

**DHHS Divisions' and Offices'**

**Health Disparities**

**Implementation Plans**

# Implementation Plans

## Division of Public Health

**Mission:** Protect, promote, and preserve the health of North Carolinians through ethical, compassionate, and evidence-based public health practice. <http://www.dhhs.state.nc.us/dph/>

**Sections/Programs:** Nineteen programs in the Division of Public Health responded to the survey. Response from the Division of Public Health included:

- ❖ **Women and Children Section:** Women's Health; Newborn Hearing Screening; Immunization Branch; WIC; Specialized Services Unit Programs for Children with Special Health Care Needs; Health Check/Health Choice; Office of Disability and Health
- ❖ **Epidemiology:** HIV/STD Prevention and Care Branch and TB Control
- ❖ **Dental Health Section:** Oral Health
- ❖ **Health Promotion/Disease Prevention Section:** Diabetes Branch; Cardiovascular Health; Cancer Prevention and Control Branch; Tobacco Prevention and Control Branch; Physical Activity and Nutrition Unit; Injury and Violence Prevention Unit; Statewide Health Promotion Program; Refugee Health Program; and Older Adult Health

**Socio-cultural Challenges:** Results from the survey responses indicate a need to examine and address several socio-cultural challenges faced by numerous programs in the Division of Public Health. The most frequently cited socio-cultural challenges in DPH include language and communication difficulties, attitudes, and values of providers and clients, and the need to improve health education/knowledge and awareness. Specifically, the lack of capacity to deliver linguistically appropriate services to clients, especially Hispanics, due to lack of bilingual staff and interpreters was considered a major challenge. In addition, programs cited both attitudes of providers to clients as well as clients' attitudes towards their health and health promoting activities (i.e., nutrition, physical activities and other preventive measures) as key challenges.

Most of the attitudes and language issues were described within the context of cultural differences between professionals and clients or communities they serve. Some of the programs also mentioned perceived differences in beliefs, myths, and social norms to be key socio-cultural challenges in the delivery of services. Several programs mentioned cultural differences and workforce diversity as socio-cultural barriers.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	AVAILABLE RESOURCES	
				DATA NEEDS	
1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability, and socioeconomic status.	The NC Office on Disability and Health (NCODH) will publicize HP2010 goals for people with disabilities and NC and national progress in achieving these goals and objectives through reports and web to professional audiences.	Complete annually and report biannually	Documents available in hard copy and via websites	BRFSS, Core Indicators, YRBSS	NCODH and State Center for Health Statistics (SCHS).
	NCODH will identify and monitor health disparities among persons with disabilities as compared to North Carolinians without disabilities and identify priority areas for health interventions.	Annually	Compare to Healthy People 2010 and Healthy Carolinian objectives	BRFSS, Core Indicators, and YRBSS	NCODH
	NCODH will promote an awareness of the interrelationship between health and disability in efforts addressing employment, independent living, and community integration, to other DHHS Divisions.	On-going	Integration of health access and health promotion in DHHS initiatives such as Olmstead Transition to Work		
	Health Choice/Health Check (HC/HC) will promote HP 2010 goal to "increase the proportion of children, ages birth to 18 years, with health insurance" by: sharing demographic data / information re: uninsured, # enrolled and utilization rates through the State Outreach Coalition to Key Stakeholders, Child Advocates, Local Coalitions and others.	As data becomes available.	Written materials, meeting minutes and other documents that verify this effort	Data Needed on an ongoing basis: Reliable numbers of uninsured and enrolled by race/ethnicity, disability, and socioeconomic status. Utilization data by race/ethnicity, disability, and socioeconomic status. Geographic list of providers that accept Medicaid and State Child Health Insurance Program (SCHIP)	State Outreach Coalition State Staff, NCHSF Staff Key Stakeholders, Child Advocates, Local Coalitions Seek financial support from Robert Woods Johnson (RWJ) <i>Covering Kids and Families (CKF)</i> and Rex Foundation to support computer-programming costs.

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KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status – continued.	<p>The Women's Health Branch (WHB) data &amp; partnership teams will review and analyze existing data sources and prepare a maternal health/family planning fact sheet on the health status inequities in North Carolina to assist CBOs and other contractors to identify priority areas for health interventions.</p> <p>As the Children and Youth Branch (C&amp;YB) develops and expands programs, there will be an increased focus on identifying and addressing health and service disparities, with an emphasis on improving access to health care for children and adolescents.</p>	7/01/02-06/30/02	<p>The development of 1-2 health status fact sheets for African American, Hispanic/Latino, and American Indian/Native American populations.</p> <p>Planning Documents</p>	BRFSS, PRAMS, SCHS, Healthy Carolinians, Healthy People 2010, SHEPS center, Vital Statistics, March of Dimes, Child Advocacy Inst	WHB staff
		October 2002 - July 1, 2003		<p>Income Disability Medicaid eligibility Health Choice Enrollment data Medicaid (EPSDT) Participation data Health Choice Utilization data NCBRFSS and Youth Risk Behavior Survey (YRBS) data on youth with disabilities/Chronic conditions Annual School Health Services Report for Public Schools Child Fatality Data Asthma hospitalizations NC School Asthma Survey HSES Clinical Fusion</p>	<p>Office of Minority Health and Health Disparities (OMHHD)</p> <p>C&amp;Y Branch Staff (central and regional offices)</p> <p>Family Participation</p> <p>NC Office on Disability and Health</p> <p>Division of Medical Assistance (DMA), Department of Public Instruction (DPI), Mental Health</p> <p>NC Pediatric Society</p> <p>Women's and Children's Health (WCH) Liaison Committee of Local Health Directors' Association</p> <p>State Child Fatality Prevention Team</p> <p>Asthma Alliance</p>

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1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status – continued.	<p><u>Early Intervention Branch</u> Increase the number of minorities served in the NC Early Intervention Program by 10%</p> <p>The Immunization Branch (IB) will develop communication tools and disseminate to newspapers, television, and radio media outlets, highlighting HP 2010 disparities in childhood and adult immunization rates and effective strategies directed at reducing identified disparities.</p>	July 1, 2003	<p>NC Early Intervention Data Base will be reviewed 10/1/02, 1/1/03, 3/1/03, and 7/1/03</p> <p>Number of communication tools created and submitted compared to disseminated tools. # of children, by race/ethnicity age-appropriately immunized by age two # of older adults, by race/ethnicity receiving flu and pneumococcal vaccines # of pregnant women, by race/ethnicity being tested for HbsAg % of infants born to HbsAG+ women - % of those infants prophylaxed at birth</p>	<p>Existing Early Intervention statewide data base</p> <p>North Carolina Immunization Registry (NCIR), NIS, CMS and BRFSS data, Hep B tracking information, Assessment, Feedback, Incentive, and Exchange (AFIX) assessments</p>	<p>Early Intervention Branch regional and state staff</p> <p>NC Interagency Coordinating Council Cultural Diversity Committee</p> <p>IB staff, Office of Public Affairs, NIS, CMS and BRFSS staff</p>

