



About the *Heckler Report*

This year marks the 30th anniversary of the *Report of the Secretary's Task Force on Black and Minority Health* (also known as the *Heckler Report*), which was released in 1985 under the leadership of then U.S. Department of Health and Human Services (HHS) Secretary Margaret M. Heckler. In the annual report of the nation's health, *Health, United States 1983*, she noted that "while the health and longevity of all Americans continued to improve, there were significant disparities between non-Hispanic whites and racial and ethnic minorities in the U.S." Secretary Heckler also noted the "sad and significant fact" of a continuing disparity in the burden of death and illness experienced by minorities.

In response to what Secretary Heckler called an "affront both to our ideals and to the ongoing genius of American medicine," she established the Task Force on Black and Minority Health, comprised of senior representatives across HHS, to study the health status of minorities. The result was the 1985 publication of the *Report of the Secretary's Task Force on Black and Minority Health*, a detailed analysis of the major factors that contribute to the health status of African Americans, American Indians and Alaska Natives, Asian Americans, Hispanics, and Native Hawaiians and Pacific Islanders.

The *Heckler Report* marked the beginning of a new era in addressing minority health issues starting with the creation of the HHS Office of Minority Health in 1986, whose mission is to improve the health of minority populations through the development of health policies and programs that will help eliminate health disparities.

The *Heckler Report* Findings and Recommendations

Impact on the Future of Health and Health Care Disparities

After analyzing national mortality data in more than 40 disease categories, the *Heckler Report* Task Force identified six causes of death that accounted for more than 80 percent of mortality among blacks and other minority groups when compared to whites:

- Cancer
- Cardiovascular disease and stroke
- Chemical dependency, measured by deaths due to cirrhosis
- Diabetes
- Homicide and accidents (unintentional injuries)
- Infant mortality

For each of the six causes of death, the Task Force explored why and to what extent the disparities existed and outlined action HHS could take to reduce or eliminate these inequities. However, as the report acknowledged, the factors responsible for health and health care disparities were "complex and defy simple solutions." To help identify the most effective strategies to end health disparities in America, the Task Force developed recommendations in areas where urgent improvements were needed:

- Health information and education
- Delivering and financing health services
- Development of health professions
- Cooperative efforts with the non-federal sector
- Data development
- Research agenda

To learn more about the *Heckler Report*, please visit www.minorityhealth.hhs.gov.

U.S. Department of Health and Human Services Office of Minority Health

Highlighted Milestones Since the Release of the *Heckler Report*

The *Secretary's Task Force Report on Black and Minority Health* (also known as the *Heckler Report*), was the first comprehensive study of the health status of racial and ethnic minorities conducted by the U.S. government and recognized racial and ethnic health disparities as “an affront both to our ideals and to the ongoing genius of American medicine.” The publication of the *Heckler Report* served as a force for addressing health disparities in America that triggered changes in policy, legislation, research, data and programs to improve minority health.

1980s

- In 1986, Secretary Margaret M. Heckler created the HHS Office of Minority Health, one of the most significant outcomes of the *Heckler Report*, to improve the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.
- In 1987, the Office of Minority Health Resource Center was created and now serves as the nation's largest repository of information on health issues specific to African Americans, American Indians and Alaska Natives, Asian Americans, Hispanics, and Native Hawaiians and Pacific Islanders.
- In 1987, the Alcohol, Drug Abuse, and Mental Health Administration and the National Institutes of Health established a policy requiring clinical research to include minorities in population studies. This was done to address gaps in knowledge about specific U.S. racial and ethnic minorities and the health problems that significantly affect these groups.
- In 1988, the Centers for Disease Control and Prevention (CDC) created the CDC Office of Minority Health and Health Disparities, led by the Associate Director for Minority Health, in response to the *Heckler Report*.
- In 1988, with support of the National Heart, Lung, and Blood Institute, the *Strong Heart Study* set out to examine cardiovascular disease and its risk factors among American Indian men and women. This study was the largest epidemiologic study of American Indians ever undertaken and a direct result of the *Heckler Report*, which had concluded that information on cardiovascular disease in American Indians was inadequate and strongly recommended epidemiologic studies of this problem.

1990s

- In 1990, State and Territorial Offices of Minority Health began to be created to further advance minority health and health disparity reduction efforts at state, territorial, and local levels and to monitor, inform and mobilize at the community level.
- In 1990, President George H.W. Bush signed the *Disadvantaged Minority Health Improvement Act*, the first legislative action to improve access to health care and increase opportunities in health professions by disadvantaged individuals, including minorities. This law was also the first authorizing legislation of the HHS Office of Minority Health to be led by the Deputy Assistant Secretary for Minority Health.
- In 1990, the National Institutes of Health (NIH) Office of Minority Programs was established to coordinate the development of NIH policies, goals and objectives related to minority research and research training programs.
- In 1990, the American Medical Association issued *Black-White Disparities in Health Care*, a report that applied a civil rights perspective to health disparities and marked a turning point in the dialogue on health equity. The report also highlighted social determinants of health such as income, education, cultural beliefs and unconscious physician bias as playing roles in disparities.

