GENERAL SESSION II:
Systems Approaches to Eliminating Health Disparities and Improving Health Equity
Speaker

Daniel Dawes, JD
Today’s Agenda

- Discuss the progress that has been made to advance health equity via laws and policies
- Discuss provisions of the health reform law that will have the greatest impact on vulnerable populations
- Discuss the challenges to advancing a health equity agenda in laws and policies
- Discuss opportunities for attendees moving forward
What is the impact of health disparities?

- Vulnerable groups experience disproportionalities
  - 83,000 deaths per year
  - $300 billion in costs to the country

- Health disparities are not isolated issues

- Negative health outcomes and disparate treatment in health care impact the economic and social vitality
Elevating Health Equity via Public Policy and Law

- Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential. (WHO, 1985).

- In order to achieve health equity we as a nation have to seriously address the social justice, environmental, economic and other public policy issues that impact an individual’s livelihood, exposure to illness, and risk of early mortality. (WHO 2008).

- Health inequities are intensified by political, economic, and/or social influences. (WHO, 2008).

- Health inequities result from a failure to
  - propose or create laws and policies or
  - utilize an equity lens when developing, reviewing, analyzing, and implementing laws, policies, and programs

- Policy is a driving force for helping us eliminate health disparities

- This can be accomplished by leaders with a bi-partisan orientation at the helm
Paving the Way to Eliminating Health Disparities in the United States: A 32 Year Snapshot

1983 – Margaret Heckler, HHS Secretary Realized Significant Gaps in Minority Health

1984 – Established the Task Force on Black and Minority Health

1985 – Secretary’s Task Force on Black and Minority Health Released

1986 – Office of Minority Health created at HHS

1990 – Healthy People 2000 released prioritizing “reduction of health disparities”
Paving the Way to Eliminating Health Disparities in the United States: A 30 Year Snapshot

1990 – Congress passes the *Disadvantaged Minority Health Improvement Act of 1990* and appropriates $1 million to support health disparities research the following year

1999 – REACH is created at CDC

2000 – Healthy People 2010 released prioritizing “elimination of health disparities”

2000 – Congress passes the *Minority Health and Health Disparities Research & Education Act* which directs AHRQ to conduct assessment of healthcare disparities, the IOM to produce a report, establish COEs on health disparities research
Paving the Way to Eliminating Health Disparities in the United States: A 30 Year Snapshot


2003 – AHRQ releases the first *National Healthcare Disparities Report*

2009 – *National Working on Health Disparities and Health Reform* created to advocate for a health equity agenda in health reform legislation

2009 – President Obama and TriCaucus Congressional Members declare support for addressing health disparities in a comprehensive health reform package

2009 – The Joint Center releases *The Economic Burden of Health Disparities in the United States*

2010 – *Healthy People 2020* released prioritizing achievement of health equity, elimination of disparities, and improvement in the health of all groups.
Minority Health Bills and Key Policy Events

1990
Disadvantaged Minority Health Improvement Act of 1990
- The Office of Research on Minority Health was created
- HP 2000 released under Bush Administration

1986
- The Office of Minority Health created at HHS
- Secretary’s Task Force Report on Black and Minority Health released
- The Emergency Medical Treatment and Active Labor Act was passed

1984
- HHS Sec. Margaret Heckler establishes the Task Force on Black and Minority Health

1991
- Congress gives $1 million support to health disparities

1992
- The Minority Health Initiative was launched and allocated $45 million

1998
- Minority HIV/AIDS Initiative began with $156 million in funding

2000
- The Minority Health and Health Disparities Research and Education Act of 2000 was signed into law

2001
- IOM releases report – Crossing the Quality Chasm: A New Health System for the 21st Century
- Surgeon General releases report – Mental Health: Culture, Race, and Ethnicity

2002
- IOM releases report – Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

2003
- AHRQ releases the National Healthcare Disparities Report
- The NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities was issued

2010
- Patient Protection and Affordable Care Act
The Health Reform Law

- 5th Anniversary of the Affordable Care Act
- Sweeping changes to health care
- Implemented over the next several years in the following areas:
  - Expanded coverage
  - Data collection & reporting
  - Prevention & wellness
  - Comparative effectiveness research
  - Delivery system reforms
  - Payment system reforms
  - Workforce development
  - Attack fraud and abuse
Health Reform Changes for Vulnerable Populations

