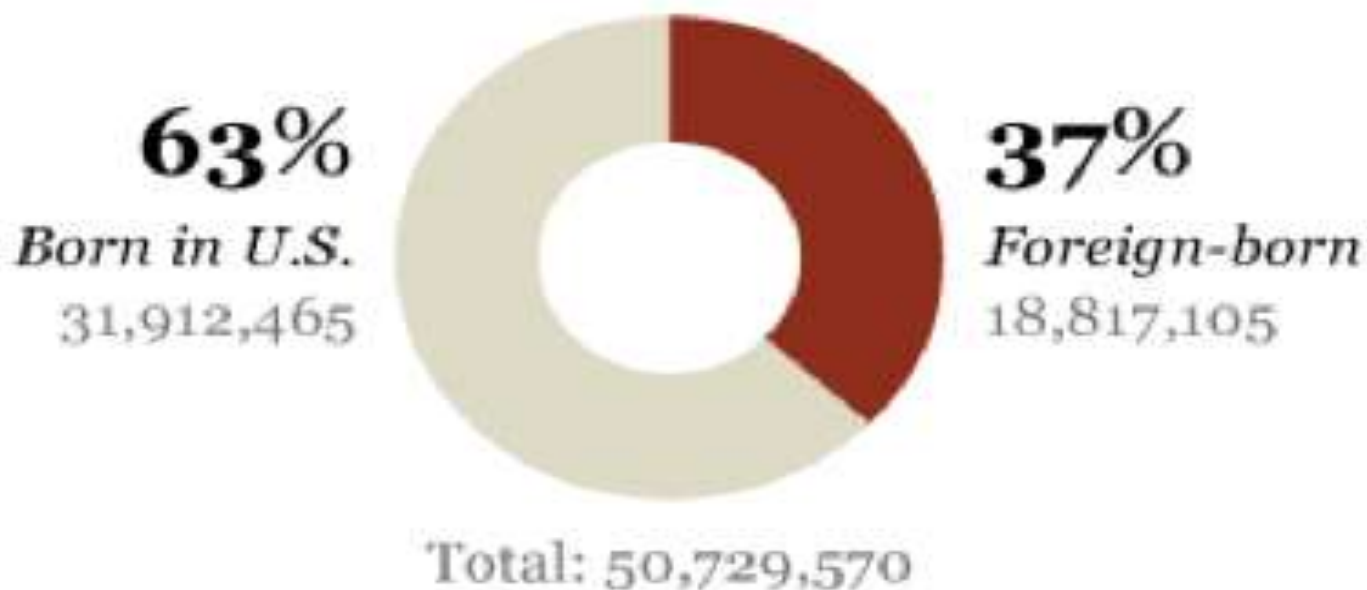


HHS Agencies



Hispanics in the U.S.: Origin and Place of Birth

There are over 50.5 million Hispanics in the U.S., and 37% are foreign-born. This share varies greatly between each of the country of origin groups.



Source: Pew Research Hispanic Trends Project



Overview Latinos/Hispanics in the U.S.

- Latinos/Hispanic represent 16.9% of the U.S. total population
- In 2012, among Latino/Hispanic subgroups:
 - Mexicans rank as the largest at 64.3%
 - Puerto Ricans 9.4%
 - Central Americans 9.0%
 - South Americans 5.9%
 - Cubans 3.7%



Overview Latinos/Hispanics in the U.S.

Cont.

- In 2011, States with the largest Hispanic populations:
 - California 14.5 million
 - Texas 10 million
 - Florida 4.5 million
 - New York 3.5 million
 - Illinois 2.1 million
- Census 2012 data shows that 74% of Latinos/Hispanics speak a language other than English at home.
- Latinos/Hispanics have the highest uninsured rates of any racial or ethnic group within the United States.
- In 2012, 29% of the Latino/Hispanic population was not covered by health insurance, as compared to 10.4% of Caucasians.



Health Disparities

The
Issue

“A **health disparity** is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial and/or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

-National Stakeholder Strategy, Healthy People 2020 and Health and Human Services (HHS) Plan



Las Disparidades de Salud

El
Problema

Las **disparidad de salud** se refiere a las diferencias entre los grupos de personas. Estas diferencias pueden afectar la frecuencia con que una enfermedad afecta un grupo, la cantidad de personas que se enferma o con que frecuencia la enfermedad ocasiona muerte.

Source: New York Department of Health AIDS Institute



Health Equity

The
Vision

“**Health equity** is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.”

