

STRATEGIC PLAN 2008 - 2010



OHD

Office of
Health
Disparities



Colorado Department
of Public Health
and Environment



TABLE OF CONTENTS

ELIMINATING HEALTH DISPARITIES	3
PROFILE & HISTORY	4
VISION & MISSION	5
OFFICE FUNCTIONS	5
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ORGANIZATION CHART	6
I. PROGRAMMATIC GOALS & STRATEGIES	7
II. EVALUATION GOALS & STRATEGIES	11
DEFINITIONS	12

INTRODUCTION

Bridging the racial divide in health will be a challenge and opportunity for our 21st century society. Over the past 50 years, the United States has benefited greatly from advances in medicine, environmental protection, disease control, and health promotion strategies. Improved technologies within the medical, public health and environmental fields have resulted in an increased life expectancy and a better quality of life. However, racial and ethnic groups have benefited less from these advances. Communities of color are disproportionately affected by disease, disability and death. The differences in health status between groups are known as health disparities. These health disparities exist across all health areas: chronic disease, communicable disease, injury, maternal and child health—and are present at the national, state and local levels. The causes of health disparities among racial and ethnic populations are complex. This executive summary gives the reader a quick look into the health of communities of color. The full version of the report attempts to explore why health disparities exist, by examining the socioeconomic, psychosocial, and cultural factors that influence health. These factors are determinants of health that interact in ways that can be unique to people that identify with certain racial and ethnic groups. In addition, the complete report illustrates the cost of health disparities, not only in terms of years of potential quality of life lost, but also the economic costs to our health care system, thus demonstrating the importance of a prevention-oriented health agenda.

There is compelling evidence that race and ethnicity correlate with persistent health disparities in the burden of illness and death. For example, compared with their white counterpart, black babies are twice as likely to die during their first year of life, and American Indian babies are 1.5 times as likely. The rate of diabetes among Native Americans is three to five times higher than the rest of the United States' population, and among Hispanics it is twice as high than the majority population. Hispanics represented 11% of the total population in 1996, and accounted for 20% of new tuberculosis cases. Women of Vietnamese origin suffer from cervical cancer at nearly five times the rate for white women.

In terms of overall demographics, Colorado's population is slightly younger, wealthier, and has a higher education level compared to national figures. The state also experiences slightly less poverty and more home ownership than national averages. Colorado consists of 64 counties: 24 designated as rural, 23 designated as frontier (fewer than six people per square mile), and 17 designated as urban. The largest proportion of Colorado's population is located in 11 counties in the Front Range region: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo, and Weld. The Front Range is home to 81 percent of the state's population. The other 19 percent of residents live in Colorado's four other regions: Western Slope, Eastern Plains, San Luis Valley, and Eastern Mountains.

OFFICE OF HEALTH DISPARITIES

The Executive Director of the Colorado Department of Public Health and Environment (CDPHE) has created two new structures to assist public health systems in addressing health disparities among minority communities. First, the Office of Health Disparities (OHD) serves in a coordinating, educating, and capacity building role for state and local public health programs and community-based organizations. Second, the Minority Health Advisory Commission (MHAC) will provide a formal mechanism for community members to give input on health programming at the level of the CDPHE Executive Director.

HISTORY

These two structures have evolved out of a six-year Turning Point grant provided by the Robert Wood Johnson Foundation and start-up grants from Kaiser Permanente and the Office of Minority Health. Their conception had the support of the Colorado Minority Health Forum (CMHF) and other community-based organizations, and the Public Health Directors of Colorado. On May 15, 2007, the office and commission were established in Senate Bill 242 and will have a statewide focus.





VISION

“All Coloradans will have an equal opportunity to be healthy regardless of race and ethnicity.”