- transform the delivery of care from treating sickness to preventing illness and promoting wellness,
- strengthen protections for the approximately 57 million Americans who have a pre-existing condition by prohibiting discrimination based on their health status,
- prioritize the reduction of health disparities in research,
- ensure that we have a more robust data collection and reporting system to track the disparities in health status and health care services,
- improve the quality of care Americans receive from health care providers,
- provide grant opportunities to develop programs to reduce the gap in health status and health care between vulnerable populations and the general population,
- expand health insurance coverage for almost 32 million Americans who are uninsured or underinsured.
Equity-related Provisions in Health Reform

Addressing Health Disparities
Overview of Selected Provisions

- Elevating Health Equity in the Federal Agencies

- Health Insurance
  - Navigators
  - Incentivizing Health Disparities Reduction Activities

- Data Collection/Nondiscrimination
  - New Collecting/Reporting Requirements
Overview of Selected Provisions (cont.)

- Quality
  - Patient–Centered Health Homes
  - Community Health Team
  - Facilitation of Shared Decision–making
  - Quality Measure Development
  - Comparative Effectiveness Research
Overview of Selected Provisions (cont.)

- **Workforce Development**
  - Medicine, Nursing, Public, Behavioral & Allied Health
  - Community Health Workers/Promotoras
  - Cultural Competency Training
  - Interdisciplinary Collaboration
  - National Health Care Workforce Commission
  - National Health Service Corp
Overview of Selected Provisions (cont.)

- Prevention
  - Prevention Fund
National Strategies to Address Health Disparities

- National Health Disparities Strategy
- National Quality Strategy
- National Prevention and Wellness Strategy
- National Health Literacy Strategy
- Federal HIT Strategy
- National HIV/AIDS Strategy
Funding

Mandatory versus Discretionary Funding

D. Dawes 10/7/14
# Mandatory Funding:
Funds that must be appropriated

<table>
<thead>
<tr>
<th>Title</th>
<th>Section</th>
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<tbody>
<tr>
<td>Community Health Centers</td>
<td>Sec. 2303 (Reconciliation)</td>
<td>$11B in new dedicated funding over the period FY 2011 to FY 2015. $9.5B for operations and $1.5B for construction. The CHC Trust Fund is in addition to existing discretionary funding. Operation funding amounts were changed in reconciliation. However, construction amount remained same as in base text.</td>
<td>(A) $1,000,000,000 2011; (B) $1,200,000,000 2012; (C) $1,500,000,000 2013; (D) $2,200,000,000 2014; and (E) $3,600,000,000 2015;</td>
</tr>
<tr>
<td>National Health Service Corp.</td>
<td>Sec. 10503</td>
<td>$1.5 billion in new, dedicated funding for the National Health Service Corps. The National Health Service Corps Trust Fund is in addition to existing discretionary funding.</td>
<td>(A) $290,000,000 2011; (B) $295,000,000 2012; (C) $300,000,000 2013; (D) $305,000,000 2014; and (E) $310,000,000 2015.</td>
</tr>
<tr>
<td>School Based Health Centers (construction)</td>
<td>Sec. 4101 (a)</td>
<td>Creates a grant program for the establishment of SBHCs. Grant funds would be used only for construction and equipment. Requires Secretary to give preference to facilities that serve a large population of children eligible for the Medicaid and CHIP programs. Appropriates a total of $200M over the period FY 2010 to FY 2013.</td>
<td>(A) $50,000,000 2010; (B) $50,000,000 2011; (C) $50,000,000 2012; and (D) $50,000,000 2013;</td>
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<tr>
<td>Maternal, Infant and Early Childhood Home Visiting programs</td>
<td>Sec. 2951</td>
<td>Appropriates a total of $1.5B over the period FY 2010 to FY 2014.</td>
<td>(A) $100,000,000 2010; (B) $250,000,000 2011; (C) $350,000,000 2012; (D) $400,000,000 2013; and (E) $400,000,000 2014.</td>
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<td>Community Prevention and Public Health Fund</td>
<td>Sec. 4002</td>
<td>Establishes a Prevention and Public Health Investment Fund to provide for expanded and sustained national investment in prevention and public health programs. <strong>Total of $15B for FY 2010-2019</strong> (program authorized in perpetuity).</td>
<td>(A) FY 2010, $500,000,000; (B) FY 2011, $750,000,000; (C) FY 2012, $1,000,000,000; (D) FY 2013, $1,250,000,000; (E) FY 2014, $1,500,000,000; and (F) FY 2015, and each fiscal year thereafter, $2,000,000,000. FY 2012 – 2017 $1,000,000,000/FY FY 2018 &amp; 2019 $1,250,000,000/FY FY 2020 &amp; 2021 $1,500,000,000/FY FY 2022, and each fiscal year thereafter, $2,000,000,000</td>
</tr>
<tr>
<td>Personal Responsibility Education</td>
<td>Sec. 2953</td>
<td>Provides support for programs to educate adolescents on the prevention of pregnancy and sexually transmitted infections. Entities targeting services to high-risk, vulnerable, and culturally underrepresented youth populations are given priority for funding. <strong>Appropriates a total of</strong></td>
<td>(A) FY 2010, $75,000,000; (B) FY 2011, $75,000,000; (C) FY 2012, $75,000,000; (D) FY 2013, $75,000,000; and (E) FY 2014, $75,000,000;</td>
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## Discretionary Funding:
Funds that are not necessarily appropriated