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	ACTION STEPS				
1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status – continued.	The SCHS will publish and disseminate Minority Health Fact Sheets, including a new updated one on Latino Health. The SCHS will publish at least one special study highlighting health disparity issues.	Latino health, 2-1-2003. Ongoing	Actual publication and dissemination of fact sheets	Existing secondary data from statistics kept at the SCHS	SCHS Statisticians
	By June 2003, the Health Promotion Disease Prevention (HPDP) Section will partner with the NC Commission of Indian Affairs, American Indian communities, the SCHS, and programs within DPH to measure burden of diabetes, cardiovascular disease (CVD), and other chronic illnesses in the American Indian population. HPDP will also disseminate arthritis and osteoporosis educational materials for working with American Indian populations.	FY 2003 - FY 2004	Annual data collected, published, and widely disseminated Number of educational materials distributed and number of persons receiving training	BRFSS data Hospital data Cardiovascular Health (CVH) Survey Data Hospital discharge data on hip fractures	Led by CVH Epidemiologist, CDC funds and state matched funds. Diabetes Program funds, BRFSS Coordinator, Tribal leaders
	The Diabetes branch will utilize various targeted messages for African Americans, American Indians, and Hispanic/Latinos developed by the National Diabetes Education Program (NDEP) for controlling blood sugar levels and encouraging flu and Pneumococcal vaccines to promote awareness among policy makers, health care providers, and the public.	July 2002 - June 2003 and on going.	Number of times aired and estimated reach of target audience.	Demographic info needed on target audience for the various communication mediums. Info. Also needed on the best medium to reach the individual target groups.	NDEP, CDC Partnerships with state or community-based organizations (CBOs) of each target population

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1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status – continued.	Through June 30, 2003, the Diabetes Branch will partner with NC newspapers that reach a large percentage of ethnic minority populations and spread the Diabetes Advisory Council's news magazine model to these media.	July 2002-June 2003 and ongoing	Publication in additional newspapers and documentation of reach to the target population.	Diabetes Advisory Council (DAC) membership	DAC membership and other partners will be used to identify opportunities and appropriate media
	The Cancer Prevention and Control Branch (CPCB) will promote the achievement of the goals, objectives and strategies of the North Carolina Cancer Plan, 2001-06 specific to disparities.	FY 2003 – FY 2004	Analysis of objectives met	Demographic data for race, ethnicity	SCHS/CCR
	The Osteoporosis and Arthritis programs will promote the achievement of HP2010 goals for NC, with emphasis on the objectives for populations experiencing health disparities	FY 2003 - 2004		Need data on populations experiencing health disparities	Financial resources dependent on FY02-03 legislative budget CDC Funding
The HPDP Section will develop partnerships with General Baptist Convention of NC to disseminate osteoporosis and arthritis education materials for working in African American communities.		June 30, 2003 Completed by 7/02	Number of educational materials distributed and number of persons receiving training and/or information	BRFSS survey data	CDC Funding HPDP staff

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1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status – continued.	<p>The Tobacco Prevention &amp; Control Branch (TPCB) will disseminate data and goals from the TPCB &amp; diversity workgroup's strategic plan to identify and eliminate disparities via web site and culturally appropriate media channels.</p> <p>The TPCB will provide data to all local health officials and leaders within the local coalition counties and TPCB Youth Centers on the statewide cost impact due to lack of services, such as Medicaid coverage for cessation benefits and smoke-free workplaces for blue-collar and service industries.</p>	<p>January 2003 – July 2003</p> <p>June 2003 - June 2004</p>	<p>Track number of people &amp; channels used to disseminate plan and number of health officials and directors reached</p>	<p>CDC funding</p> <p>Diversity/Disparities Director</p> <p>Media/Communications Director</p>
	<p>The Forensic Tests for Alcohol (FTA) Branch will work to reduce the number of death and injuries caused by drinking drivers by increasing media attention to the general public and young drivers through highway safety events and assisting with community programs</p> <p>The Tuberculosis Control Branch (TBCB) will publish and distribute county case rates of tuberculosis (TB) by race and ethnicity, to local health jurisdictions.</p>	<p>July 2002, and on-going</p> <p>Annually</p>	<p>Reviewing Governor's Highway Safety Program (GHSP) yearly reports and state DWI statistic</p> <p>Increased rate of TB treatment completion in high-risk minority populations.</p>	<p>FTA Receipts and GHSP reports</p> <p>Local Health Department (LHD) data from TB nurse consultant annual assessment</p> <p>TB program staff, LHD staff.</p>

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1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status – continued.	The Oral Health Section (OHS) will provide data regarding oral health preventive efforts that strive to reduce the number of dental disease and untreated dental decay in low-income populations to decision-makers.	Conduct the kindergarten and fifth grade dental assessment every other year. Conduct a statewide dental survey of children in 2003-2004 and repeat in 2010.	Increase in the proportion of children with sealants. Decrease the proportion of children with high levels of dental disease and untreated dental disease. Information shared with decision-makers.	Average number of sealants per child. Average number of decayed, missing, and filled teeth per grade level per school. Demographic information	Oral Health Section staff funded by State appropriations and Federal Financial Participation (FFP). CDC funds for statewide survey of dental decay in school children.
	The TBCB will utilize avenues of Social Marketing to educate the public about TB transmission and prevention.	Within 2 years.	Targeted marketing to high-risk groups.	Monitoring of Social Marketing projects.	TB Health Educator DHHS Social Marketing Matrix team
	The HIV/STD Prevention & Care Branch will hold town meetings/forums across NC to assess need and increase awareness about HIV/STD, esp. disparities related to race/ethnicity, disability, and socioeconomic status.	On-going	Document number of town meetings/forums held, attendance, etc	Reports produced by HIV/STD Branch	Funding from CDC, HRSA, HIV/STD Branch staff

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2. Communicate, document, and champion best-practices in eliminating health disparities	<p>The NCODH will serve as a point of contact for best practices in addressing health promotion needs for persons with disabilities in DHHS initiatives and programs by providing technical assistance on adopting and adapting these strategies and interventions. The NCODH will work with DHHS on how to include a disability perspective in the design and implementation of health initiatives.</p> <p>HC/HC will work with the State Outreach Coalition, Key Stakeholders, Child Advocates &amp; Local Coalitions to:</p> <ul style="list-style-type: none"> <li>❖ share "lessons learned" from targeted outreach efforts through <i>Covering Kids</i> (CK) and State efforts.</li> <li>❖ share best practices from <i>CKF</i> Grantees and local coalitions through state coalition letters.</li> </ul>	Ongoing	Document requests for technical assistance, distribution of publications and participation in work groups Document disability component of health initiatives		NCODH staff and Eliminating Health Disparities (EHD) Steering Committee
	<p>HC/HC will work with the State Outreach Coalition, Key Stakeholders, Child Advocates &amp; Local Coalitions to:</p> <ul style="list-style-type: none"> <li>❖ share "lessons learned" from targeted outreach efforts through <i>Covering Kids</i> (CK) and State efforts.</li> <li>❖ share best practices from <i>CKF</i> Grantees and local coalitions through state coalition letters.</li> </ul>	Planned release of <i>CK</i> Final Report delayed due to pending freeze on Health Choice. Date TBD Local coalition letters are published at least quarterly.	Published <i>CK</i> Final Report & coalition letters.		<i>CK</i> Final Report. Approximately 3 FTEs at the State level. State Outreach Coalition. NC Commission on Children with Special Health Care Needs. <i>RWJ/CKF</i> and Rex Foundation Partners.

