

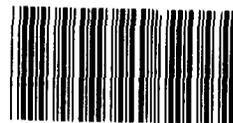
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Fact Sheet for the Chairman,
Subcommittee on Health and the
Environment, Committee on Energy
and Commerce, House of
Representatives

June 1990

MINORITY HEALTH

Information on Activities of HHS's Office of Minority Health



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Human Resources Division**B-239933**

June 6, 1990

The Honorable Henry A. Waxman
Chairman, Subcommittee on Health and
the Environment
Committee on Energy and Commerce
House of Representatives

Dear Mr. Chairman:

This fact sheet is in response to your request for information relating to activities of the Department of Health and Human Services' (HHS) Office of Minority Health (OMH). The 1990 census is expected to reflect significant increases in minority populations. You stated that it is important to obtain information on OMH's activities in considering legislation to improve the quality and access of health care services available to these populations. In general, the requested information relates to OMH's goals and objectives, funding, staffing, and program activities.

Background

Organizationally, OMH is under HHS's Public Health Service. For fiscal year 1990, OMH has 17 staff and an operating budget of about \$8 million. OMH was established in December 1985 and was given responsibility for implementing recommendations contained in the HHS Secretary's Task Force Report on Black and Minority Health, issued in August 1985. The task force was created to investigate the health problems of blacks, Native Americans, Hispanics, and Asian Americans and Pacific Islanders. Its recommendations were directed at reducing the disparity in health status between minorities and nonminorities.

Specifically, the task force's recommendations focused on the following minority health problem areas: (1) inadequate health information and education, (2) need to improve financing and delivery of health services, (3) development of more minority health professionals, (4) improved cooperation between the federal and private sectors on minority health problems, and (5) development of more complete data on minority health problems and increased research efforts.

Objectives, Scope, and Methodology

Our objective was to obtain information specifically requested by the Subcommittee. As discussed with Subcommittee staff, we obtained information on the following:

- whether OMH had written goals, objectives, and strategic plans and whether these were specifically developed for Asian Americans and Pacific Islanders, blacks, Hispanics, and Native Americans;
- the yearly funding levels for minority health activities, the amount of funds and staff devoted to each of the four targeted minority populations, and whether OMH believes its resources are sufficient to address the needs expected to result from future increases in the Hispanic and Asian American populations;
- OMH's general activities and those specifically targeted for each of the four minority populations, the number of grant applications received and the number of grants awarded, and whether any applications or grants were for a specific group; and
- whether grantee performance is evaluated, the results of any evaluations, and what efforts OMH has made to increase grant applications for any of the four targeted groups that may not be well represented among applicants.

The information provided in this fact sheet is based primarily on data provided by OMH, which, for the most part, we did not verify. We supplemented the information OMH provided through interviews with key program officials and reviews of budget, staffing, and grant documents. We did not obtain written comments from HHS on the information contained in this fact sheet. However, we discussed the information with OMH officials and incorporated their comments where appropriate. We performed our work from April to May 1990.

Summary

OMH's overall goal is to improve the health status of Asian Americans and Pacific Islanders, blacks, Hispanics, and Native Americans. However, at this time, OMH does not have specific short-term and long-term goals or objectives for each of these groups, nor does it have strategic plans for its activities. A strategic plan is being developed and is expected to be completed in early fiscal year 1991.

OMH's budget and staff for fiscal year 1986 was \$1.9 million and 11 staff members. The administration has requested an increase to about \$19.5 million and 30 staff members for fiscal year 1991. OMH believes that these 1991 proposed increases will provide sufficient resources to address the needs resulting from the expected increases in minority

populations. Officials noted there are many other sources of HHS funds addressing minority health. For example, the Public Health Service as a whole, of which OMH is a part, has \$654 million targeted to minority populations in fiscal year 1990.

OMH says that it does not allocate staff to specific minority groups, nor does it have major activities or programs that serve any one of the four minority populations. OMH's position is that it attempts to achieve a balanced representation among all four minority populations in the programs it supports.

OMH has two general grant programs to fund health-related activities for minority populations. Since OMH was established in December 1985, it has received 881 grant applications and awarded 64 grants under these two programs. Our analysis showed that while most grant applications did not specify a minority group that was to be served, most grants awarded were for a specific minority group. Blacks were the largest group served, and Hispanics were the next largest.

Although OMH monitors grantee performance through reports and site visits, OMH has not conducted an overall evaluation of grantee projects. An OMH-contracted evaluation of 6 of 12 completed grants has shown that the projects had mixed results in achieving the desired program goals. OMH considers projects to be successful if (1) they reach the targeted minority population(s), (2) grantee organizations remain in existence and continue project activities after the grant period, and (3) grantees are able to secure funds from other sources after OMH funding ends.