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<td>Nurse-Managed Health Centers</td>
<td>Sec. 5208</td>
<td>Authorizes a federal nurse managed health clinic program which serves disadvantaged communities. There are authorized to be appropriated $50,000,000 for the fiscal year 2010 and SSAN for each of the fiscal years 2011 through 2014.</td>
<td>(A) FY 2010, $50,000,000; (B) FY 2011, SSAN; (C) FY 2012, SSAN; (D) FY 2013, SSAN; and (E) FY 2014, SSAN;</td>
</tr>
<tr>
<td>School Based Health Centers (operations)</td>
<td>Sec. 4101 (b)</td>
<td>Creates a grant program for the establishment of SBHCs. Funds can be used for both operations and construction. Authorizes Secretary to give preference to applicants who demonstrate ability to serve communities with specified barriers to access.</td>
<td>Authorizes SSAN for FY 2010- FY 2014.</td>
</tr>
<tr>
<td>Understanding Health Disparities: Data Collection and Analysis</td>
<td>Sec. 4302</td>
<td>Improves federal data collection efforts by ensuring that federal health care programs collect and report data on race, ethnicity, sex, primary language, and disability status. Please note, there is a notwithstanding clause which states that data may not be collected under this section unless funds are directly appropriated for such purposes in an appropriation act.</td>
<td>Authorizes SSAN for FY 2010-2014.</td>
</tr>
<tr>
<td>Community Transformation Grants</td>
<td>Sec. 4201</td>
<td>Provides grants to State and local governmental agencies and community-based organizations for evidence-based community preventive health activities to achieve a number of goals, including reducing health disparities.</td>
<td>Funding amt and level not specified.</td>
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<td>Grants to Promote Community Health Workers</td>
<td>Sec. 5313</td>
<td>Provides grants to community health workers who serve as liaisons between communities and health care agencies and provide culturally and linguistically-appropriate services.</td>
<td>Authorizes SSAN for FY 2010- FY 2014.</td>
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<td>Oral Healthcare Prevention Activities</td>
<td>Sec. 4102</td>
<td>Establishes an Oral Healthcare Prevention Education Campaign with targeted activities for special populations conducted in a culturally and linguistically appropriate manner. These populations include racial and ethnic minorities and individuals with disabilities.</td>
<td>Authorizes SSAN for FY 2010- FY 2014.</td>
</tr>
<tr>
<td>Community Preventive Services Task Force</td>
<td>Sec. 4003</td>
<td>Establishes an independent Community Preventive Services Task Force to conduct rigorous, systematic reviews of existing science and recommend the adoption of proven and effective services. The Task Force topic areas for review will include those related to specific age groups and health disparities among sub-populations and age groups.</td>
<td>Authorizes SSAN</td>
</tr>
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<td>Offices of Minority Health</td>
<td>Sec. 10334</td>
<td>Establishes individual Offices of Minority Health within six agencies (HRSA, CDC, FDA, CMS, AHRQ and SAMHSA). Redesignates the on Minority Health and Health Disparities as the National Institute on Minority Health and Health Disparities.</td>
<td>Secretary must allocate funds from each Agency’s budget to establish a Center.</td>
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<tr>
<td>Promoting Diversity of the Health Workforce</td>
<td>Sec. 5402</td>
<td>Authorizes $60,000,000 for fiscal year 2010 and such SSAN for each of the fiscal years 2011 through 2014.</td>
<td>(A) FY 2010, $60,000,000; (B) FY 2011, SSAN; (C) FY 2012, SSAN; (D) FY 2013, SSAN; and (E) FY 2014, SSAN;</td>
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<td>Training in Cultural Competency, Prevention, Public Health, and Aptitude Working with Individuals with Disabilities</td>
<td>Sec. 5307</td>
<td>Provides support for development of model curricula in cultural competency and related training.</td>
<td>Authorizes SSAN for FY 2010 to FY 2015.</td>
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| Promoting Diversity in the Workforce:                                | Sec. 5402 | Provides support for (1) pipeline programs for the health professionals that assist in recruitment and retention of underrepresented minorities and individuals from disadvantaged backgrounds; (2) loan repayment programs for faculty from disadvantaged backgrounds; and (3) institutions that train nurses to increase diversity among these professionals, including support for bridge or degree completion programs. | (a) Loan Repayment and Fellowship Regarding Faculty Positions
Changes the loan amount for faculty positions from $20,000 to $30,000 per year.
(b) Scholarships for Disadvantaged Students
There is authorized to be appropriated $51,000,000 for FY 2010, and SSAN for FY 2011- FY 2014.
(c) Reauthorization for Loan Repayments and Fellowships Regarding Faculty Positions
There is authorized to be appropriated $25M over FY 2010 to FY 2014.
(d) Reauthorization for Educational Assistance in the Health Professions Regarding Individuals from a Disadvantaged Background. There is authorized to be appropriated $60,000,000 for fiscal year 2010 and SSAN for fiscal years 2011 through 2014. |
| Alterative Dental Health Provider Models                             | Sec. 5304 | Creates new demonstration program, which will award grants to 15 eligible entities, to test different dental health care provider models that will promote access to oral health services in underserved communities. There is authorized to be appropriated SSAN | SSAN                                                                          |
Funding