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2. Communicate, document, and champion best practices in eliminating health disparities – continued.	<p>The Nutrition Services Branch (NSB) will select WIC local agencies to survey and to document best practices in serving the Hispanic/Latino community</p> <p>The WHB will identify and document effective state or national strategies in addressing specific disparities by supporting the implementation, evaluation, and dissemination of results from the following pilot projects:</p> <ul style="list-style-type: none"> <li>❖ Centering Pregnancy Model</li> <li>❖ Healthy Start Baby Love Plus (BLP) -Family Violence Grant</li> <li>❖ BLP Continuity Care conferences</li> <li>❖ Smoking Cessation for Pregnant Women</li> <li>❖ Sickle Cell</li> <li>❖ Perinatal HIV</li> </ul> <p>The IB will enlist all NC immunization providers to participate in the Universal Childhood Distribution Program (UCVDP), NCIR, AFIX and Government Performance Regulatory Act (GPRA) service delivery programs.</p>	7/02 – 10/02	Report of findings by 10/02	Qualitative survey data obtained 07/02 & 08/02	Federal WIC grant funding.
		7/1/02-6/30/04	By the implementation, evaluation, and dissemination of results from the proposed pilot projects	PRAMS, BRFS, Newborn Screening data, SHEPS Center, SCHS, Vital Statistics, HIV/STD Surveillance data.	Federal Healthy Start funds for the Family Violence grant and Continuity Care conferences; Health and Wellness Trust Fund Commission for Smoking Cessation for Pregnant Women; State Funds HIV/STD Prevention and Care Staff
		Ongoing	Efforts result in an increased number of immunization providers participating service delivery programs	Total number immunization providers <i>Baseline data</i> = total number of immunization providers participating in each service delivery program	IB staff, AFIX coordinators, Regional Consultants Registry

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2. Communicate, document, and champion best-practices in eliminating health disparities – continued.	Through Vacunas Para Todos Pilot Projects, the IB will identify and promote effective strategies to increase MMR immunizations among women of childbearing years, and susceptible immigrants at the earliest point of entry and increasing up-to-date age appropriate immunizations in children by age two.	By July 2003 identify effective strategies By July 2004 replicate in local health departments January 1, 2003 Publish results from survey	Number of replicable identified strategies	Pilot Project Results # of opportunities to promote project	IB staff, LHD staff, Registry, Mary Easley, one time private funding Needed – continued funding
	The HIV/STD branch will work with OMHHD to obtain information about practices that promote access and quality of care. The HIV/STD branch will work on survey to measure minority staff presence, after hour services, and community-based organizations (CBOs).	Publish results from survey.	Development and distribution of survey Analysis of survey results Publish results	HIV/STD Branch survey.	Cooperative venture between OMH and HIV/STD branch. Statisticians from SCHS will complete analysis and report.
	The HP Branch will work on two specific national projects with UNC Health Promotion/Disease Prevention Research Center and NIH/National Cancer Institute to identify tools, such as CDC's Community Prevention Guidelines, to disseminate best practices on delivering and sharing information to LHDs and CBOs.	FY 2002-2002 and ongoing.	Document training opportunities, participation, and participant's evaluation.	Data from logs and evaluations.	HP Branch Staff.

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KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	AVAILABLE RESOURCES
		January – July 2003	Summary of conference evaluation responses.	Conference evaluations
2. Communicate, document, and champion best-practices in eliminating health disparities – continued.	The CP&C Branch will participate in a conference with other community partners to determine use of best practices in disseminating cancer information.	January – July 2003	Summary of conference evaluation responses.	Conference evaluations
	The TPCB will share information or deliver workshops state-wide for health departments, community-based and faith organizations, schools and universities (e.g. Historically Black Colleges & Universities, Title IX) that serve diverse population groups to promote best practices on tobacco prevention and control in African American, American Indian and Latino priority populations.	FY 2003 – FY 2004	Pre and Post-training surveys . Development of “lists of services” material.	Number of agencies that receive training.  CDC funding TPCB staff
	The Forensic Tests for Alcohol Branch will work with the Governor’s Highway Safety Program during the statewide <i>Booze It’s Lose It</i> campaign in an effort to reduce drinking and driving and enhance public awareness, particularly among the Hispanic population.	July 2002 and on-going	State DWI statistics and GHSP reports.	Number of events conducted statewide, GHSP reports  FTA receipts and GHSP support.
	The OHS will continue best practices, such as providing dental sealants for high-risk elementary schoolchildren in collaboration with the private dental sector and promoting fluoride varnish for high-risk preschool children.	Provide 20,000 sealants per school year – Ongoing	Report the number of sealants provided due to state efforts.	5 <sup>th</sup> Grace dental assessment: number of sealants provided semiannually  State appropriations and FFP funds. OHS staff. Funding for sealants replacement uncertain. Funding for community fluoridation uncertain.

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	2. Communicate, document, and champion best-practices in eliminating health disparities – continued.	The Bioterrorism Branch will develop and maintain a compendium/inventory of "best practices" related to responding to potential bioterrorism attacks for diverse populations.	FY 03,04	To be determined	To be determined	Funding provided by CDC.HRSA
	The HIV/STD Branch will include as part of the "Request for Applications/ Proposals" processes a requirement for applicants to include specific action steps as to how the proposed project will address disparities related to HIV/STD.	Limited to the availability of new funds.	Review of all RFA/Ps for concurrence.	Copy of RFA/Ps developed by Branch.	HIV/STD staff.	
	The TB/CB will focus targeted skin testing for Latent Tuberculosis Infection (LTBI) toward high risk minority populations through community outreach.	Within one year.	Increases proportion of skin tests positive.	Data from LHDs TB Nurse consultant annual assessments.	TB Program staff, LHD staff	
	The OHC/HE will sponsor an annual conference, regional meetings, and other training offerings to provide opportunities to learn about best practices in identifying and eliminating disparities.	Annually	Document training opportunities, participant evaluations	Reports and participants evaluations.	Registration fees and Sponsors fund all Health Carolinians activities	
	The Occupational and Environmental Epidemiology Branch (OEEB) will promote evidence-based programs and interventions to address health disparities by conducting an Antibiotic Resistance Study.	January, 2003	Results reported by HAB program at least semiannually	HAB program Environmental and Health data.	6 CDC funded positions.	

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	2. Communicate, document, and champion best-practices in eliminating health disparities – continued.	The IB will enhance provider and client targeted health education strategies by promoting best practices information for specific racial/ethnic groups, which include Asian Pacific Islanders, Older African American adults, and Hispanic/Latino. LHS will utilize resources from North Carolina's Turning Point to provide social marketing training, capacity development, and specific presentations/workshops on eliminating health disparities for NC's public health system.	Yearly  FY 2002 – FY 2003	Assess availability of audience specific educational materials and opportunities  The development of formal steps and procedures to ensure culturally appropriate interventions for targeted communities	Number of site visits for the exchange of best practices Number of audience specific educational materials disseminated  Copies of Social Marketing plans, Record of or agendas for events	IB staff, social marketing contract for adult immunization  OHC/HE Staff

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KEY RECOMMENDATIONS	ACTION STEPS	TIME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
		FRAME			
3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status.	<p>The C&amp;YB will reassess priorities and resource allocation to community partners with the elimination of disparities as a key consideration.</p> <p>The NCODH will identify disability organizations and groups at the state and community level that can</p> <ul style="list-style-type: none"> <li>❖ be linked with health initiatives;</li> <li>❖ promote inclusive approaches to community interventions;</li> <li>❖ promote policies around healthy living to ensure responsiveness to issues and concerns of people with disabilities.</li> </ul>	<p>Fall 2002</p> <p>Ongoing</p>	<p>Documented requests from state or local agencies for assistance in disability representation.</p>		<p>EHD Steering Committee, NCODH, DHHS divisions</p>
	<p>HC/HC will promote HP 2010 goal to "increase the proportion of children, ages birth to 18 years, with health insurance" as the state budget allows by:</p> <ul style="list-style-type: none"> <li>◆ Working with State Outreach Coalition and other Key Stakeholders to develop a strategy for targeted outreach.</li> <li>◆ Partnering with CKF Grantee &amp; Project Counties.</li> <li>◆ Partnering with ACCESS II/III Initiative to link families to a medical home.</li> <li>◆ Targeting media and print materials to local community-based coalitions.</li> </ul>	<p>Quarterly meetings.</p> <p>Pending funding decision from RWJ</p> <p>Ongoing</p> <p>Ongoing.</p> <p>Ongoing.</p> <p>Fall 2002.</p>	<p>Meeting minutes, written communications, annual reports, etc.</p>		<p>Approximately 3 FTEs at the State level State Outreach Coalition, Key Stakeholders NC Commission on Children with Special Health Care Needs, RWJ/CKF and Rex Foundation Partners, Local community coalitions</p>

