



# Eliminating Health Disparities

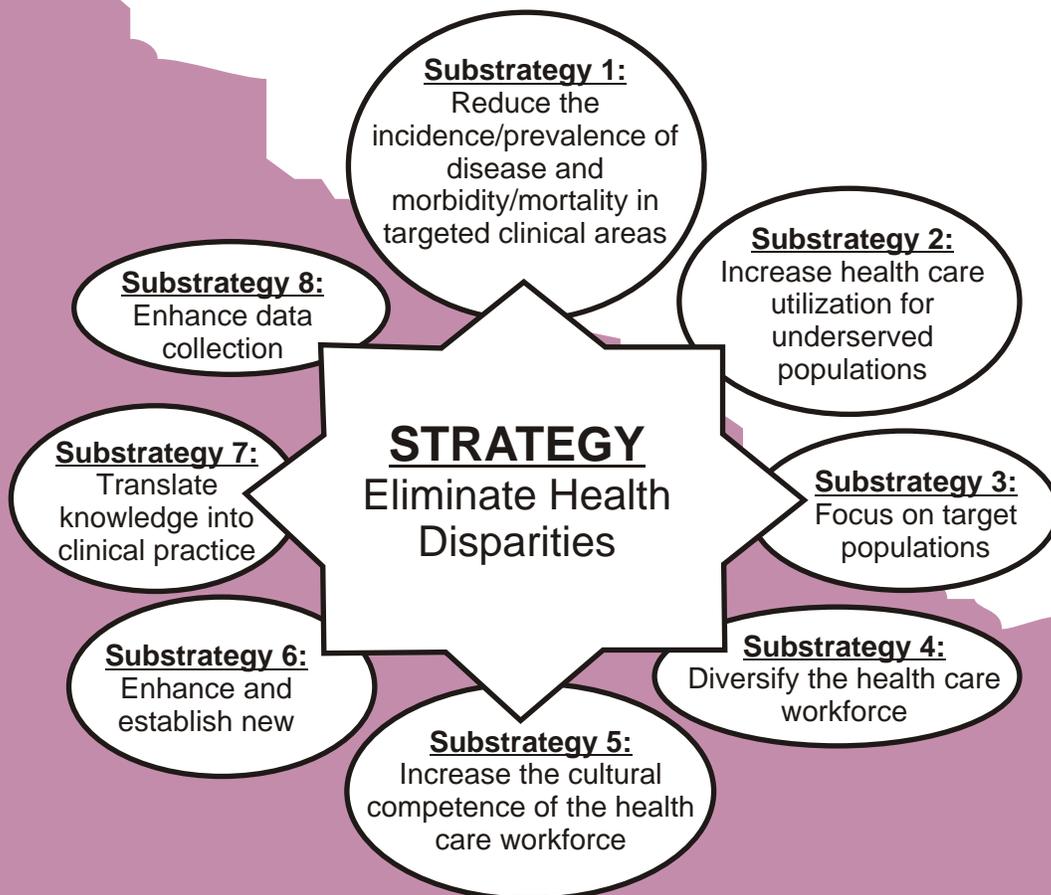
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## FUTURE DIRECTIONS FOR HRSA

### HRSA's Strategic Direction for Health Disparities

All HRSA activities are centered on the goal of assuring 100% access to health care and 0 health disparities for people living in the U.S. In support of this goal, HRSA's Strategic Plan identifies four long-range strategies, one of which is to eliminate disparities. The Agency currently supports a wide variety of activities intended to eliminate health disparities for vulnerable populations (see Appendix for a detailed listing of HRSA's current activities and strategic plan).

To enhance the focus on the elimination of health disparities, HRSA has established eight health disparity substrategies that provide the framework for the **HRSA-Wide Health Disparities Initiative**. Through this initiative, HRSA's operating units will continue their current activities that promote access to quality health care and eliminate health disparities. Beginning in FY 2001, HRSA will increase the coordination of these health disparity activities by establishing an integrated, Agency-wide focus on the following eight substrategies:



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**Substrategy 1: Reduce the incidence/prevalence of disease and morbidity/mortality in targeted clinical areas.** During the Initiative, HRSA's health disparity activities will primarily focus on ten areas. Six of the clinical areas are also targeted in the 1998 DHHS Initiative for the Elimination of Racial/Ethnic Disparities in Health. The remaining areas include conditions for which the Surgeon General and/or HRSA has devoted increased attention and resources during FY 2000:

- Diabetes
- Cardiovascular disease
- Infant mortality
- Immunizations
- Cancer screening and management
- HIV/AIDS
- Mental health and substance abuse
- Oral health
- Asthma
- Domestic violence

During FY 2001, HRSA's operating units will continue to support a wide variety of activities related to these areas that will now be coordinated across the Agency. In FY 2002, HRSA anticipates implementing several new activities for each of the targeted areas.