• Appropriations

• President’s FY 2013, 2014, 2015, & 2016 Budgets

• Deficit Reduction

• Debt Ceiling

• Sequestration
ACA Provisions Repealed or Modified to date

- Federal Program To Assist Establishment And Operation Of Nonprofit, Member-Run Health Insurance Issuers (CO-Ops)
- Free Choice Vouchers
- Special adjustment to FMAP determination for certain states recovering from a major disaster – technical correction
- Medicaid DSH Payments – Rebases state DSH allotments for FY 2021
- Prevention and Public Health Fund – i) no propaganda, ii) $6.25 billion cut, iii) funds allocated by Congress
- Community Health Centers
- Repealed Community Living Assistance Services and Supports (CLASS) Act
- Expansion Of Reporting Requirements (1099)
- Eligibility verifications for premium tax credits and cost-sharing for HIEs
- National Federation of Independent Business v. Sebelius (Supreme Court Ruling on ACA)
  - Repealed ACA Sec. 1396c – withdraw states’ existing Medicaid funds due to failure to comply with Medicaid Expansion.
The Implications? No Money, No Mission

- Debt Ceiling/Deficit Reduction/Sequestration Negotiations
- ACA Mandatory Appropriations To Discretionary Appropriations
- ACA Funding for Quality Improvement Initiatives Not Prioritizing Health Disparities Elimination