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3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status – continued.	The NSB WIC staff will participate in coordinated, comprehensive, monitoring of WCHS programs in local health departments.	Ongoing	Local agency corrective action plans	Local agency performance objectives from WCHS Agreement Addenda	Federal WIC administrative funding/regional and central office staff.
	The WHB will engage different communities early in research, programmatic and intervention efforts by sharing the facts sheets developed by the Branch to assist the various communities in determining the most effective intervention efforts and also to establish shared values and purpose and build on mutually beneficial relationships.	7/1/02 – 6/30/02	Partnering with various community coalitions or consortiums through the Minority Infant Mortality Reduction Program (MIMRP), BLP, and Teen Pregnancy Prevention Initiative (TPPI) projects	WHB Fact Sheets	WHB Staff
	Through state-level collaboration with DMA and GPRA, the IB will support and provide technical assistance for county-based collaborative efforts to promote and implement a web-based immunization registry.	Ongoing	Assessment of county readiness levels for registry implementation	County readiness evaluations.	IB, DMA, GPRA and LHD staff.
The IB will collaborate with Division of Facility Services (DFS) to reach Long Term Care Facilities (LTCF) and Nursing Homes to institutionalize standing orders for and provision of immunizations for long term care residents and staff.	Yearly	Documentation and implementation of plan Increase in immunization rates among residents and staff	Deployment strategies determined by state-level partners. CMS and BRFSS adult immunization data.	Federal funds matched with state funds.	

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3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status – continued.	Through a collaborative relationship with OMH, & WCHS, the SCHS will develop a survey to obtain data about working relationships between LHDs and CBOs.	June 1, 2003	By carrying out, completing, and entering, and analyzing data, and publishing report. Enhanced working relationship between LHDs and CBOs.	Data will be collected to obtain perspective from minority CBOs.	The SCHS will support the initiative by the HIV/STD branch and OMH to find ways to promote LHD work with CBOs, which are minority led.	
	The HP Branch will continue the "Start with Your Heart: and "Strike Out Stroke" awareness campaigns that target counties with the highest CVD death rates, African Americans, and food stamp eligible populations. The HP Branch will link local CVH s with American Indians	Ongoing	Ongoing	Number of impressions in targeted populations.	Media campaign data collected through social marketing contract	State appropriations for two campaigns plus matching federal dollars through NC Nutrition Network
	The HP Branch will disseminate new State Blueprints focusing on healthy eating and increased physical activity by kicking off the state initiative "Eat Smart and Move More...NC". The HP Branch will install smoke alarms and provide fire safety education in 2,000 low-income homes annually in NC communities with population with < 50K The HP Branch will require that objectives to address health disparities be included in the local health departments' agreement addenda.	Ongoing	Ongoing	Progress Check Integrated HP Evaluation System	Reports from LHD & other funded provided.	Federal funds matched with state funds.
		Sept 2002 – Sept 2006	Follow-up on phone surveys to 15% of recipients one year post interventions. Progress Check reporting system	Data collected when service provided and in post intervention. Phone survey.	CDC cooperative agreement for residential fire safety – Injury and Violence Prevention Unit. State revenue and Preventive Health Services Block Grant.	

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3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status – continued.	The Diabetes program will work with the General Baptist State Convention – African Americans, Commission of Indian Affairs, El Centro Hispano of Durham and local health departments to build capacity through implementation of the Diabetes today community model.	July 2002 through June 2003 and ongoing with specific target groups.	Progress Check Reporting System	Data is needed that addresses policy and environmental changes that occur with the interventions. Progress Check Reporting system	These organizations are funded through the Diabetes program grant from the CDC for implementation of Diabetes Today.
	The Diabetes program will leverage the influence of the statewide Diabetes Advisory Council and continue to advocate for the needs of the uninsured and underinsured in obtaining diabetes medications, testing strips and self management education.	July 2002 and ongoing	Progress Check Reporting System	Relevant legislation or reimbursement policy must be documented. Data is needed on the number of uninsured and other demographics describing this population.	In kind support of council membership to advocate for relevant legislation/policies that impact the uninsured with diabetes. State prescription drug program. Indigent test strip programs are needed that mirror the indigent medication programs now available.
	The CP&C Branch will develop public information messages on cancer risk and screening opportunities for publication in media used by diverse populations. The CP&P Branch will provide specific training on cancer risk and preventive measures at meetings conducted by diverse communities.	January – July, 2003	Number of articles published	Listing of media that reaches specific population groups.	Community media partners.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN					
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3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status – continued.	In coordination with OMHHD, the TPCB will provide a training workshop on tobacco use prevention and cessation at the Health Trust kickoff event for the community and schools grantees and to the 3 agencies that receive Health Trust funding for disparities.	FY 2002 – FY 2004	Survey to determine training and technical assistance needs. Program Tracking System with modifications.	Survey of state-level health promotion agencies. Number of diverse community leaders involved in local coalitions.	Limited funding for training and technical assistance for Health Trust recipients (depending on availability of Health and Wellness Trust Funds. TPCB staff, 1 part-time consultant to aid in the development and programming of PTS.
	The TPCB will enhance collaborative efforts with diverse community leaders, local contractors, agencies and non-traditional venues that serve low SES and other at-risk for tobacco use population (i.e. Social Services, Social Security Intake Offices, Shelters, Public Housing Agencies) to improve service delivery for smoking cessation and to develop appropriate interventions for their communities.	FY 2002 – 2004		Number of low SES collaborating with TPCB	
	The FTA will assist local communities to schedule highway safety events to reach populations with high rates of alcohol crashes	July 2002 and ongoing	Reports from communities GHSP and state statistics.	State data, GHSP report.	GHSP grant funds and FTA funding.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status – continued.	<p>The OHS will collaborate with and promote partnerships at the county level with elementary school staff and administration, school nurses, local health organizations, and other community-based organizations that wish to start dental clinics to serve low-income populations.</p> <p>The OHS will continue to work with the public-private partnership to develop coordinated strategies for the “Into the Mouths of Babes” program, an innovative new program that integrates preventive dental services in the offices of private physicians and health departments to reduce dental disease in the low-income populations.</p>	Ongoing	Count the number of collaborations or partnerships developed.	Survey of OMS staff.	State and FFP funding for Oral Health staff at the state, regional and local level.
	<p>The Bio-terrorism Branch will facilitate networking among researchers with expertise in eliminating health disparities among bio-terrorism responders.</p> <p>The HIV/STD Branch will identify key areas of need for technical assistance related to the elimination of health disparities for all Branch funded CBOs, LHIDs, and Ryan White Title II providers engaged in HIV/STD prevention/care efforts/</p>	Ongoing	Report the number of young children receiving the preventive procedure in a medical setting.	Medicaid data.	State and FFP funding for Oral Health staff at the state, regional, and local level.
		Ongoing	Documentation of efforts, request, and development of technical assistance plan.	Contract monitoring plans .Routine Branch activity reports.	Funding from the CDC, HRSA
		Ongoing	Documentation of key and development of plan to provide technical assistance.	Contract monitoring plans and reports.	Funding from the CDC, HRSA, HUD, HIV/STD Prevention and Care staff.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN						
KEY RECOMMENDATIONS	ACTION STEPS		TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
	3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status – continued.	The TB/CB will foster local partnerships with the American Lung Association, CDC, and regional academic medical centers to enhance the community's capacity to address health disparities.	3 Years	Increased number of educational symposia, grants, and funded projects.	Number of partnerships and projects developed.	TB program staff, LHD staff and target agencies.
	The OH/HE will provide consultation and technical assistance to Healthy Carolinian Partnerships I over 800 counties to assist them in implementing action plans to address health disparities.	Ongoing	Monthly reports, Partnership evaluations, and progress reports.		OHC/HE staff, Healthy Carolina Partnership staff.	
	The HIV/STD Prevention and Care Branch will facilitate networking among researchers with expertise in eliminating health disparities and those providing HIV/STD prevention and care services.	Ongoing	Documentation of efforts, requests and development of technical assistance plans.		HIV/STD Prevention and Care staff.	