-National Stakeholder Strategy, Healthy People 2020 and Health and Human Services (HHS) Plan



La Igualdad de Salud

La Vision

La igualdad de salud ocurre cuando las personas tienen la oportunidad de estar tan saludables como sea posible y nadie está limitado para lograr una buena salud debido a su posición social o a ningún otro determinante de salud.

Source: New York Department of Health AIDS Institute



Social Determinants of Health

External factors that influence health outcomes are known as the **Social Determinants of Health**. Examples include:



Los Determinantes Sociales de Salud

Los factores externos que influyen los resultados de salud son llamados **Los Determinantes Sociales de Salud**.



Vivienda



Medio Ambiente



Transportacion



Educacion



Cuidado Medico



Alimentos

Source: New York Department of Health AIDS Institute





The Affordable Care Act & Health Disparities

Nuestra Comunidad Fuerte y Saludable

Latino communities are more secure, thanks to the health law.

The health law means better coverage for those who have insurance,
and more options for those who don't.

Already have health insurance?

8.2
MILLION

Latinos with private health insurance can now receive preventive services, like wellness visits, diabetes and cancer screenings, at no extra cost.



**Preventive
Services**



1 in 5 Latinos dies from preventable heart disease.²

3.9
MILLION

Latinos who have Medicare coverage can now receive preventive services, like flu shots, blood pressure and cholesterol screenings, at no extra cost.

Don't have health insurance?

10.2
MILLION

Uninsured Latinos may be eligible for coverage through the new



**Affordable
Insurance**



Roughly 1 in 3 Latinos is uninsured.³

913
THOUSAND

Latino young adults under 26 have already gained coverage

HHS Strategies and Plans

Environmental Justice Equals Healthy, Sustainable, and Equitable Communities



<http://www.epa.gov/environmentaljustice/sustainability/index.html>





A National Movement to End Health Disparities

- Health disparities affect everyone, particularly racial and ethnic minorities
- Ending health disparities can lead to a healthier nation
- A national movement to end health disparities is necessary
- This national movement will establish partnerships and link the public and private sectors

Regional Movements

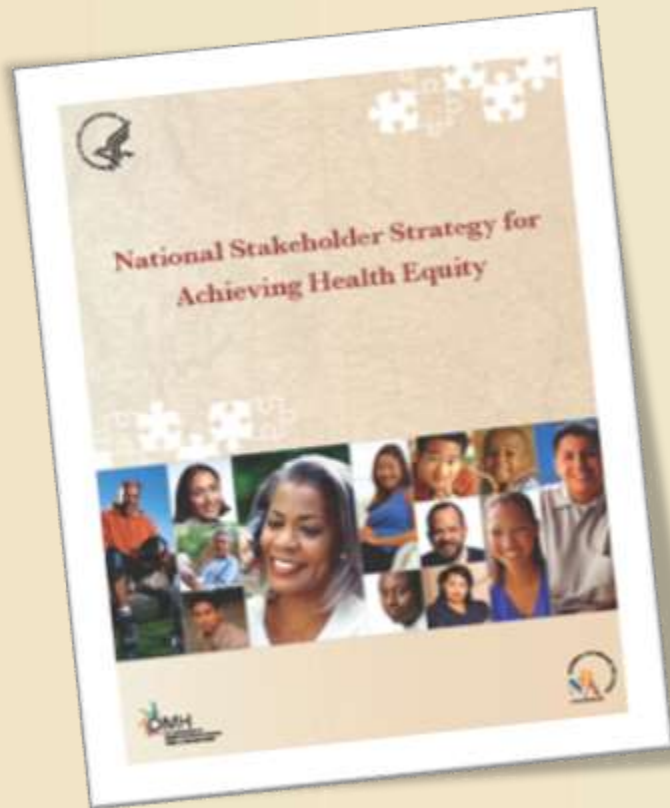
Ten Regional Health Equity Councils (RHECs) have been established to:

- Mobilize regional action around common issues
- Leverage federal, regional, state, and local resources
- Infuse NPA goals and strategies into policies and practices
- Support and enhance state and community efforts
- Share stories and successes across the country



National Stakeholder Strategy (NSS)

<http://tinyurl.com/NationalStakeholderStrategy>



- Developed with input from thousands of individuals and organizations at the grassroots level
- Establishes a common set of national goals and strategies
- Encourages partners and stakeholders to identify and implement community-based strategies



The First Federal Plan to Address Health Disparities

- The HHS Action Plan
<http://tinyurl.com/HHSActionPlan>
- Outlines HHS goals and actions to reduce health disparities
- Other agencies to follow
- Aligned with Healthy People 2020, the National Prevention Strategy and the President's National HIV/AIDS Strategy





Healthy People 2020

Leading Health Indicators

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Reproductive and Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco

HHS Initiatives

Office of Minority Health Initiative

HHS Promotores de Salud/Community Health Workers

- The initiative is authorized by the HHS Action Plan to Reduce Racial and Ethnic Health Disparities.
- Guided by a Federal Work Group representing HHS agencies and coordinated by OMH.

