



16 February 2010

Garth N. Graham, MD, MPH
Deputy Assistant Secretary for Minority Health
Office of Minority Health
1101 Wooten Parkway, Suite 600
Rockville, MD 20852

RE: COMMENTS ON OMH'S NATIONAL PLAN FOR ACTION IN ACHIEVING HEALTH EQUITY

Dear Dr. Graham:

The Society for Public Health Education (SOPHE) applauds the Office of Minority Health for developing the proposed National Plan for Action: Changing Outcomes -- Achieving Health Equity and inviting our opportunity for comment and input. As you know, SOPHE is committed to the elimination of health disparities and working with multiple partners to achieve health equity, including OMH and its state/regional offices. Although SOPHE was not among the partners at the table offering input into this proposed plan, we provide these comments and recommendations as a long-term trusted and committed partner to supporting OMH in this effort.

As such, the SOPHE Board of Trustees, Research Agenda Committee, and Community of Practice on Health Disparities collectively offer the enclosed comments for your consideration and inclusion in the final draft of the National Plan. Our comments are organized under two major areas: 1) Structural comments focus on overall themes and continuity within the National Plan; 2) Comments on contents offer guidance on specific areas in the document that can use further definition or revision.

I. Structural Guidance

A.1 Context/Background for Objectives & Strategies

SOPHE recommends that the background/justification for the five objectives and twenty strategies be further explained/justified in the section preceding the National Plan. For those community members, national partners, and others that did not participate in the preliminary meetings convened to create the strategies and objectives, the flow and format seems unclear.

B.1 Creating "SMART" Objectives

Program success is built on objectives that are specific, measurable, appropriate, realistic, and timely. SOPHE recommends re-examining all proposed objectives to ensure such levels of specificity and accountability. Some proposed objectives lack sufficient specificity, which ultimately will be critical in any measurement or accountability. Therefore, we suggest further examination of the proposed objectives, taking into consideration all SMART criteria, as well as clearly specifying which stakeholders should be accountable or involved in with the process.

C.1 Creating Ownership & Accountability for Actions & Strategies

Throughout the National Plan for Action it is important to display a capacity-oriented emphasis. Many organizations provide direct and indirect services to address health disparities in the community. Therefore, strong communities benefit from taking social ownership of the community network. When groups know what role they can play in encouraging ownership they can help build stronger, healthier communities. Additional information is needed in the National Plan for Action in chapter four and five highlighting a clear and concise implementation approach for community involvement.

D.1 Consideration of Health Literacy/Readability

To remain consistent with the vision of health equity through the provision of national, community and local programming and partnerships, SOPHE strongly recommends that this document be strengthen its health literacy and readability. Action Plans that seek to engage the community members at large as well and other disciplines (e.g. social work, law, and education) include common language that is delivered at an appropriate reading level. The Surgeon General's Office plan on underage drinking (<http://www.surgeongeneral.gov/topics/underagedrinking>) is one example of a national action that provides inclusive language at an appropriate reading level.

E.1 Creating a Companion Document(s)

SOPHE is concerned over the length of the document. While the major component of this document is the National Plan, its placement in the document is not as prominent as it could be. SOPHE suggests a companion document that could include:

- Graphs and tables highlighting racial and ethnic trends;
- Series of fact sheets that include anthropological and historical perspectives on Native Americans; African American, and Latinos to portray minorities as champions rather than victims, or
- Making the National Plan for Action available as a stand alone document (apart from the additional information provided.)

F.1 Inclusion of Glossary of Terms Section

In an effort to appropriately meet the needs and challenges of translation and dissemination of this document to audiences beyond public health, SOPHE strongly suggests the creation of glossary to terms that can be included as an appendix. Highlighting terms that may not be understood or used in different contexts by stakeholders in other disciplines is imperative.

G1: Dissemination

SOPHE is among many other professional organizations that utilize professional journals to report research and best practices efforts. A coordinated effort to work with journal editors to focus on health disparities among their publications is a critical step to document research and evaluation outcomes that expand efforts involving racial and ethnic minority populations. In addition, social media is a powerful tool that can deliver messages and motivate communities to act.

II. Content Guidance

A.2 Awareness – National Call to Action

The US is in need of a national commitment to health equity. It may be helpful to further align the strategies within this Plan to the Healthy People 2020 objectives that are specific to social determinants for increased support and visibility.