KEY RECOMMENDATIONS		DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN			AVAILABLE RESOURCES
		ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS
4. Monitor progress towards the elimination of health disparities.	The NCODH will garner consensus within DHHS of the importance to consistently capture disability status for measuring health and service disparities by including screening questions in surveillance and program data systems.	Develop consistent definition and screening questions.	By March, 2003		C&Y and NCOHD staff, EDH Steering Committee, DHHS Division Chiefs, and OMHHD.
	HC/HC will continue to conduct ongoing data analysis and share information with the State Outreach Coalition, local coalitions, stakeholders, and advocates.		As data becomes available.		RWJ CKF and Rex Foundation Projects for funding support.
	The WHB will collaborate with at least 2 NC counties to utilize the Perinatal Periods of Risk Model to monitor and identify health gaps. Which will enable the communities to target resources for prevention activities.	Actual results for the PPOR review and targeting resources to address the identified gap.	7/1/02 – 6/30/04	HP 2010, PRAMS, SCHS, Vital Statistics.	WHB staff time.
	The IB will implement a statewide web based immunization registry.	Progress towards implementation of defined deployment strategies. Interim assessment of available data.	5 years total implementation. Yearly assessment of readiness levels.	County readiness level results NIS, CMS, and BRFSS data.	IB, LHD, CMS, and BRFSS staff. Needed – Continued federal and state funding.
	The SCHS will continue to monitor trends in yearly figures, regarding al aspects of infant mortality, and other outcomes including indexes of access and quality.	After closing out calendar year statistics, prepare report for release.	Ongoing, Yearly reports by October.	Vital Statistics Birth Defect Registry.	SCHS cooperates with SCHS and Public Affairs in DHHS to disseminate data.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
4. Monitor progress towards the elimination of health disparities – continued.	The HP Branch will continue surveillance of trends in CVD deaths and risks in order to publicize the trends in disparities, particularly to decision-makers.	Ongoing	Number of annual reports and presentations.	CVD Deaths, BRFSS and 6 county survey data.	CVH Epidemiologist and Data Manager.
	The HP Branch will use the integrated Progress Check reporting system to evaluate and assess progress and outcomes of local programs addressing health disparities.	Ongoing	Progress Check reporting system.	Quarterly and year end reports.	Health Promotion staff.
	The Diabetes Branch will develop capacity at the state level to monitor the burden of diabetes and other chronic disease in the American Indian and Hispanic/Latino communities.	July, 2002 – June, 2003	Data will be generated and reported by the SCHS on an annual basis for these two populations addressing diabetes and other chronic diseases. Each program will compile data, track trends over time and present data to stakeholders and the public.	BRFSS data and specific modules (diabetes and other chronic diseases). For the American Indian population, will require access to phone number of the American Indians in the state.	Funds for BRFSS are included in the diabetes program grant to the CDC annually. Division partners have pledged support to work collaboratively to obtain data for other health indicators and chronic diseases.
	The CP&C Branch will monitor breast and cervical cancer screening rates among diverse populations.	FY 2002-03 and ongoing.	Analyze screening rates for changes in usage patterns.	Breast and Cervical Cancer and Control Program (BCCCP) data.	BCCCP and SCHS

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN				
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	AVAILABLE RESOURCES
				DATA NEEDS
4. Monitor progress towards the elimination of health disparities – continued.	The TPCP will examine the feasibility of expanding existing or developing a new system to collect information on: GLBT; high school smoking rates for NC American Indians, and Asian Americans.	July, 2003 – December, 2004	Review of existing data systems. Feasibility of developing/improving data systems.	SCHS
	The TCPB will explore the opportunity of working with partners who provide health services to Spanish-speaking migrant workers to address Green Tobacco Sickness.	FY 2002-2004	Feasibility plans developed.	NC TBCB Surveillance and Evaluation Team.
	The OHS will conduct a statewide dental survey on the oral health status of children and to evaluate the effectiveness of the state's dental preventive programs. The OHS will utilize the bi-annual dental assessment of grades K and 5 to monitor progress toward the elimination of health disparities.	Statewide survey of children conducted in FY 2003-2004. Assessments conducted on grades K and 5 every other year.	Decrease the number of children with tooth decay, reducing disparities in the underserved population.	State appropriations and FFP to fund staff, CDC grant to fund expenses for the statewide survey. State appropriations and FFP to fund the dental assessments in schools.
	The OEEDB will implement and enforce state and local policies, the collection and reporting of complete and consistent data by race, ethnicity, socioeconomic status, and primary language in research and programs.	December 1, 2002	Review data collection and report forms for appropriate use of language.	None
	The state Lab will support the state's data on diverse populations to identify gaps in populations seeking testing services at LHDS.	12-14 months.	Ability to generate report of demographic indices.	Resources at present not available.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN						
KEY RECOMMENDATIONS	ACTION STEPS		TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
	4. Monitor progress towards the elimination of health disparities – continued.	<p>The Bio-terrorism Branch will include in all statewide needs assessment questions to measure the impact of bio-terrorism on health disparities.</p> <p>The HIV/STD Prevention &amp; Care Branch will review surveillance reports for changes in disease trends for populations disproportionately impacted by HIV/STDs.</p> <p>The TB/CB will monitor progress towards elimination of health disparities by collecting annual data on TB cases using CDC's collection forms, which allow for classification by race and ethnicity.</p> <p>LHS and the Governor's Task Force (GTF) for Healthy Carolinians will monitor progress towards the elimination of health disparities by utilizing the NC Objectives for 2010 and the certification process for each Healthy Carolinians (HC) Partnership, which requires an emphasis on identifying and addressing health disparities.</p>	<p>To be developed.</p> <p>Current/Ongoing</p> <p>Annually</p> <p>Ongoing review of 2010 objectives; Certification process every 4 years.</p>	<p>The development and inclusion of questions on needs assessment.</p> <p>CDC Report Form</p> <p>Review of data from SCHS and other data sources; the review of activities implemented within the HC Partnerships that address eliminating health disparities</p>	<p>To be developed.</p> <p>Data from collection forms.</p> <p>Annual report</p>	<p>HIV/STD Prevention and Care Branch</p> <p>TB staff, LHD staff, CDC</p> <p>State funds, local Healthy Carolinians Partnership resources.</p>

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
5. Promote customer friendly services that meet the needs of underserved populations (i.e. low-income and minority groups).	The C&YB, using their own materials from the NC Healthy Start Foundation (NCHSF), will continue to support and implement new outreach strategies for reaching Hispanic/Latino populations. The NCODH will develop clear policies and strategies for serving people with disabilities including removal of architectural, communication, and program barriers.	FY 2003-2004	Increased number of outreach strategies and improved visibility in Hispanic/Latino populations.		C&YB staff, NC Healthy Start Resource Line (NCHHRL), Special Needs Hotline, RWJ Covering Kids Grant, NCODH, OMHHD
	The NCODH will develop clear policies and strategies for serving people with disabilities including removal of architectural, communication, and program barriers.	Preliminary review of existing DHHS policies by May, 2003	Completion of document for serving people with disabilities.		EHD Steering Committee, NCODH staff, Division representatives.
	HC/HC will work with the NCHSF to develop a family-friendly web site and continue the development and distribution of targeted media and outreach materials (i.e. Ana Marie Campaign).	Ongoing Fall 2002 for web site.	Web site and print materials; TV/Radio marketing schedules and ads.	Number of hits on web site. Reports of material distribution.	NCHSF staff, state, local staff, and stakeholders involved in material development
	The NSBs WIC program policy will continue to promote and support the use of non-traditional hours of service.	Ongoing	Results of WIC local agency program review findings.		State/federal funds. WIC staff
	The WHB will promote and coordinate at least 3 trainings to local health departments, community-based organizations, and private providers to improve their capacity to provide customer friendly services.	6/30/02	The number of actual trainings held and the evaluation comments from participants.	N/A	The WHB Training Title X funds, Emory University Trainers, Baby Love Plus Program

