

## **Office of Minority Health and Health Disparities**

**Mission:** The bridge the health status gap between racial-ethnic minorities and the general population by advocating for policies and programs that improve access to public health services for racial/ethnic minorities and other underserved populations in the state.

**Priority Conditions/Issues:** The main priority issues include minority health and health and service disparities faced by racial and ethnic minorities and other underserved groups in the state.

### **Service Delivery Challenges:**

- A. Limited control and influence over resources and programs serving minority populations
- B. Lack of resources (human and financial) to carry out the mission to eliminate health disparities.
- C. Lack of ownership and accountability across the Department on Minority Health issues.
- D. Lack of workforce diversity throughout the department.

### **Socio-cultural Challenges:**

- A. Language and Communications barriers
- B. Limited understanding of the role of culture in health and service delivery
- C. Limited represented of minority communities most affected disparities on state and local decision making entities.
- D. Limited capacity to address the need of checks with limited English proficiency

**Disparity Focus Areas:** The main disparity focus areas include race/ethnicity, cultural diversity, workforce diversity, and addressing social determinants of health.



**OFFICE OF MINORITY HEALTH & HEALTH DISPARITIES – HEALTH DISPARITIES IMPLEMENTATION PLAN**

<b>KEY RECOMMENDATIONS</b>		<b>ACTION STEPS</b>		<b>TIME FRAME</b>		<b>EVALUATION</b>		<b>DATA NEEDS</b>		<b>AVAILABLE RESOURCES</b>	
1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability, and socioeconomic status.	Conduct 1-health disparities to parity presentation to the NCDHHS	1 presentation to NC General Assembly	DHHS January, 2003	December, 2003	Progress towards meeting the recommendation would be survey participants to determine how efforts would be made to move from disparity to parity in health; the increase of program funds, increase in collaborative efforts with organizations, tribes, and agencies; increase in funding of initiatives and training.	Morbidity and mortality rates; poverty rates; county data; state data.	Staff; survey instruments; county and state data; limited administrative funding.				
	1 presentation to MHAC	Legislative February, 2003									
	Conduct a media campaign (e.g., Radio One HIV/AIDS), contracting with local media, state media, and Universities. This includes 4 press releases, 4 one on one interviews with leaders and policy makers from educational and business arenas, and participation in public forums at the local level and state level.	1 presentation to MHAC	MHAC Anniversary								
	Issue a report card on health disparities by December, 2003	1 Press release by December, 2002, 3 press releases (AI, AA, H/L) quarterly to be completed by December, 2003. Interviews to be held quarterly; and participation in forums as requested.	December, 2003								
	Develop criteria to identify best practice programs to EHD.	1 Press release by December, 2003									
2. Communicate, document, and champion best-practices in eliminating health disparities	Collaborate with DHHS and local agencies for replication/expansion of best practices.		June, 2003	Ongoing	Criteria and format complete and best practices accessible to others.	Collect data of pre and post focus groups.	Use health educators and interpreters to collect data and lead focus groups.	Partnerships developed/enhanced and programs expanded/replicated.	Providers and community consumers.	Contact radio, TV, video companies and printers for low price materials to be used for health improvement of the community.	

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2. Communicate, document, and champion best-practices in eliminating health disparities - continued	Seek funding for replication.	Ongoing			Invite local private companies to join and champion best practices by donating money and teaching good practices to their employees.
3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status.	Identify all community-based agencies that have a working relationship with the DPH.	Ongoing process	Developed electronic directory of CBOs and tribal organizations. Link to OMHHD website.	Create a database of CBOs who address health disparities in the state.	Current personnel and grants that may be available.
4. Monitor progress towards the eliminate of health disparities	Strengthen/Support State's capacity to collect reliable data on minority populations and conduct surveillance.	Ongoing		Funding for BRFSS over sampling, Tribal roles	Tribal rolls, Hispanic Contact, Printing
	Talk to BRFSS coordinator about over sampling of AI and Hispanics	February, 2003			
	OMHHD staff coordinate and meet with tribal leaders to request their support in answering BRFSS and also request contact phone number that BRFSS can use.	February, 2003			
	OMHHD find additional funds to support over sampling of small groups in BRFSS.	February, 2003			
	OMHHD and BRFSS coordinator make a proposal to identify potential funding for BRFSS over sampling.	February, 2003			
	Help recruit bilingual interviewers for the BRFSS (student interns, etc).	February, 2003	Finish action agenda.		Production and dissemination funds.
	Health Parity "Call to Action"	January, 2003			
	Develop a Health Parity Report	January, 2003	Finished and disseminated report	Key indicators	Production and dissemination funds.

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5. Promote customer friendly services that meet the needs of underserved populations (i.e. low-income and minority groups).	Conduct at least 2 customer service trainings for OMHHD staff.	December, 2002	Completed training		OMHHD staff.
6. Increase resources/investment to eliminate health status gaps.	OMHHD will identify 2 public access areas (i.e. vital records and prevention field services) improve access for people with Limited English Proficiency. Develop strategic plan for financial resource development for OMHHD eliminating health disparities initiatives.	Ongoing 9/02 – 12/02	Progress report to OMHHD management team.	Health status data on priority populations. HR Data on Workforce	Website .5 FTE Health Disparities Liaison.
7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings.	Develop a plan for OMHHD unit on work force Development and Diversification. Develop work plan responsibilities (KRRs) that document efforts build, support, and utilize a diverse workforce. Offer and promote components of the cultural diversity training initiative within DHHS. Promote the expansion of a pipeline for bilingual providers.	10/02 - .01/03 June, 2003 Ongoing Ongoing	Progress report to OMHHD management team. Number of trainings – Number of participants.		.05 FTE Health Disparities Liaison. OMHHD staff and Cultural Trainers.

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8. Identify and advocate for public policies that aid in closing the health status gap.	Develop and disseminate public policy strategies in accordance with MHAC priorities.	Ongoing	Production of document, number of outlets forwarded to, passed/defeated legislation, financial and additional resources allocated to EHD.	State and county morbidity/mortality statistics, evidence based research.	MHAC and OMHHD staff.
	Advocate for DHHS policies to eliminate health disparities.	Ongoing			MHAC, Steering Committee, OMHHD
	Partner with advocacy groups with similar agendas to MHAC priorities (e.g. Prevention Partners).	Ongoing			
9. Demonstrate Accountability and Ownership for Health Outcomes	Develop and publish a health disparities report card with input from key agency and community stakeholders.	January, 2003	Report card published and disseminated	Mortality data by race, gender, age geography, BRFSS data by race/gender.	Epi Team, EHD Focus Group, OMHHD staff, funding for printing/postage.
	OMHHD will develop a system for documenting and monitoring progress towards DHHS's "Call to Action".	September, 02 – March 03	Data collection tools developed and disseminated to 14 Divisions/Offices' Report requirements outlined; System in place to collect and analyze data.	Measurable strategies per Division/Office.	OMHHD staff, computer software.
	Revise and publish minority health FACT SHEETS for racial/ethnic minorities including AA, AI, H/L.	February, 2003 – December, 2003	Fact Sheets published and disseminated.	Baseline data on mortality rates by race, gender, age, geography; BRFSS data by race, gender, age.	SCHS, OMHHD staff, Public Affairs.