**Substrategy 2: Increase health care utilization for underserved populations.** Underserved populations often underutilize health care for a myriad of reasons and are not able to reap the benefits of preventive services and chronic disease management. In other cases, populations desire care, but they encounter barriers when trying to access services. In FY 2001, HRSA plans to increase the coordination and expansion of prior work related to removing health care barriers and establishing new health care access points for disadvantaged populations. The FY 2002 budget will include a new emphasis on supporting lay health workers and health educators to assist populations in understanding their health care needs.

**Substrategy 3: Focus on target populations.** HRSA will continue to support activities that serve populations suffering from health disparities based on race/ethnicity, gender, age, income, insurance status, rural or urban geographic location, sexual orientation, housing status, and occupation. However, as part of the Initiative, an Agency-wide focus will be established on the population-specific health disparities experienced by the following groups:

- Racial/ethnic groups
- Females and males
- People with low income
- Urban and rural residents
- Populations living near the U.S. - Mexico border
- Lesbian, gay, bisexual, and transgender populations

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**Substrategy 4: Diversify the health care workforce.** HRSA acknowledges that the patient-provider relationship is often enhanced by ethnic, cultural, and linguistic concordance. The Agency strongly supports increasing the number of health care providers who are people of color. In FY 2001, HRSA will enhance the coordination of current health professions diversity activities. HRSA also anticipates implementing new projects in this area, including expanding partnerships with Historically Black Colleges and Universities and Hispanic Serving Institutions in FY 2002. For example, the Black Medical School Project has been proposed that will develop an investment model to support the training of increased numbers of students of color.

**Substrategy 5: Increase the cultural competence of the health care workforce.** HRSA firmly believes that the provision of culturally competent health care services is a critical component for eliminating health disparities. In FY 2001, HRSA's Cultural Competence Committee will continue to implement the Agency-wide plan to incorporate the principles of cultural competence into HRSA's programs, practices, and policies. New activities are under development for FY 2002 that would enhance HRSA's focus on cultural competence specifically related to the targeted clinical areas and populations.

**Substrategy 6: Enhance and establish new partnerships.** The Agency has witnessed vast reductions in health disparities in communities that have formed multidisciplinary partnerships. As a result, HRSA will enhance the coordination of its current public and private partnerships in FY 2001. In FY 2002, HRSA will seek to support new community-based partnerships that promote innovative linkages and integration of primary care and public health services. The Agency also intends to support State level partnerships that include State primary care associations and organizations, State Offices of Rural Health, maternal and child health programs, Title X programs (i.e., family planning), State Medicaid offices, and State mental health and substance abuse agencies.

**Substrategy 7: Translate knowledge into clinical practice.** The Agency acknowledges that the mere existence of knowledge will not eliminate disparities in health. Undoubtedly, a precipitant of existing health disparities is the inconsistent utilization of evidence-based health care and population-specific health delivery practices. HRSA will seek to partner with other DHHS agencies that have complimentary activities related to translating medical knowledge into better health care for vulnerable populations in FY 2001. In FY 2002, HRSA intends to unveil innovative strategies to bridge the gap between medical knowledge and clinical practice at HRSA-supported sites.

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**Substrategy 8: Enhance data collection.** The Agency believes that data collection and analysis are critical components of eliminating health disparities. Without this information, HRSA cannot delineate the specific populations and subpopulations that suffer from health disparities, and it cannot appropriately target funding and other resources. As a member of the DHHS Data Council Workgroup, the Agency will continue to develop strategies for the collection of racial/ethnic and other demographic data related to HRSA-supported health programs. In FY 2001, HRSA will implement Agency-wide coordination of its data collection activities for its targeted population groups. In addition, funds are being requested to support the development of local and State level data systems that collect information about specific population demographics and link that information to output and outcome measures for the ten clinical areas of focus in FY 2002.