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
5. Promote customer friendly services that meet the needs of underserved populations (i.e. low-income and minority groups - continued	The IB will support and assist local health departments to implement Sixth-grade School Site Hepatitis B initiatives and extended hours of service.	Yearly	Sixth-grade county summary reports.	Number of counties participating in sixth grade initiative and completion rates. Number of LHDs with extended hours of service.	IB staff, LHD staff, Annual sixth grade total county summary database.
	The SCHS will, in addition to its extensive web site, have persons on call to provide information about public health to any citizen or interested party upon request.	Ongoing	Customer satisfaction measured by complaints made to SCHS and Division Directors.	Existing data	Although this designated position was RIS last year, the SCHS has continued to maintain this service by reassigning staff.
	The HP Branch will continue to develop and disseminate culturally appropriate education materials, such as the United for Better Health Black Churches intervention materials.	FY 2003	The development and dissemination of materials.		State and federal funds for CVH and CDC funds for Injury Prevention Branch.
	The HP Branch will work to translate educational materials or resources into Spanish, such as elements on the CVH web site, the Color Me Healthy family newsletter, and classroom posters.	Ongoing	Web site elements available in Spanish – three learning sessions attended linkages made.	Number of hits specifically for Spanish materials on web site.	State matched funds with USDA.
	The CP&C Branch will incorporate customer service and culturally sensitive materials into program procedure manual for BCCCP	February 2003 and May 2003			
	The TPCB will continue to provide grantees (customers) culturally appropriate resources (i.e. provide Spanish speaking tobacco prevention training expert to Latino health conference).	FY 2003- Fy2004	Agencies surveyed and strategies developed.	Culturally appropriate resources needed.	TPCB staff, Diversity Workgroup Coalition Partners

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
5. Promote customer friendly services that meet the needs of underserved populations (i.e. low-income and minority groups - continued	<p>The TPCB will actively reach out and recruit young smokers to serve on coalition action teams to encourage peers to quit smoking.</p> <p>The OHS will promote customer friendly services by developing age and reading-level materials and presentation; and translating dental screening reports and educational materials into Spanish to serve Limited English Proficiency (LEP) clients.</p>	<p>January, 2003 – July, 2003</p> <p>Revise two pieces of educational material per year. Translate 2 pieces of educational materials into Spanish per year. Continue to provide dental referral reports in Spanish.</p>	<p>Completed manual and evaluation from Clinical Updates.</p> <p>Get feedback from representatives of a variety of cultures and income levels on appropriateness of educational materials.</p>	<p>YTS</p> <p>Feedback from a diverse group.</p>	<p>TPCB staff.</p> <p>State appropriations and FFP. Funds uncertain for translation services.</p>
	<p>The HIV/STD Prevention and Car Branch will provide training for staff and contractors that support the tenets of need based customer friendly service provision.</p>	<p>Ongoing</p>	<p>Number of staff and contractors in attendance at the training, number of sessions offered.</p> <p>Education materials are available in various languages upon request.</p>	<p>Training Rosters Training Agendas</p>	<p>Funding from CDC, HRSA, HUD, Foundations, HIV/STD Prevention and Care Staff.</p>
	<p>The TBCB will increase accessibility to health education materials available in more than 10 foreign languages to decrease language barriers.</p>	<p>Ongoing</p>		<p>Log of requests by site and language requested.</p>	<p>TB Health Educator</p>

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
6. Increase resources/investments to eliminate health status gaps.	LHS will assure that the Consolidated Agreement with LHDs require interpreter services to be provided at no cost to the client regardless of immigration status. The programs within DPH will incorporate health disparity objectives in LHD agreement addenda, contractual scopes of work, and memorandums of understanding (MOU), when applicable.	Annually	Review of Consolidated Agreement to assure language is included. Program managers will ensure that scopes of work and/or MOUs include health disparity objectives. Child Health Agreement Addenda Process Outcome Objective (POO).	Copy of Consolidated Agreement  C&YB and WHB contracts, MOUs, etc. To develop outcome measures: HP2010, PRAMS, BRFS, Title X, Sickle Cell data, Healthy Carolinians, Baby Love Plus, vital Statistics, SCHS.	Chief of Local Health Services (LHS)  DPH program staff. State and federal funds.
	The NCODH will provide support to DHHS agencies and programs in developing and responding to grants and RFPs targeted toward eliminating health disparities among people with disabilities.	Ongoing			NCODH staff.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
6. Increase resources/investments to eliminate health status gaps - continued	<p>Pending grant funding through RWJ/CKF, HC/HC and the NC Pediatric Society will provide leadership in pursuing matching funds from Foundations and private resources, including</p> <p>a. Partnering with Rex Foundation Project in Wake County</p> <p>b. Continuing to cultivate partnerships with key stakeholders to reach out to target populations.</p>	<p>Pending grant funding, must have matching funds by 3<sup>rd</sup> year of grant cycle..</p>	<p>Budge with matching funds.</p> <p>Membership in state and local coalitions. Other evidence of stakeholder involvement.</p>		<p>NCPS, Rex Foundation, State, NCHSF staff, Local Project staff, Key Stakeholders.</p>
	<p>The NSB will continue to participate in the WCHS initiative to promote folic acid consumption by Latino women.</p>	Ongoing	<p>Completion of Spanish folic acid outreach campaign.</p>	<p>Tracing the incidence of Neural Tube Defect.</p>	<p>SCHS</p>
	<p>The NSB will increase the awareness of breastfeeding, WIC dangers of lead ingestion, the importance of folate, and the risk of listeriosis in the Hispanic/Latino community through the broadcast of PSAs on Spanish language radio.</p>	8/02 – 10/02	<p>Production of PSAs and purchase of broadcast time.</p> <p>Call back impressions of focus group participants.</p>	<p>Tracking or broadcast schedule.</p>	<p>Federal WIC grant funding.</p>
	<p>The IB will continue to support all childhood immunization providers through the UCVDP to ensure North Carolina continues to provide vaccine for all children.</p>	Ongoing	<p>Number of immunization providers enrolling in UCVDP.</p> <p>Monitor continued legislative support .</p> <p>Assure maximum level of Federal Vaccines for Children Funding is allocated to NC</p>	<p>Total number of immunization providers compared to the number participating in UCVDP. Number of VFC eligible children compared to the number of VFC eligible children receiving vaccines.</p>	<p>IB staff, CMS data, registry state and federal funding.</p>