B.2 Inclusion of Additional Racial & Ethnic Data

Because the racial and ethnic populations being covered by the Plan may not be well understood by the readers of this document, the National Plan should include a section that describes each population's sociological and anthropological characteristics, not just the health and economic features of these populations. Further, the SOPHE Research Agenda, cosponsored by OMH, called for improved national data on health disparities and determinants of health.

C.2 Inclusion of Emergency Preparedness Needs and Environmental Health/Social Justice

It is important in both emergency preparedness planning and disaster response efforts that health inequality and health disparity considerations be fully explored. With this in mind, SOPHE's suggestions for a strong strategy or objective statement regarding emergency preparedness in response to minority, disabled and poverty populations is critical. Moreover, communities of color have been historically disadvantaged with regard to environmental hazards impacting health, as well as the social/economic conditions of their communities.

D.2 Appropriateness School Health Plans and Information

Overall, SOPHE is pleased with the attention in the plan related to scholastic achievement and health outcomes. Schools play an important role in closing the health disparities gap. However, we strongly urge greater emphasis on promoting actions for healthy school environments through increased physical activity, provision of healthy foods, requirements for minimal health instruction, and the qualifications of individuals providing such instruction.

E.2 Change in Language regarding School Health, Objective 3 Strategy 10

Strategy 10 under Objective 3 reads: "Promote School Readiness". While school readiness is a critical component, more than half of the action statements under this strategy focus on high school graduation and K-12 activities. Therefore we strongly suggest that the strategy be changed to read: Strategy 10: Education - School Readiness and Graduation. The action statements that follow should then be grouped and prioritized as those focused on school readiness then followed by additional actions related to K-12 education.

F.2 Implementation of the Plan

A leadership effort focused on the utilization of existing programs to expand infrastructure to reach the targeted populations and communities may prove to be the best use of resources instead of establishing new programs. This can be accomplished by identifying in the community who provides what resources to whom based on capacities, skills and assets. Community assets,

capacities and abilities are critical to connecting resources to address health disparities. Grassroots efforts are critical to the success and should be highlighted throughout the National Plan for Action.

In chapter four titled “Implementing the National Plan,” the Exhibit 4-2: Structural Model of Implementation diagram on page 140 is used to describe ripple effects as a conceptual model. However, more emphasis is needed in chapter four assuring and demonstrating greater equity and accountability among collaborators. A redesigned Exhibit 4-2 diagram demonstrating how the national and state organizations could serve as a vehicle to support and expand infrastructures that promotes equitable leadership, influence and involvement could foster the best results among communities involved in grassroots collaboration.

G.2 Research Emphasis

SOPHE, in collaboration with OMH and other partners, established a research agenda for health disparities and health education. In addition to the research priorities already identified in the proposed Action Plan, we advocate for inclusion:

Disparities. Make research into the determinants and distribution of disparities in maternity care risks and outcomes of care a national priority. Expand access to services shown to improve the quality and outcomes of care among vulnerable populations. Compare effectiveness of interventions to reduce disparities in maternity services and outcomes. Increase the number of underrepresented minority caregivers and improve the cultural and linguistic competencies of all maternity care professionals.

Workforce training and Continuing Education. Conduct an independent workforce needs and capacity assessment to redesign the specialty areas (diabetes, HIV/AIDS, maternal care, etc.) of the health care workforce consistent with the health care reform priority of primary preventive services and care coordination. Develop, test and implement strategies specific to each of the specific professions to increase recruitment of students and tracking to areas of need, and interventions to improve collaborative practice among caregivers.

Evaluation. Research that supports sustainable community development change is accomplished when local communities are committed and involved in the systematic process. The ability to document community engagement and leadership is a key element to evaluation. This may ensure the continuation of improvements and adoptions of supportive infrastructures to address health disparities. Tracking funding sources used among national, state, tribal, and local organizations and the number of environmental and social change policies and programs implemented is a helpful evaluation tool.

National SOPHE, in collaboration with its 20 local chapters across 35 states and regions, stand ready to assist the DHHS Office of Minority Health in further refining this National Plan as well as helping to implement it. Thank you again for the opportunity to provide input and to underscore SOPHE’s partnership and commitment to health equity.

Sincerely,



Diane Allensworth, PhD
President



M. Elaine Auld, MPH, CHES
Chief Executive Officer