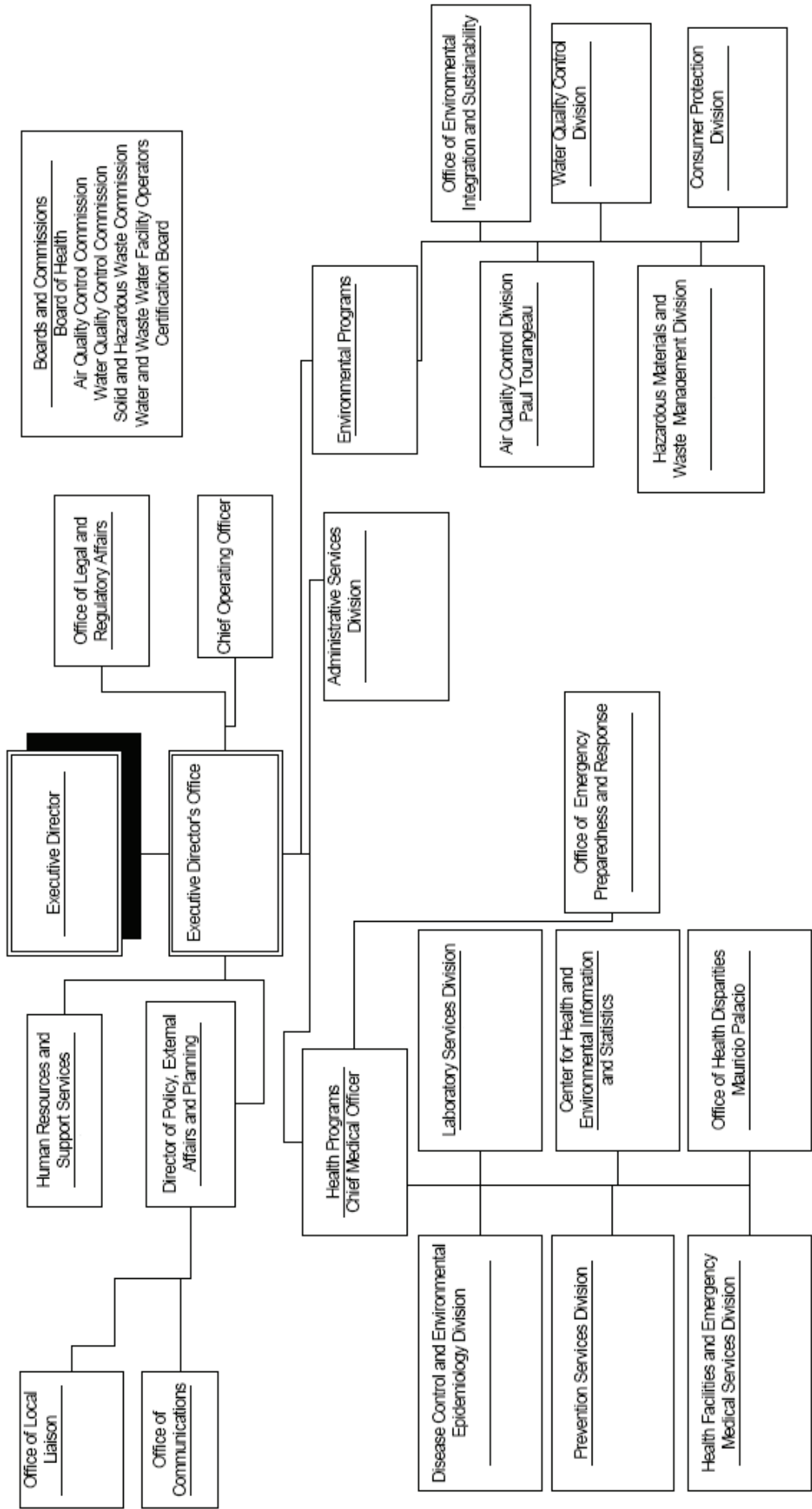
MISSION

The Office of Health Disparities is a state program of multi-cultural professionals dedicated to eliminating racial and ethnic health disparities in Colorado, by fostering systems change and capacity building through multi-sectoral collaboration.

OFFICE FUNCTIONS

- Publish data reports documenting health disparities and cultural competence
- Provide education on racial and ethnic health disparities and cultural competency issues
- Improve interpretation and translation services within public health systems
- Build capacity within communities for extending public health programs
- Conduct state-level strategic planning on minority health improvement
- Provide technical assistance to local health departments
- Promote workforce diversity within public health systems
- Serve as a point of contact and resource for the public
- Coordinate a Minority Health Advisory Commission
- Coordinate and support an Interagency Health Disparities Leadership Council
- Administer the Health Disparities Grant Program
- Coordinate with and providing advice to the department

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ORGANIZATION CHART



I. PROGRAMMATIC

Community Capacity Building

Goal 1: Provide a venue and structure for communities to identify their own assets and deficits related to the determinants of health.