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN				
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	AVAILABLE RESOURCES
6. Increase resources/investments to eliminate health status gaps - continued	The HP Branch will identify federal carry-over funds to supplement current funding to two counties focusing on CVH efforts in African American communities and continue to support and link services with the American Indian Rural Health Outreach Project in eastern NC.	FY 2003	Supplemental funds and resources to Disparities counties.	Documentation of supplemental resources.
	The CP&C Branch will promote the need to be screened for breast, cervical, colorectal and prostate cancer by increasing the publicity of local BCCCP screening sites to outreach among diverse populations.	FY 2002-03 and ongoing as openings occur.	An increase in the number of individuals screened at sites.	Participant data at the sites.
	The Diabetes program will establish a state-based diabetes collaborative to improve the quality of diabetes care provided by primary care providers serving underserved populations.	12/02 – 6/30/04	Proposal submitted to grantor in August 2002 and will be awarded November 2002. An electronic registry the CV/DEMS (Cardiovascular/Diabetes Electronic Monitoring System) will be utilized. Data from medical records are abstracted in the registry following each provider visit.	Targeted diabetes indicators are: A1c Testes 2/yr.; Average A1c Level; registry Size; Self-Management Goal Setting; VC Risk Reduction; Foot Exams; Dilated Eye Exam; Flu and Pneumococcal Vaccines.
				Application submitted for a \$100,000 grant from RWJF. Additionally, over \$87K was pledged as in-kind time from five state and Division partners. Diabetes Unit staff time will also be utilized. Integrate coordinator position into the diabetes program under the CDC grant. Support for staff positions will be e noted and approved in CDC grant for 04-05.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN				
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	AVAILABLE RESOURCES
				DATA NEEDS
6. Increase resources/investments to eliminate health status gaps - continued	The TBCB will use federal funds through the NC American Lung Association to provide greater housing stability for patients.	Annually	Annual Budget Budget report	Funds provided by CDC, TB program staff, LHD staff.
	The TPCB will support diverse community-based organizations to increase partnerships and the sharing tobacco use prevention and cessation (i.e. Gay Pride, Indian Health Conference, etc.).	January 2003 – December, 2004	Bi-annual evaluation of grants. Increase network and resources to community-based organizations.	Local coalition coordinators.
	The OHS will increase the focus of resources on sealant provision for the low-income population, dental referrals and follow-up for low-income students, and fluoridation of community water supplies, based on need and evidence.	FY 2002-2004	Proportion of children with sealants, proportion of children with untreated decay. Proportion of the population receiving community fluoridation.	State appropriations and FFP for staff, unsure other funds.
	The Bio-terrorism and HIV/STD Branches will fund evidenced-based community interventions focusing on bio-terrorism or HIV/STD prevention.	As funding permits	Number of funded community interventions.	Funding provided by CDC and HIRSA, DPT=I
	LHS will continue to increase resources available to Healthy Carolinian Taskforces through grant-writing in order to generate funding to encourage activity toward addressing health disparities.	Ongoing	Grant awards received and distributed to local taskforces.	LHS staff.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN				
KEY RECOMMENDATIONS	TIME FRAME			AVAILABLE RESOURCES
	ACTION STEPS	EVALUATION	DATA NEEDS	
7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings.	The B&YB and WHB will promote diversity in the decision making processes and policy development by increasing the proportion of racial and ethnic minorities or person with disabilities in interview teams and in recruiting/hiring of new staff; on advisory boards, commissions and task forces.	Ongoing	Successful recruitment and hiring of racial and ethnic minorities.	WCHS staff
	The NCODH will continue to support the development and provision of in-services and continuing education opportunities to increase capacity to work effectively with people with disabilities.	Ongoing	Training, curricula, agendas for training and workshops.	NCODH staff
	NCODH will provide assistance in recruiting individuals with disabilities to serve on advisory boards and committees.	Ongoing	An increase in the number of individuals with disabilities serving on boards and committees.	EHD Steering Committee and Division representatives.
	HC/HC will ensure that members of the State Outreach Coalition and the local coalitions are representative of leaders from the target populations.	Ongoing	Lists of State and local coalition members.	State and local staff. Key stakeholders.

KEY RECOMMENDATIONS		DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN				AVAILABLE RESOURCES
		TIME FRAME	EVALUATION	DATA NEEDS		
7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings. - continued	The NSBs WIC nutritionist recruitment letters will be targeted to colleges and universities in states with a higher proportion of Spanish speaking students in order to increase diversity among WIC nutritionists.	Ongoing	Special survey of local health departments – 9/02	Roster of schools with Spanish speaking students.	NSB staff.	
	The NSB will incorporate cultural diversity training into the Preschool Nutrition Conference sponsored by the NSB.	October, 2002	Completion of the conference.	Evaluations from conference participants.	NSB staff.	
	The WHB management will support and offer at least two training opportunities, such as lunch-n-learns, for staff to increase knowledge of cultural/ethnic groups in order to enhance the staff's capacity to work with people from diverse cultural backgrounds.	7/1/02 – 6/30/02	The number of training opportunities provided and feedback from staff who participate.			
	The C&YB will encourage participation and provide educational programs and resources on cultural competency and diversity to staff in the Branch	Objective implemented in FY2003	Programs reflect outreach to minority and special populations.			
	The SCHS will work with Human Resources to recruit and retain a larger number of minority staff, particularly among statisticians and other professionals. The Center will continue its vigorous pursuit of diversity in the work place.	Ongoing	An increase in the number of minorities working at SCHS.	Data already available	Human Resources SCHS Management.	

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN				
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME		AVAILABLE RESOURCES
		EVALUATION	DATA NEEDS	
7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings - continued	The HP Branch will build on the collaborative work of the cross-cultural Public Health Institute/Faith Collaboration Team. The HPDP section will establish hiring practices that encourage applications from persons in diverse populations.	Ongoing	Strategic Plan, Shared lessons learned.	Executive Director or Tri-State Stroke Network and HP staff.
	The HPDP section will establish hiring practices that encourage applications from persons in diverse populations.	FY 2002-03 and ongoing as openings occur.	Tracking of staff hired.	Human Resources, HPDP management.
	The PHDP Section will work to increase the proportion of under-represented racial and ethnic minorities and person with disabilities on community based coalitions and advisory committees.	Ongoing	An increase in minority representation.	Coalition or Advisory Committee rosters.
	The OHS will support a diverse workforce by providing cross-cultural education and disability awareness training for staff and by adding Hispanic representative to the Committee for Dental Health	May, 2003	Document that training occurred and that a Hispanic representative was added to the Committee.	Funding for training uncertain. Additional Committee members.
	The Bio-terrorism and HIV/STD Branch will create experiential opportunities for students from underserved or high impact communities to work on bio-terrorism projects or HIV/STD Branch funded agencies.	One year.	Number of student internships created for underrepresented populations.	Funding provided by CDC,, HRSA, NC General Assembly, and Foundations.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN						
KEY RECOMMENDATIONS	ACTION STEPS		TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
	7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings - continued	The OEEB hiring committee will review the proportion of employees for under representation of minorities and staff with disabilities prior to the interview process and document that careful consideration is given to the above groups when positions are available.	Ongoing		OEEB Personnel roster	Hiring committee.
	The Epidemiology Section will create opportunities for staff to enhance their capacity to work with people from diverse cultures.	Ongoing	Number of trainings offered and number of staff in attendance.		Funding provided by CDC, HRSA, NC General Assembly, Foundations.	
	LJHS will provide a mechanism for all new Public Health Nurses at the local level to receive training on cultural issues.	Twice per year (January and August)	Review of syllabus for the “Introduction to Public Health Nursing” course.	Number of participants	Staff from DPH and UNC-CH.	