Promotoras: Also known as, community health workers, peer leaders, patient navigators or health advocates. Role in promoting community-based health education and prevention in a culturally and linguistically appropriate, particularly in communities and for populations that have been historically underserved and uninsured.

Goals:

1. Recognize the important contributions of promotoras in reaching vulnerable, low income, and underserved members of Latino/Hispanic populations, and
2. Promote the increased engagement of promotores to support health education and prevention efforts and access to health insurance programs



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

Respectful of and responsive to:

- Cultural health beliefs & practices
- Preferred languages
- Health literacy levels
- Communication needs

Employed by all members of an organization (regardless of size) at every point of contact.

The enhanced National CLAS Standards are intended to:

- Advance health equity,
- Improve quality, and
- Help eliminate health care disparities

This is done by establishing a blueprint for health and health care organizations to implement and provide culturally and linguistically appropriate services.



The National CLAS Standards

Theme	Standards
Principal Standard	<ul style="list-style-type: none"> o Provide effective, equitable, understandable, respectful, and quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Theme 1: Governance, Leadership, and Workforce	<ul style="list-style-type: none"> o Advance and sustain governance and leadership that promotes CLAS and health equity o Recruit, promote, and support a diverse governance, leadership, and workforce o Educate and train governance, leadership, and workforce in CLAS
Theme 2: Communication and Language Assistance	<ul style="list-style-type: none"> o Offer communication and language assistance o Inform individuals of the availability of language assistance o Ensure the competence of individuals providing language assistance o Provide easy-to-understand materials and signage
Theme 3: Engagement, Continuous Improvement, and Accountability	<ul style="list-style-type: none"> o Infuse CLAS throughout the organization's planning and operations o Conduct organizational assessments o Collect and maintain demographic data o Conduct assessments of community health assets and needs o Partner with the community o Create conflict and grievance resolution processes o Communicate the organization's progress regarding CLAS

www.thinkculturalhealth.hhs.gov

The screenshot shows the homepage of the Think Cultural Health website. At the top, there is a navigation bar with the U.S. Department of Health & Human Services logo and the Office of Minority Health. The main header features the "THINK CULTURAL HEALTH" logo and the tagline "Advancing Health Equity at Every Point of Contact". A search bar and a "JOIN THE CLCCHC" button are also visible. Below the header, there is a navigation menu with links for Home, About TCH, CLAS & the CLAS Standards, Continuing Education, Communication Tools, and CLAS Clearinghouse. The main content area includes a large image of a diverse group of healthcare professionals, a section titled "The National CLAS Standards" with a brief description, and a "Join The CLCCHC" section with a "Log In or Register" button. A footer section contains links for Office of Minority Health, Ways to Connect, CLAS Standards, and Contact Us, along with a "THINK CULTURAL HEALTH" logo and the text "online learning awards for".



Hispanic or Latino

Behavioral Health and Hispanics/Latinos

From the National Survey on Drug Use and Health, 2010

Substance Use in Hispanics/Latinos

- Rates of past month alcohol use and illicit drug use were lower among Hispanic adults than the national averages for adults (46.1 vs. 55.2 percent and 6.6 vs. 7.9 percent, respectively); however, past month binge alcohol use was higher among Hispanic adults than the national average (26.3 vs. 24.5 percent) .
- Among Hispanic adults, substance use varied greatly by subgroup; past month illicit drug use, for example, ranged from a high of 13.1 percent among adults of Spanish origin (from Spain) to a low of 3.9 percent among those of Dominican origin. Among Hispanic adolescents, substance use also varied by Hispanic subgroup; past month alcohol use, for example, ranged from 21.6 percent among Spanish adolescents to 13.8 percent among Puerto Rican adolescents.
- Hispanic adults who were born in the United States had higher rates of past month substance use than Hispanic adults who were not born in the United States, regardless of age. Among Hispanic adolescents, those who were born in the United States had higher rates of past month cigarette use, alcohol use, and marijuana use than those who were not born in the United States.
- Compared with the national average for adolescents aged 12 to 17, Hispanic adolescents had lower rates of past month cigarette use (8.1 vs. 10.2 percent), marijuana use (6.5 vs. 6.9 percent), and nonmedical use of prescription-type drugs (2.9 vs. 3.3 percent).