U.S. Department of Health and Human Services Office of Minority Health

- In 1990, *Healthy People 2000*, a national health promotion and disease prevention initiative to improve the health of all Americans, included the overarching goal to reduce health disparities among Americans.
- In 1997, the Office of Management and Budget revised the classification of federal data on race and ethnicity to reflect the diversity of the nation's current population and ensure consistent reporting across the federal government.
- In 1997, the U.S. Department of Health and Human Services (HHS) required the inclusion of information on minority groups in all HHS research which reaffirmed its commitment to the appropriate inclusion of data on minority groups in its research, services and related activities.
- In 1997, President Bill Clinton announced the launch of *The President's Initiative on Race* to transform the United States into a country that embraces diversity and lives as 'one America' in the 21st century. The initiative influenced the establishment of the *HHS Initiative to Eliminate Racial and Ethnic Disparities in Health* in 1998, a comprehensive public health campaign led by HHS Secretary Donna Shalala and U.S. Surgeon General David Satcher, to facilitate collaboration with community leaders and health professionals in ending health disparities.
- In 1997, the *Jackson Heart Study* launched the largest investigation ever undertaken of cardiovascular disease among African Americans. This study exemplifies a unique collaboration among three institutional partners, the Jackson community and the National Institutes of Health to discover and test best practices for eliminating health disparities.
- In 1998, Dr. David Satcher assumed the positions of 16th U.S. Surgeon General and Assistant Secretary for Health and further pushed the issue of health disparities onto the nation's health policy and research agenda. His efforts led to the development of the *HHS Initiative to Eliminate Racial and Ethnic Disparities in Health* and the inclusion of the elimination of health disparities as one of the two overarching goals of Healthy People 2010.
- In 1998, President Bill Clinton signed the *Health Professions Education Partnerships Act* which reauthorized the Office of Minority Health (OMH) and authorized the establishment of the *Advisory Committee on Minority Health*. This federal advisory committee, established in 2000, provided counsel on improving the health of racial and ethnic minorities and on the development of OMH program activities.
- In 1999, the Centers for Disease Control and Prevention launched the *Racial and Ethnic Approaches to Community Health (REACH)* demonstration projects to develop and implement effective community-based interventions for the elimination of health disparities as part of the *HHS Initiative to Eliminate Racial and Ethnic Disparities in Health*.
- In 1999, the New England Journal of Medicine published *The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization* (also known as the *Schulman Study*) which addressed the issue of physician bias in health disparities. Researchers attributed disparate patient care to "subconscious perceptions rather than deliberate actions or thoughts" and told a powerful story about discrimination at the hands of physicians.

2000s

- In 2000, the Office of Minority Health released the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)* to provide guidance on how health care organizations and health professionals can provide culturally and linguistically appropriate services to diverse communities.
- In 2000, President Bill Clinton signed the *Minority Health and Health Disparities Research and Education Act* which elevated the National Institutes of Health Office of Minority Programs to the National Center on Minority Health and Health Disparities. The Act also directed the Agency for Healthcare Research and Quality, the federal agency primarily responsible for health care quality and health services research, to conduct and support research on health care disparities.

U.S. Department of Health and Human Services Office of Minority Health

- In 2000, *Healthy People 2010*, a national health promotion and disease prevention initiative to improve the health of all Americans, expanded its overarching health disparities goal to eliminate, not just reduce, health disparities.
- In 2002, the Institute of Medicine (IOM), in response to Congress, issued the sentinel report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, which documented that racial and ethnic minorities are less likely than non-minorities to receive routine medical procedures and experience a lower quality of health services. The report also offered key recommendations for reducing racial and ethnic disparities in health care.
- In 2002, the Office of Minority Health convened the first *National Health Disparities Summit* which highlighted the continued need for greater awareness and resources to reduce racial and ethnic disparities in health care and health status. Subsequent summits in 2006 and 2009 advanced key issues and opportunities for improving minority health.
- In 2003, the Agency for Healthcare Research and Quality issued the first *National Healthcare Quality and Disparities Reports*, as required by Congress. The purpose of these annual disparities reports is to track “prevailing disparities in health care delivery as they relate to racial factors and socioeconomic factors.” The reports are designed to provide status snapshots and assess change over time, which is of use to policymakers, health care providers, public health professionals and payers in identifying gaps in health status.
- In 2003, the National Institutes of Health (NIH) issued its first *Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*, marking an important step in implementing the *Minority Health and Health Disparities Research and Education Act* and representing NIH’s commitment to understanding and ending health disparities.
- In 2006, the National Institutes of Health led the *Hispanic Community Health Study/Study of Latinos*, landmark research that expanded existing knowledge of cardiovascular and pulmonary disease in Hispanic/Latino adults. The study findings enable individuals, communities, scientists and health policymakers to tailor strategies to improve the health of all Hispanics.
- In 2007, the Sullivan Commission on Diversity in the Healthcare Workforce released the report *Missing Persons: Minorities in the Health Professions* as part of an effort to “increase diversity in America’s health professions education training programs at all levels of preparation.” The report cites the *Heckler Report* (along with the IOM *Unequal Treatment* report, *Healthy People 2000* and *Healthy People 2010*), as a key driver in alerting the public to the issue of health disparities.
- In 2007, the Office of Minority Health led the creation of the *National Partnership for Action to End Health Disparities* to mobilize a nationwide, comprehensive, community-driven and sustained approach to combating health disparities and to move the nation toward achieving health equity.