Strategy 1.1: Develop ongoing relationships with communities of color by establishing and maintaining community partnership.

Strategy 1.2: Build community capacity by providing funding from the Health Disparities Grant Program to support projects addressing health disparities in prevention, early detection, and treatment for cancer, cardiovascular and pulmonary diseases.

Communication Strategy

Goal 2: The office will serve as a point of contact and resource for the public on health disparities.

Strategy 2.1: Maintain ongoing communication mechanisms to facilitate information between the department, communities, the commission and the office.

Interagency Health Disparities Leadership Council

Goal 3: Utilize a comprehensive approach to eliminate health disparities by coordinating an Interagency Health Disparities Leadership Council.

Strategy 3.1: Appoint an Interagency Health Disparities Leadership Council to provide leadership, education, and resources to comprehensively eliminate health disparities in Colorado through collaboration, consultation, research and inclusion.



Minority Health Advisory Commission

Goal 4: Strengthen relationships between communities of color and the department.

Strategy 4.1: Provide a formal mechanism for communities to provide input on health programming at the level of the department's Executive Directive through the commission.

Strategy 4.2: The office will provide ongoing support to the commission in administering the Health Disparities Grant Program.

Strategy 4.3: Obtain community input on communication needs and approaches to addressing the needs.

Limited English Proficiency

Goal 5: Increase the departments and other public health agencies capacity to serve limited English proficiency (LEP) individuals.

Strategy 5.1: Building limited English proficiency services capacity within local health departments.

Strategy 5.2: Work with office of communications to develop policies for the department materials published in non-English languages.

Strategy 5.3: Work with the department's office of human resources to develop strategies for recruiting staff with the skills and capacity to serve as interpreters and translators.

Strategy 5.4: Provide training on Title VI, Civil Right Act of 1964, and language access services to the department programs.

Strategy 5.5: Develop a language access services policy for the department.



Outreach and Presence in Rural Communities

Goal 6: The office will reach racially and ethnically diverse rural communities with documented health disparities.

Strategy 6.1: Pilot strategies to reach racially and ethnically diverse rural communities with documented health disparities to work on public health projects and to facilitate communication between department programs and their rural clients.

Workforce Diversity in Public Health

Goal 7: Promote diversity in health leadership positions, demonstrate leadership in efforts to eliminate health disparities and support collaborative leadership development within the health field to improve health outcomes of communities of color.

Strategy 7.1: The office will coordinate with Human Resources to develop and conduct diversity trainings.

Strategy 7.2: The office, in collaboration with the office of human resources, will develop a plan to provide technical assistance to programs within the department to recruit and retain more diverse applicants.

Strategy 7.3: The office will collaborate with office of human resources Director and department programs to provide internships, trainings and, mentoring for people of color.

Strategy 7.4: The office in collaboration with the Employee Diversity Advisory Committee will recognize department programs that have been intentional about diversity with awards.

Strategy 7.5: Increase people of color representation in the public health leadership network through a partnership with the Regional Institute for Health and Environmental Leadership (RIHEL).

Strategy 7.6: Coordinate The Recruiting and Retaining Youth of Color Taskforce.





Health Disparities Surveillance and Reporting

Goal 8: Provide demographic trends, health status indicators for communities of color, and provide multi-level recommendations.

Strategy 8.1: The office will develop and release a 2009 Health Disparities Surveillance Report that profiles health status of each community of color against a broad range of health indicators and determinants of health related to health disparities.

Strategy 8.2: The office will collaborate, develop and release community specific data fact sheets.

Technical Assistance

Goal 9: The office will strategically provide technical assistance to department programs, local health departments, community based organizations, and faith-based organizations.

Strategy 9.1: The office will develop a range of presentations, workshops and educational materials related to the topic of health disparities, cultural competence, community partnerships based on the needs of communities, local health departments, community-based organizations and stakeholders.

Health Disparities Grant Program

Goal 10: Decrease health disparities in cancer, cardiovascular, and pulmonary disease in racial and ethnic groups in underrepresented communities.

Strategy 10.1: The office will administer and coordinate the Health Disparities Grant Program, which includes, site visits, contract monitoring and grantee training.