OMH has not determined the extent that specific minority groups are represented in its grant programs, but believes that all four minority populations are being well represented.

Detailed information on the goals, resources, and activities of OMH is provided in sections 1 to 4 of this fact sheet.

We are sending copies of this fact sheet to other interested House and Senate Committees and Subcommittees; the Secretary of Health and Human Services; the Director, Office of Management and Budget; and other interested parties. We will also make copies available to others on

request. Should you have any questions concerning this fact sheet, please call me at (202) 275-6195. Other major contributors to this fact sheet are listed in the appendix.

Sincerely yours,

A handwritten signature in black ink that reads "Mark V. Nadel". The signature is written in a cursive style with a large, sweeping initial "M".

Mark V. Nadel
Associate Director, National
and Public Health Issues

Contents

Letter		1
Section 1 OMH Goals, Objectives, and Strategic Plans		8
Section 2 Funding and Staffing Levels	Public Health Service Funding for Minority Health	10 11
Section 3 Grant Applications and Awards		12
Section 4 Grant Evaluations and Assistance to Prospective Grantees		14
Appendix	Appendix I: Major Contributors to This Fact Sheet	16
Tables	Table 2.1: Office of Minority Health Funding and Staffing (Fiscal Years 1986-91)	10
	Table 2.2: Public Health Service Sources of Minority Health Funding (Fiscal Years 1987-91)	11
	Table 3.3: Office of Minority Health Grant Applications and Awards Serving Specific Minority Populations (Fiscal Years 1986-90)	13

Abbreviations

AIDS	acquired immunodeficiency syndrome
HHS	Department of Health and Human Services
OMH	Office of Minority Health
PHS	Public Health Service

OMH Goals, Objectives, and Strategic Plans

As described in various program documents, OMH's overall goal is to improve the health status of Asian Americans and Pacific Islanders, blacks, Hispanics, and Native Americans. At this time, however, OMH does not have specific goals for each of these groups. The office is currently developing a minority health strategic plan. This draft plan has not established specific goals for the target groups. OMH says such goals will be established, if necessary.

OMH's objectives, as published in the December 12, 1985, Federal Register, are to

- establish near-term and long-range objectives for HHS health activities for minority populations;
- develop reporting and monitoring requirements for these objectives;
- organize and plan activities to meet minority health needs and monitor the HHS budget to assure an appropriate share of funds is devoted to minority health problems;
- provide technical assistance to states and the public and private sectors to assure minority health issues are addressed;
- serve as a resource to promote, investigate, develop, and implement innovative health care models for minority populations;
- conduct, review, and develop strategies to improve the availability and accessibility of health professionals to minority communities;
- conduct, sponsor, and facilitate conferences on minority health;
- assure that steps are taken to improve data sources and integrate data systems reflecting minority populations; and
- facilitate research and foster public awareness of factors affecting minority health.

OMH does not have a written strategic plan at this time, but is expected to complete one in fiscal year 1991. In 1987, OMH awarded an initial contract to ROW Sciences, Inc., to provide technical and administrative assistance in developing the strategic plan for minority health. The cumulative contract costs total about \$1.4 million. The objectives of the planning effort are to develop an agenda that all HHS agencies, as well as other components of the health community, can use to improve minority health and provide OMH with a means to evaluate progress.

At about the time of the initial contract award, OMH established Health Issues Working Groups to determine the level of HHS's minority health activities relating to six health problem areas and three cross-cutting

areas identified in the Secretary's task force report.¹ The working groups developed an inventory of federal minority-related programs for each of the areas of concern for minority health.

Using the information developed by the working groups and the recommendations of the Secretary's task force, in June 1989 the contractor prepared a draft strategic plan. OMH is in the process of providing the draft plan to nonfederal technical experts for review and comment. After the expert comments are received, OMH plans to publish a notice of the plan in the Federal Register in August 1990 to solicit public comments before finalizing the plan in early fiscal year 1991.

The draft plan established an overall goal of reducing the disparity in health characteristics that exist between the minority and general populations by improving minority access to all levels of health care. To accomplish this, the plan proposes short-term, medium-term, and long-term goals. Short-term goals are those for which activity might be completed in 1991; medium-term goals might be completed by 1992, and long-term goals might be completed by 1995 or later. Examples of these goals are increasing professional awareness of cardiovascular disease and stroke among minorities (short-term); encouraging inclusion of information on cancer screening and minority risk factors for cancer in health promotion materials (medium-term); and developing outreach and education programs to increase minority use of pre-pregnancy and prenatal health care (long-term).