2010s

- In 2010, President Barack Obama signed the *Patient Protection and Affordable Care Act* into law which advanced comprehensive health care reform in the United States, reauthorized and elevated the responsibilities of the Office of Minority Health (OMH) and established Offices of Minority Health in six HHS agencies (Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, Food and Drug Administration, Health Resources and Services Administration, and Substance Abuse and Mental Health Services Administration). The Act also elevated the National Institute of Health’s National Center on Minority Health and Health Disparities from a center to an institute, becoming the National Institute on Minority Health and Health Disparities.

U.S. Department of Health and Human Services Office of Minority Health

- In 2010, the Affordable Care Act included a section on *Understanding Health Disparities: Data Collection and Analysis* which requires the U.S. Department of Health and Human Services Secretary to establish data collection standards for race, ethnicity, sex, primary language and disability status. In 2011, HHS implemented these standards in major population-based surveys.
- In 2010, Secretary Kathleen Sebelius created the *Secretary's Tribal Advisory Committee* (STAC) as an important next step toward improving services, outreach and consultation efforts with tribal partners – signaling a new level of attention to the government-to-government relationship between the U.S. Department of Health and Human Services and Indian Tribes.
- In 2011, the U.S. Department of Health and Human Services (HHS) issued the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities* (the most comprehensive federal commitment yet to reducing racial and ethnic health disparities) and the *National Stakeholder Strategy for Achieving Health Equity* (a common set of goals and objectives for public and private sector initiatives and partnerships to help racial and ethnic minorities – and other underserved groups – reach their full health potential). The HHS Disparities Action Plan combines stakeholder guidance with strategies to leverage new and unprecedented opportunities in the Affordable Care Act to benefit minority communities while the National Stakeholder Strategy supports the efforts of the *National Partnership for Action to End Health Disparities*.
- In 2011, the Office of Minority Health launched the *National Promotores de Salud Initiative* to recognize the important contributions of promotores de salud (community health workers) in reaching underserved Latino/Hispanic populations and to promote increased engagement of promotores de salud in supporting health education and prevention efforts and access to health insurance programs.
- In 2011, the U.S. Department of Health and Human Services (HHS) released the *HHS Plan for Asian American, Native Hawaiian and Pacific Islander Health* in response to the White House Initiative on Asian Americans and Pacific Islanders.
- In 2011, *Healthy People 2020*, a national health promotion and disease prevention initiative to improve the health of all Americans, elevated its focus on social determinants of health through a new overarching goal to “create social and physical environments that promote good health for all.” It also expanded the overarching goal on health disparities reduction to “achieve health equity, eliminate disparities and improve the health of all groups.” *Healthy People 2020* emphasized the need to consider factors such as poverty, education and other social aspects that limit the ability to achieve health equity.
- In 2011, the Centers for Disease Control and Prevention (CDC) issued the *Health Disparities and Inequalities Report — United States, 2011*, the first CDC report to assess disparities across a wide range of diseases, behavioral risk factors, environmental exposures, social determinants and health care access.
- In 2013, the Office of Minority Health released an update to the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)*, a blueprint for health and health care organizations to provide culturally and linguistically appropriate services to the nation's diverse communities.
- In 2013, the Food and Drug Administration (FDA) published an update on the *FDA Safety and Innovation Act* which investigated the extent to which demographic subgroups (sex, age, race and ethnicity) are included in applications for medical products submitted to the agency for marketing approval. This directive led to the development of the FDA's *Action Plan to Enhance the Collection and Availability of Demographic Subgroup Data* and reflects the agency's commitment to the inclusion and greater representation of a diverse patient population in biomedical research leading to the development of medical products.

U.S. Department of Health and Human Services Office of Minority Health

- In 2014, the Office of Minority Health and Centers for Disease Control and Prevention's National Center for Health Statistics announced the first ever *Native Hawaiian and Pacific Islander National Health Interview Survey*, an effort aimed at improving health data collection for the Native Hawaiian and Pacific Islander population with the goal of improving health and well-being.

About the HHS Office of Minority Health

The Office of Minority Health, led by J. Nadine Gracia, MD, MSCE, Deputy Assistant Secretary for Minority Health and Director, Office of Minority Health, is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

For more information about the HHS Office of Minority Health, contact the Division of Information and Education at OMHMedia@hhs.gov.