D. Dawes 8/8/14
The Supreme Court’s 2012 & 2014 Rulings: Anything But Final

“In the end, it can be viewed as a success only to the extent a crash landing is still considered a landing.”—Jonathon Turley, George Washington University
Supreme Court’s Holding:

- Medicaid Expansion: Upheld in part
  - Violated the Constitution by threatening States with the loss of their existing Medicaid funding if they declined to comply – unduly coercive
    - The Medicaid Expansion provision transformed the Medicaid program so drastically—a shift in kind, not degree—that is unconstitutional.
  - States had inadequate notice
  - Nevertheless, it is permissible if the Secretary does not withhold funds to states that choose to not expand their Medicaid programs.
  - Otherwise, Medicaid expansion upheld (severable), which means that the rest of the law is left intact, but now Medicaid expansion is optional for the states.
State Action on Medicaid Expansion

The Supreme Court’s ruling on the Affordable Care Act allows states to opt out of the law’s Medicaid expansion, leaving this decision with state governors and legislatures.

Governors of states participating in Medicaid expansion cited support for increased coverage for residents as reason for opting in; governors of non-participating states cited high cost of expansion as reason for opting out; governors of undecided states are weighing costs of expansion before opting in or out.
Legal Challenges to the ACA

Dozens of legal challenges are still pending that challenge various components of the Affordable Care Act.

- Challenges to the individual mandate
- Challenges to contraceptive coverage
- Challenges to premium tax credit for federal HIEs
- Challenges to the Independent Payment Advisory Board
- Challenges to the constitutionality of the employer mandate
- Challenges to state laws restricting Navigators
State Action on Health Insurance Exchanges

LEGEND:
- **Green**: Declared state-based exchange
- **Yellow**: Planning for partnership exchange
- **Red**: Default to federally facilitated exchange

UT and MA have exchanges in operation, not necessarily ACA compliant.
Legislation Addressing Minority Health & Health Disparities

The Trend
Federal Health Disparities Bills
Federal Minority Health Bills
What Does All of this Mean?

- Questionable development and implementation of public policies

- Difficulty coordinating a cohesive and sustainable campaign around meaningfully addressing health equity

- Little has been done to:
  - comprehensively, trans-disciplinarily, and collaboratively coordinate health equity leadership,
  - exchange timely and essential information, and
  - generate or actualize health equity strategies and approaches at the local, state, regional, and national level

- Engage health equity champions to meaningfully address the inequities experienced and observed
Reigniting the Push for Health Equity!

HELEN
HEALTH EQUITY LEADERSHIP & EXCHANGE NETWORK

www.healthequitynetwork.org

aetna

MOREHOUSE FOUNDATION

SCHOOL OF MEDICINE

NATIONAL REACH COALITION

National Collaborative for Health Equity
Working with People, Partners, and Purpose

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To establish a national forum that supports and strengthens leadership development and the exchange of ideas and information among health equity champions relative to the advancement of health equity in laws, policies, and programs.
Objectives

Provide a forum to:

- Exchange timely, relevant information on policy issues impacting racial and ethnic health equity
- Actively inform and monitor the development, implementation, promotion, and impact of local, state and national health laws, policies, and programs on health equity
- Research, analyze, and disseminate objective nonpartisan information to engage people in a broader dialogue on policies impacting health equity
- Disseminate culturally tailored messaging to increase understanding and demystify legislative and regulatory processes

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Key Features

- Online Forum and Interactive Map of the United States and its Territories with information on:
Key Features

Online Resource Library

- Federal and state public policy analyses
- Surveys, fact sheets, tracking charts, matrices, and briefs on select issue areas discussing the economic impact and legal/policy implications
- Proposed and existing legislation, regulations, statutes, executive orders, FAQs, bulletins
- Innovative research
- Public policy tools, articles, and other informative resources
- Fact sheets on specific programs/initiatives and available grants

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“The legal system can force open doors and sometimes even knock down walls, but it cannot build bridges. That job belongs to you and me.”

Justice Thurgood Marshall
HEALTH EQUITY FOR ALL!

Questions?

For more information, please contact Daniel E. Dawes, Esq. DDawes@ msm.edu or Daniel.Dawes@gmail.com www.healthequitynetwork.org