



# NATIONAL PARTNERSHIP FOR ACTION

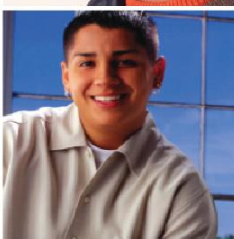
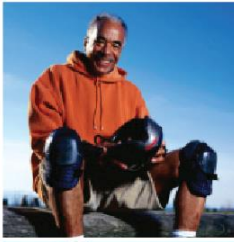
to End Health Disparities

## NPA Mission, Goals and Priorities



# NPA Mission

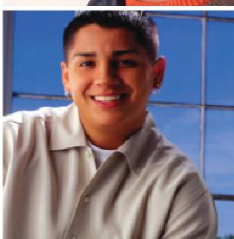
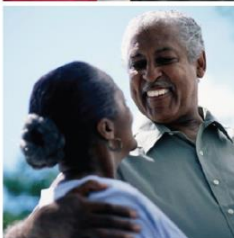
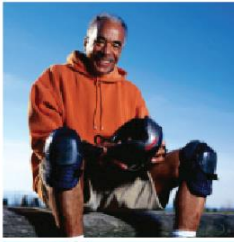
*To increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action.*



**Great Lakes Regional Health Equity Council**

# NPA Goals

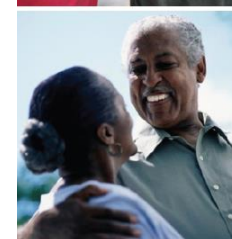
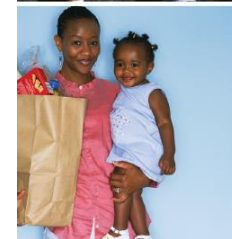
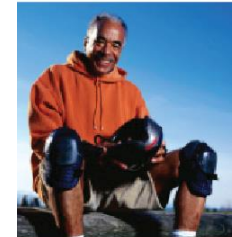
- **Goal 1: Awareness** – Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.
- **Goal 2: Leadership** – Strengthen and broaden leadership for addressing health disparities at all levels.
- **Goal 3: Health System and Life Experience** – Improve health and health care outcomes for racial, ethnic, and underserved populations.
- **Goal 4: Cultural and Linguistic Competency** – Improve cultural and linguistic competency and the diversity of the health-related workforce
- **Goal 5: Data, Research, and Evaluation** – Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.



**GOAL 3: HEALTH SYSTEM AND LIFE EXPERIENCE**  
 Improve health and healthcare outcomes for racial, ethnic, and underserved populations

**STRATEGY 10: OLDER ADULTS**  
 Enable the provision of needed services and programs to foster healthy aging

OBJECTIVES <sup>a</sup>	MEASURES <sup>a</sup>	POTENTIAL DATA SOURCES <sup>a</sup>
<ol style="list-style-type: none"> <li>1. Increase older adults' (especially older adults from racial, ethnic, and other underserved groups) access to and use of preventive healthcare services (e.g., annual influenza and the pneumococcal vaccination, prostate screenings, mammography) through community-based and clinical partnerships and other innovative approaches</li> <li>2. Establish partnerships between the business sector, medical and health providers, and community-based organizations to ensure that older adults (especially older adults with multiple chronic conditions) have access to appropriate medical, dental, nutritional, and social services, as well as to evidence-based, self-management programs</li> <li>3. Increase the number of accessible home and community-based provider and caregiver training programs</li> <li>4. Increase the number of older adults living in frontier, rural, urban, or tribal communities who have access to core services (e.g., nutrition/meal, transportation, and respite care) provided by area agencies on aging</li> </ol>	<ol style="list-style-type: none"> <li>1. Number and distribution of community- and home-based caregiver training programs</li> <li>2. Number and distribution of evidence-based health, wellness, and safety programs for older adults</li> <li>3. Decrease in emergency room visits and short-term hospitalizations among older adults</li> <li>4. Number of older adults from different racial, ethnic, and underserved populations who have access to and receive core services</li> <li>5. Number of NORCs or similar models implemented within MUAs/HPSAs</li> </ol>	<ol style="list-style-type: none"> <li>1. Medicare, Medicaid, and long-term care data</li> <li>2. Agency for Healthcare Research and Quality's National Healthcare Disparities Report (NHDR)</li> <li>3. Administration on Aging's Aging Integrated Database and National Aging Program Information System (NAPIS)</li> <li>4. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System data</li> <li>5. Federal Interagency Forum on Aging-Related Statistics</li> <li>6. The State of Aging and Health in America Report</li> <li>7. The National Archive of Computerized Data on Aging</li> <li>8. National Center for Health Care Statistics</li> <li>9. Medical Expenditure Panel Survey (MEPS)</li> <li>10. American Dietetic Association Evidence Analysis Library</li> </ol>





# NPA Mission and Goals

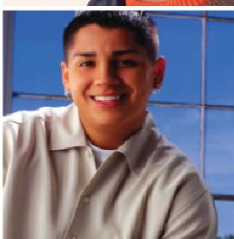
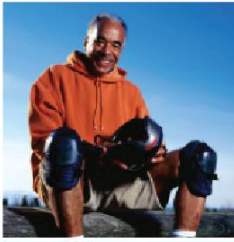
## Principles Guiding Targeted Action