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
8. Identify and advocate for public policies that aid in closing the health status gap.	The Division of Public Health will incorporate eliminating health and/or service disparities into each employee's work plan.	FY 2003	Review of individual DPH employee work plans.		
	The NCOHD will provide technical assistance and training to DHHS staff on the American's with Disabilities Act (ADA) and approaches to improve environmental, communication, and programmatic access for people with disabilities.	Ongoing			NCOHD staff, EHD Steering Committee, NCOADA, NCDBTAC, DD Council, NC State Center for Universal Design.
	The NCOHD will participate in DHHS efforts to assess ADA compliance among Divisions and community service providers and assist with in the development of compliance plans.	Fy 2002-2004			NCOHD staff
	HC/HC will continue to encourage and promote elimination of disparities by providing guidance in the composition of state and local coalitions, policies, strategies for targeting outreach, and developing materials.	Ongoing	Meeting minutes; documentation of state and local efforts.	Number of providers in underserved communities.	State and local staff and key stakeholders.
	The WHB will continue to advocate for a Family Planning Medicaid Waiver, which will provide reimbursement for men and women at or below 185% of the federal poverty level and assist in Branch efforts to reduce the number of unintended pregnancies in populations of greatest risk.	Ongoing	The award of the Medicaid waiver.	DMA Y SCHS	No financial resources needed to advocate for waiver. Human resources required.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN				AVAILABLE RESOURCES
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	DATA NEEDS
8. Identify and advocate for public policies that aid in closing the health status gap - continued	The IB will continue to advocate for policy development to ensure long-term care residents and staff are offered and receives influenza and pneumococcal vaccinations as recommended.	5year – assess yearly progress	Stages of policy development and implementation.	Needed: number of long term residents and staff and those being offered and receiving vaccinations.
	The CP&C Branch will promote policy initiatives that provide for access to cancer and end-of-life care for diverse populations.	FY 2003-2006	Adopted laws or new regulations.	Qualitative data on specific issues.
	The IB will advocate for coordinated strategies to prevent the spread of hepatitis B through systematic identification and prevention strategies.		Development and implementation of a NC Hepatitis Prevention Strategy Policy.	Birth Hospital Infant Prophylaxis Surveys, Communicable Disease statistics on # of acute and chronic hepatitis B infections, # of hepatitis vaccinations provided through LHD STD clinics.
	The SCHS will work with other agencies, such as; March of Dimes, Child Fatality Task Force, and other advocacy groups to ensure they have the necessary data to effectively advocate for reducing health disparities.	Ongoing	Feedback from advocacy groups.	Data currently available in the various data sources accessible to the SCHS.
	The TPCB will provide support to coalition partners to increase public advocacy for medical providers to include smoking cessation counseling services to underserved clients as the most basic part of the benefits package.	January, 2003 – December, 2004	Monitor medical providers' policies and practice.	Current policy data: Public and private agencies that provide counseling.
				IB staff, Medical Review of NC and DFS staff.  Advisory committee on Cancer control and Coordination. Community cancer control partners.  IB staff, LHD staff, General Communicable Disease Branch.  Statisticians at SCHS  Diversity/Disparities Director; Director of Communications and Media; Prevention Partners; Coalition Partners; Diversity Workgroup

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN				
KEY RECOMMENDATIONS	TIME FRAME			AVAILABLE RESOURCES
	ACTION STEPS	EVALUATION	DATA NEEDS	
8. Identify and advocate for public policies that aid in closing the health status gap - continued	The OHS will support policies at the state and national level that provide loan repayment for dentists, who serve in minority or underserved communities. The OHS will work with the Office of Rural Health and Development to recruit dentists to underserved areas.	Ongoing	Document where policies reference disparities.	State appropriations.
	The TBCB will pursue a public health rule change that mandates the submission of TB isolates to State TB lab for confirmation, susceptibility testing and genotyping for epidemiological evaluation.	One year	Number of isolates submitted to State Lab.	LHD data, State Lab data. State Lab, LHD staff, TB program staff.
	The State Lab will comply with new CDC and HIPAA requirements for coding of race/ethnicity on lab requisition forms.	12-18 months	Quality assurance review of Lab Information Management System (LIMS).	Resources at present not available.
	LHS will assure that the Problem Oriented Health Record (POHR) clinical record forms included race and ethnicity codes per OMB standards.	Ongoing	Review of forms in manual.	DPH, LHD staff. Copy of manual or all forms.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN						
KEY RECOMMENDATIONS	TIME FRAME			EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
	ACTION STEPS	OBJECTIVES	START/END DATE			
9. Demonstrate Accountability and Ownership for Health Outcomes.	The C&YB will pursue grant and state funding to enhance access and availability of health care to populations of children experiencing health disparities.	Objectives implemented FY 03		Increased funding and ultimately increased access to services.		C&Y staff
	The NCODH will participate in establishing an accountability network on eliminating health disparities by assisting in the setting of benchmarks; collecting and disseminating baseline and subsequent data.	Ongoing		DHHS and SCHS reports		NCODH staff, EHD Steering Committee and SCHS staff.
	The WHB will translate national, state, and county data pertaining to minority health and health disparities into information the Women’s Health Nurse and Social Work Consultants can use with local health departments as agreement addenda are developed.	7/1/02 – 6/30/04		The inclusion of targeted activities and health outcomes to address minority health disparities in local health departments’ agreement addenda.	Healthy People 2010, PRAMS, SCHS, HSIS, Vital Statistics	Healthy Mothers, Healthy Children’s fund, MCC/MOW program.
In addition to the POO data on the Agreement Addenda, the WHB will explore/investigate using 5-year maternal health and family planning data by race and ethnicity to assist local health departments in implementing appropriate interventions to address the disparities.			The inclusion of 5-year data by race and ethnicity on the Local Health Department Agreement Addenda.			

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN				
KEY RECOMMENDATIONS	ACTION STEPS	TIME FRAME	EVALUATION	AVAILABLE RESOURCES
				DATA NEEDS
9. Demonstrate Accountability and Ownership for Health Outcomes. -continued	The IB will institutionalize effective assessment strategies to ensure accurate immunization assessments of practice and geographic based immunization coverage rates.	5 years – assess yearly progress.	AFIX and site visit assessment results, increased LHD compliance rates, and progress towards a fully implemented registry.	LHD Compliance rates, AFIX summaries. IB and LHD staff.
	The SCHS will monitor the production of Minority Health fact sheets and work done on behalf of OMHHD and other instances of disseminating information about health disparities.	This is an ongoing process but at least one Minority Health Fact Sheet per year will be published.	Publication of Fact Sheet and feedback from customers.	Existing data. SCHS and OMHHD staff:0
	The HPDP Section will translate national and state data on health promotion related disparities into information communities can use to promote evidence-based public and private policy.	FY 2003-2004	Information evaluated for cultural appropriateness and disseminated to local community organizations.	Morbidity and mortality, BRFSS data, SCHS
	The OHS will translate information on methods to reduce early childhood caries into 2 brochures and 2 educational exhibits in a form of information that communities can use.	Ongoing	Produce educational materials, newspaper articles and articles for local dissemination.	Data from assessments and surveys. State appropriations, FFP, CDC grant for statewide survey.

DIVISION OF PUBLIC HEALTH – HEALTH DISPARITY IMPLEMENTATION PLAN				
KEY RECOMMENDATIONS	TIME FRAME			AVAILABLE RESOURCES
	ACTION STEPS	EVALUATION	DATA NEEDS	
9. Demonstrate Accountability and Ownership for Health Outcomes. -continued	The OHS will continue to use effective evaluation systems (surveillance system and statewide survey) and best practices in service delivery (sealant, community fluoridation, and fluoride varnish for high-risk infants).	Levels of dental disease and sealant presence by school and county (surveillance/assessment) and by age, race, sex, income level and geographic region (statewide survey).	Bi-annual K/5 surveillance system. Statewide children's dental survey.	
	The Bio-terrorism and HIV/STD Branches will develop and internal review process to evaluate bio-terrorism response plan and HIV/STD interventions for cultural and linguistic appropriateness.	Documentation of annual reports to CDC, HRSA and the Advisory Council		CDC, HRSA, HIV/STD Prevention and Care staff, Bio-terrorism staff
	The TB/CB will report the annual TB statistics from each LHD that will reflect incidences of TB cases by race and ethnicity.	Review of records maintained at the local level.		LHD staff, TB Program.
	The HIV/STD Branch will collect data on HIV/STD disease incidence as well as document service utilization in a manner that will allow for measuring progress towards the elimination of disparities.	Documentation in annual reports to HRSA, CDC, HUD, and the Advisory Council.		HIV/STD Prevention and Care, Epidemiology and Special Studies Unit
	The OHC/HE requires all Healthy Carolinians Partnerships to include objectives for addressing health disparities in their plans.	Number of new or renewed plans with health disparity objectives.		GTF – DHHS OHC/HE