

Preparing for RFI response

Good morning friends,

After I rested I began to look over what I could dig up to help find material to provide the answers to the questions in the RFI especially Sections 2,3,4. I was struck by the language, terminology and construction of the questions. I thought even though NIMHD is a new entity[a part of the Academies of sciences like the IOM] it has a history that will lead me to specific documents which were disseminated on line which is likely to contain the kind of information and reflect the thought process and broad based thought processes.

I came upon the following: in addition to what I have been compiling, studying and utilizing for research, clinical, educational and advocacy purposes. Can we use excerpts – passages with quotation marks and attribution to answer the questions from these resource materials published by the Government.- This way we are demonstrating we have a familiarity with what OMH and NIMHD staff have been thinking about and working on and are affirming these perspectives, vision, insights and recommendations. This could be a winning strategy to build our collective future on the sweat equity of all those who have put their best foot forward to achieve the mission of eliminating disparities. [The WHO Report on SDOH is attached- Listed as VI. C.]

- I.
 - A. National Stakeholder Strategy for achieving Health Equity. Context for Change. Pdf
 - B. National Stakeholder Strategy for achieving Health Equity without the tables but easier to read continuously.
 - C. National Stakeholder Strategy for achieving Health Equity- Executive Summary
 - D. National Stakeholder Strategy for achieving Health Equity- Fact Sheet

- II. **National Partnership for Action's** a compendium of Resource Materials to support the National Stakeholder strategy for achieving Health equity. In all these documents the language and concepts we encountered in the RFI repeatedly and abundantly and provides answers about metrics, tools and scientific vision etc.

- III.
 - A. Resource material on Early Childhood Education which may be useful in this project or in the future.
 - B. Early Childhood education. A Broader Bolder Approach
 - C. Early Stress and Poverty affect Brain

- IV. A. Cultural Context – The essential Ingredient -as formulated by the Am. Psychiatric Association in DSM-5

- V. Larger context- Broader Vision- Scientific perspective of Health Care horizons
 - A. UHC-MD Suit- Support Material- 01 20 1 4. It provides the big picture in Health Care Access, Quality, Safety, Equity, Experience of Care, Population health, per Capita and total Costs, Delivery systems, Manpower concerns,
 - B. UHC- MD Suit- Choosing Wisely. It is important to consider SDOH as well as the drivers of cost that can exacerbate disparities and financial constraints that can have adverse effects irrespective of how well Health equity is established or not.
 - C. UHC-MD Suit- Total Health Care Expenses- Key facts
 - D. UHC MD Suit- AHRQ- Health of Older Americans
 - E. UHC –MD Suit- Psychiatry embraced Patient centered care
 - F. UHC- MD Suit- IOM REPORT- Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care
 - F. UHC-MD Suit- Dr. MLK Jr Quotes

- VI.
 - A. Disparity- OMH Diversity Preparedness Tool Kit - This was sent by Ms. A.J. our friend and partner.
 - B. Culture and Language influences Health ?
 - C. Social determinants of Health WHO Report- The Solid Facts. R. Wilkinson and M. Marmot I brought in hard copy yesterday.
 - D. RFI- Disparities- Resource Material VM- provides information directly applicable to the RFI.

[Shared earlier-included for completeness and closing the loop.]

I welcome your input and further discussion. I am available Friday AM until 11ish and next week depending on time and day for phone or in person discussion. I hope you don't mind if I bring other items of this nature to your attention. Thank you for your openness and acceptance of me at the table.

Warm regards,
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