The draft plan does not establish specific goals for each of the four targeted minority groups. However, OMH says that if the comments received on the plan indicate a need to do so, such goals will be established.

¹The six health problem areas are cardiovascular disease and stroke; diabetes; cancer; substance abuse; homicide, suicide, and unintentional injuries; and infant mortality. The three cross-cutting areas are development of minority demographic data, minority needs in health education and health professions, and access to health care services and financing. Since the task force met, AIDS has been added as the tenth minority health concern.

Funding and Staffing Levels

From fiscal year 1986 to fiscal year 1990, OMH's annual budget increased from \$1.9 million to about \$8 million. During this same period, its staffing level increased from 11 to 17. For fiscal year 1991, the administration has requested an increase to approximately \$19.5 million and to 30 OMH staff members.

OMH says that its staff are not assigned to specific minority population issues. Instead, OMH stated that staff are assigned by functional program area (that is, program development, external coordination, internal coordination, and program management), and all staff perform work related to each of the targeted minority groups.

The populations of Hispanics, Asian Americans and Pacific Islanders, and blacks are all projected to increase in the next several years. The President's fiscal year 1991 budget request provides OMH with an increase of \$11 million and 13 additional staff members. OMH believes that these increases will be sufficient to address the needs resulting from the expected increases in minority populations. This is because OMH funding represents a relatively small component of the total HHS resources devoted to improving minority health. Principal responsibility for all programs that provide health services for minorities rests with several other Public Health Service and HHS agencies.

OMH funding and staffing for fiscal years 1986-91 are shown in table 2.1.

Table 2.1: Office of Minority Health Funding and Staffing (Fiscal Years 1986-91)

Dollars in thousands

Disease	Fiscal years											
	1986		1987		1988		1989		1990		1991	
	Actual amount	Auth. staff	Actual amount	Est. staff	Actual amount	Est. staff						
Health problem areas ^a	\$1,914	11	\$3,000	11	\$2,872	11	\$2,964	11	\$3,946	14	\$15,442	25
AIDS education and prevention	0	0	0	0	1,436	0	3,416	2	4,010	3	4,058	5
Total	\$1,914	11	\$3,000	11	\$4,308	11	\$6,380	13	\$7,956	17	\$19,500	30

^aIncludes funding for AIDS to community health coalitions to address the risk factors of this disease among minority populations.

Source: Office of Minority Health, HHS.

Public Health Service Funding for Minority Health

Although HHS does not maintain separate data on its total funding for minority health problems in general or individual minority populations, the Public Health Service has categorized its expenditures for minority health activities. This information is included in supplementary budget data submitted with the Public Health Service's fiscal year 1991 budget justification.

Examples of Public Health Service minority health activities include programs to reduce cardiovascular disease and diabetes in blacks, Hispanics, and Native Americans; information and education programs for minorities on sexually transmitted diseases, including AIDS; and childhood lead-poisoning prevention. However, OMH said that other HHS agencies, such as the Health Care Financing Administration and the Social Security Administration, do not identify the amount of funds targeted for minority health activities. The Public Health Service's funding of minority health activities for fiscal years 1987-91 is shown in table 2.2.

Table 2.2: Public Health Service Sources of Minority Health Funding (Fiscal Years 1987-91)

Agency	Fiscal years				
	1987	1988	1989	1990(Est.)	1991(Est.)
National Institutes of Health	\$255,235	\$292,250	\$339,397	\$373,249	\$410,364
Alcohol, Drug Abuse and Mental Health Administration	13,531	15,984	58,245	88,930	86,053
Health Resources and Services Administration	41,250	45,850	47,389	48,097	164,578
Centers for Disease Control	55,386	61,560	87,427	125,766	129,351
Office of Assistant Secretary for Health ^a	33,313	6,839	16,219	11,622	23,485
Agency for Health Care Policy and Research	2,500	2,663	951	4,930	4,930
Indian Health Service	0	0	800	992	1,013
Total	\$401,215	\$425,146	\$550,428	\$653,586	\$819,774

^aOMH funding amounts are included with the Office of Assistant Secretary for Health.

Source: Supplementary budget data submitted with the Public Health Service's fiscal year 1991 budget justification.

Grant Applications and Awards

OMH stated that it does not have major activities or programs that serve any particular one of the four minority populations. OMH's position is that it attempts to achieve a balanced representation among all four minority populations in its programs. However, under OMH's two general grant programs, most of the grants awarded serve a specific minority group. Blacks and Hispanics represented the largest groups served.