Community-Driven

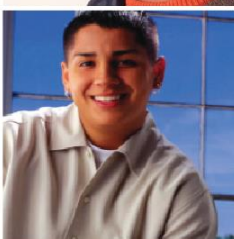
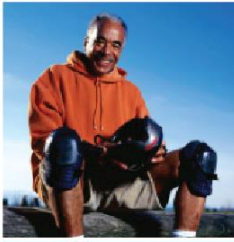
Partnership-Based

Multi-Level and Multi-Sector

Focus on the Social Determinants of Health



# Organizing Our Work – Priority Areas

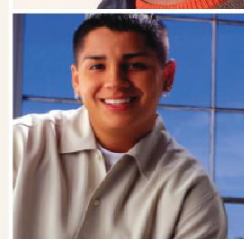
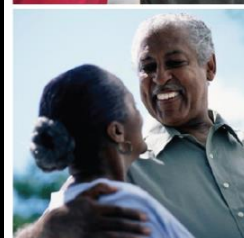
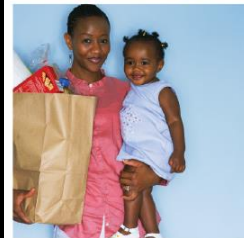
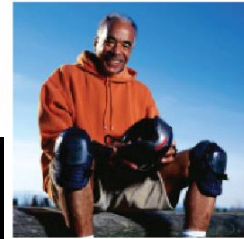


3. Educate youth and emerging leaders about the social determinants of health and health disparities, and increase their knowledge through practical learning opportunities.
4. Strengthen the nation's network of community health workers as a critical part of the disease prevention and health promotion workforce to identify and meet the needs of underserved communities.
5. Promote the integration of health equity in policies and programs.



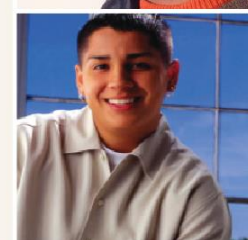
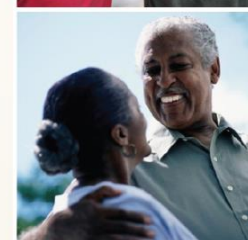
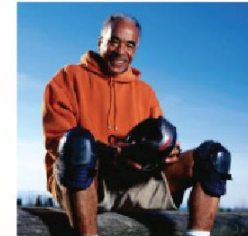
# Community Health Workers

- Objectives:
  - Support the development of sustainable business models for reimbursing CHWs for primary prevention services that address the social determinants of health at the community level.
  - Support activities to expand the role of CHWs through a “social determinants of health” lens.
- Key activities under the NPA were organized by the RHECs
  - Mostly about disseminating regional information about this area of practice



# Community Health Workers

	Summary of Activities
RHEC 1	<ul style="list-style-type: none"> <li>On August 5, RHEC 1 hosted a webinar "<i>Community Health Workers (CHWs): Part of the Solution for Advancing Health Equity; Perspectives and Initiatives from Region 1</i>".</li> <li><b>Purpose:</b> Share existing CHW models in the New England region with practitioners from across the country.</li> <li>11/145 completed assessment. Results are not reportable.</li> </ul>
RHEC 9	<ul style="list-style-type: none"> <li>On September 3, RHEC 9 hosted a webinar "<i>Community Health Workers: Part of the Solution for Advancing Health Equity; Perspectives and Initiatives from the Pacific and Southwest Regional Health Equity Council</i>".</li> <li><b>Purpose:</b> Highlight case studies that demonstrate the value and impact of CHWs on health disparities and how this documented value of CHWs can assist in educating and informing the work of policy makers, payers and other critical audiences</li> <li>10/106 participants completed survey. Results not reportable.</li> <li>Also developed a regional CHW database (existing programs, training, associations)</li> </ul>





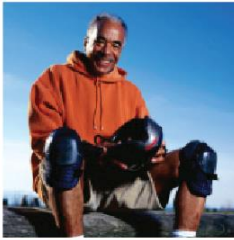
# Other Activities

## Health Information Technology (HIT)

- RHEC 9 conducted an assessment of how 1 Asian (Southern CA) and 1 Hispanic community (AZ) access health information. This information is potentially informative about ways to use technology to disseminate health information among these populations.

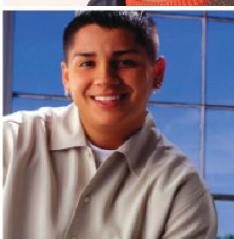
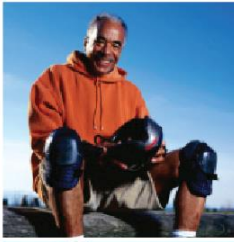
## Raising Awareness about specific health disparities issues

- RHEC 3 conducted a twitter chat on diabetes and oral health disparities
- RHEC 3 developed a fact sheet on Community Health Centers and disseminated to CBOs to assist with increasing patient access to health care.
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# In Summary

- Plan for FY15:
  - Continue work in identified priority areas
  - Sustain and improve operations to strengthen the NPA
  - Provide specialized expertise to strengthen the regional coalitions
  - Ensure a communication infrastructure to ensure timely dissemination of information about NPA activities to stakeholders



# In Summary

- Areas of emphasis:
  - Partnerships across multiple sectors
  - Activities to increase the impact of existing resources in communities
  - Data collection and evaluation system to document progress
  - Publications to share NPA accomplishments