Mental Health in Hispanics/Latinos

- In 2010, the percentage of persons aged 18 or older with past year mental illness was 18.3 percent among Hispanics; 4.6 percent of Hispanics suffered from a serious mental illness. The percentage of Hispanics who suffered from a major depressive episode was 5.6 percent.

About OBHE

- » [OBHE Home](#)
- » [About OBHE](#)
- » [Key Policy Drivers](#)
- » [OBHE's Five Key Strategies](#)
- » [Populations](#)

Populations of Focus

- » [American Indian/Alaska Native](#)
- » [Asian American, Native Hawaiian and Pacific Islander](#)
- » [Black or African American](#)
- » [Hispanic/Latino](#)
- » [Lesbian, Gay, Bisexual, & Transgender](#)

Internships and Fellowships

- » [Minority Fellowship Program](#)
- » [SAMHSA Internship Program](#)

SAMHSA Resources

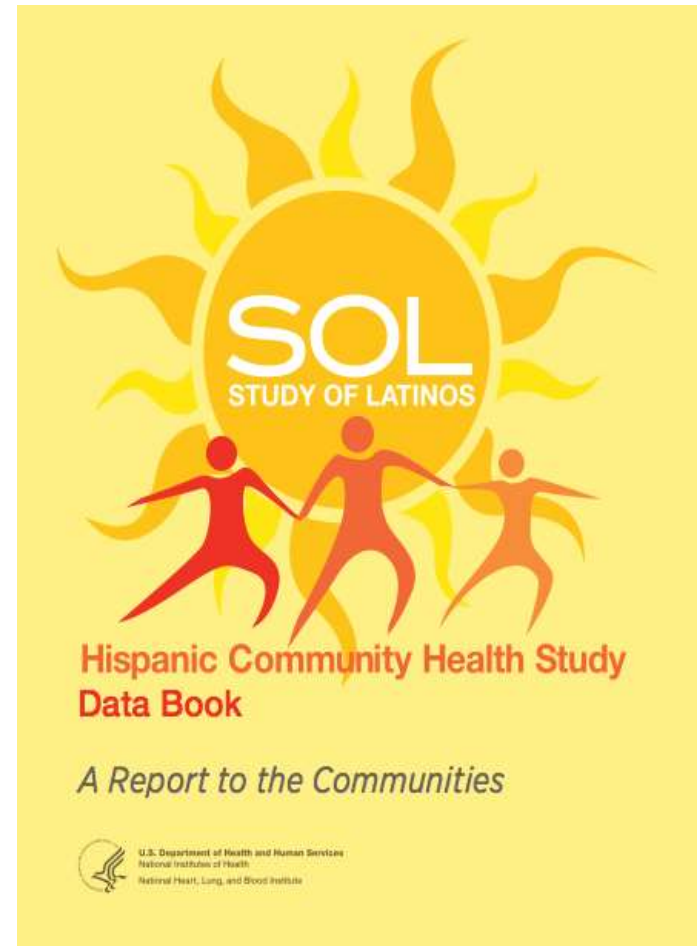
- » [Suicide Prevention Lifeline](#)
- » [Treatment Locator](#)
- » [National Registry of](#)

NIH Funded Study

The Hispanic Community Health Study/ Study of Latinos (HCHS/SOL)

The Bronx, Chicago, Miami and San Diego.

1. Diseases and Conditions
 - Coronary heart disease and stroke
 - Pulmonary disease
 - Oral health
 - Hearing loss
2. Risk factors for cardiovascular disease
3. Lifestyle- Diet and Physical Activity
4. Awareness, Treatment and Control
5. Health Insurance



<http://www.nhlbi.nih.gov/resources/obesity/pop-studies/NHLBI-HCHSSOL-English-508.pdf>



Partners



Take Action in Your Community

- Plan or take part in community efforts/activities to end health disparities among Latinos/Hispanics
- Increase collaboration with federal, state and local government agencies and non-governmental organizations
- Be the voice for Latinos/Hispanics unable to navigate the health care system





Muchas Gracias! Thank you!

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