OMH funds health-related activities that cover the targeted minority groups through two general grant programs, the Minority Community Health Coalitions Demonstration Grants (coalition grants) and Minority AIDS Education/Prevention Grants (AIDS grants). Grants awarded under these two programs are for education and prevention programs for the minority health problem areas. Under the coalition grants program, OMH provides funds to community coalitions to help reduce the leading causes of excess deaths in minority populations, as identified in the HHS Secretary's 1985 Task Force Report on Black and Minority Health and in recognition of the severity of the AIDS problem. These grants provide funding for 2-year projects to plan and implement innovative programs to reduce the disease risk factors in the four minority populations. Under the AIDS grants program, OMH provides funds to organizations serving minority populations for use in providing AIDS prevention information and education to minority populations. Grants under this program are awarded for 3 years.

For a variety of purposes, OMH has also entered into (1) interagency agreements with other federal agencies and (2) contracts with private organizations, such as health organizations, colleges and universities, and professional groups. For example, OMH co-sponsors conferences and workshops on AIDS and other minority health problems.

For the period October 1, 1986, through April 30, 1990, OMH received 881 grant applications under its coalition grants and AIDS grants programs. OMH did not have its own breakdown of what group(s) each application was to serve. Our review of information provided by OMH of the organizations submitting grant applications showed that in most cases, the information did not specify the minority group that was to be served. Of the 881 applications OMH received, we identified 166 that would serve one or more specific minority groups.

Even though OMH information on most grant applications was not specific, most grants actually awarded were intended to serve a specific minority group. From October 1986 through April 1990, OMH awarded 64 grants; 54 of these were to serve a specific minority group and the

Section 3
Grant Applications and Awards

remaining covered multiple groups. The number of grants applied for and awarded, as well as the number and amount of grants awarded to serve specific minority groups for that period, are shown in table 3.3.

Table 3.3: Office of Minority Health Grant Applications and Awards Serving Specific Minority Populations (Fiscal Years 1986-90)

Dollars in thousands			
Group(s) served	Grant applications	Grant awards	
		Number	Amount
Single group			
Black	50	23	\$3,431
Hispanic	45	16	2,362
Asian American/ Pacific Islander	10	6	1,033
Native American	51	9	1,198
Subtotal	156	54	8,024
Two to three groups			
Black/Hispanic	8	6	938
Black/Native American	1	1	136
Black/Hispanic/Asian American/Pacific Islander	1	1	169
Subtotal	10	8	1,243
All four groups served or specific groups unknown	715 ^a	2	313
Total	881	64	\$9,580

Note: Data are through April 30, 1990, and no new grants have been awarded to date in fiscal year 1990. OMH has committed funds amounting to \$1.9 million for 3-year AIDS Education/Prevention Grants that were awarded in fiscal years 1988 and 1989.

^aOn the basis of information OMH provided, GAO could not determine whether these applications were intended to serve a specific group.

Grant Evaluations and Assistance to Prospective Grantees

OMH said it manages grant achievements through quarterly and final reports, which grantees must submit, as well as visits to grantee sites. For AIDS grants, which are awarded for 3 years, OMH staff also conduct evaluations of performance by requiring grantees to apply annually to continue their projects. During the period October 1986 through April 30, 1990, OMH staff made 57 site visits to monitor grantee performance. OMH officials report that they have never terminated a grant prior to completion of the grant period because of poor performance.

OMH has not conducted an overall evaluation of grantee performance. However, to obtain an indication of the success of its projects, in 1988 OMH contracted for an evaluation of 6 of the 12 grants that had been completed. OMH considers projects to be successful if (1) they reach the targeted minority population(s), (2) grantee organizations remain in existence and continue project activities after the grant period, and (3) grantees are able to secure funds from other sources after OMH funding ends. The contractor's evaluation showed that OMH projects had the following mixed results:

- Although all six projects resulted in a heightened awareness by the targeted population of minority health problem areas and associated risk factors, not all of the projects were able to assess the level of knowledge (or attitudes) and practices of their targeted populations concerning particular diseases.
- Although all six projects experienced difficulty in locating funding to continue the projects, all but one project continued to function following the end of the OMH funding.

OMH is currently reviewing the contractor's evaluation report in relation to each grantee's final report.

OMH has not conducted any specific review regarding the issue of minority representation in its grant programs. OMH believes that all four minority populations seem to be well represented among the large numbers of grant applications submitted to OMH and, therefore, such a review has not been conducted. The office reports that it has provided technical assistance to minority organizations to increase their knowledge of funding sources and to improve their grant application submissions so that they may better compete for federal and other funds. OMH said that in fiscal years 1988 and 1989, it held a series of regional training workshops to help minority organizations better compete for OMH and HHS funding. Over 600 individuals attended these sessions in fiscal year 1989.

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