Strategy 10.2: The office will support the Minority Health Advisory Commission in developing request for applications funding priorities, and funding recommendations for the Health Disparities Grant Program to the Board of Health.

Department Wide Health Disparities Strategic Plan

Goal 11: Establish a comprehensive departmental strategy for addressing health disparities.

Strategy 11.1: Provide an opportunity to work with the department programs to reduce specific disparities in public and environmental health.

Strategy 11.2: The office staff will educate the department staff about the purpose, process and implementation of the coordinated department-wide strategic plan.

Colorado Health Disparities Strategic Plan

Goal 12: Establish a state model for to educate, build capacity, and create sustainability through the determinants of health.

Strategy 12.1: Develop a strategic plan to support communities of color eliminate health disparities.

II. EVALUATION

Program Evaluation

Goal 13: Design an evaluation plan for the office.

Strategy 13.1: Develop an evaluation plan for the office, including process and outcome measures.

Strategy 13.2: Evaluate all programs within the Office of Health Disparities.

Strategy 13.3: Use a learning and improvement model to continuously improve processes and programs with the Office of Health Disparities.



DEFINITIONS

Capacity Building	Provision of resources, knowledge, skills and tools to meet the needs of communities of color.
Community	A group of people who have common characteristics; communities can be defined by location, race, ethnicity, age occupation, interest in particular problems or outcomes, or other common bonds. Ideally, there should be available assets and resources, as well as collective discussion, decision-making, and action.
Cultural competence	A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in crosscultural situations
Determinants of Health	The leading factors that contribute in aggregate to health status in an individual or populations. Determinants include: income, education , physical and social environment, behavior, health care access, genetics and social/cultural issues.
Diversity	Diversity refers to other individual differences and characteristics by which persons may self-define. This includes but is not limited to an individual's age, gender, sexual orientation, religion or spiritual identification, physical ability/disability, social and economic class background, and residential location.
Employee Diversity Advisory Committee (EDAC)	An employee committee that promotes diversity within the department.
Infrastructure	The resources (e.g., personnel, information, monetary, and organizational) used by the public health system to provide the capacity to perform its duties.
Interagency	Involving two or more agencies.

DEFINITIONS

Interagency Health Disparities Leadership Council (IHDLC)

A independent advisory council composed of multi-agency participants representing federal and state agencies, universities, community providers, and foundations

Language Access Services (LAS)

Services that are designed to ensure effective communication between limited English proficient individuals and English speakers. Primary LAS include interpretation (oral) and translation (written) services.

Limited English Proficiency (LEP)

A limited English proficient person individual is a person who does not speak English as his/her primary language, and has a limited ability to speak, read, write or understand the English language at a level that permits him/her to have meaningful access to services.

Minority Health Advisory Commission (MHAC)

The Commission consists of the following thirteen members, who shall be appointed as follows: One member of the House of Representatives, who shall be appointed by the Speaker of the House Representatives; One member of the Senate, who shall be appointed by the President of the Senate; Ten members who represent, to the extent practical, Colorado's ethnic, racial, and geographic diversity, appointed by the executive director. At a minimum, there shall be one member who represents African American and Blacks in Colorado, one member who represents Asian Americans and Pacific Islanders in Colorado, one member who represents Native American Indians in Colorado, and one member who represents Latinos and Hispanics in Colorado.

Multi-sectoral Collaboration

Diverse 'sectors' sharing responsibilities, resources, and expertise to collaboratively address the determinants of health.

DEFINITIONS

Racial and Ethnic Health Disparities:

Persistent differences in health indicators by race and ethnicity across multiple categories (chronic disease, communicable disease, intentional and unintentional injuries and maternal and child health indicators).

Regional Institute for Health and Environment Leadership (RIHEL)

A regional institute that provides leadership training, builds linkages among leaders, and strengthens the relationships among health professionals, environment professionals, the academic community, the public sector and the private sector.

Surveillance

A system for collection, analysis, interpretation and dissemination of health data on an ongoing basis.

Sustainability

Activities that will ensure that programs will subsist independent of one single funding source. These activities could be aimed at strengthening the quality of the program and/or its funding sources.

Technical Assistance

The provision of instruction, skills training, content expertise, and program enhancement.

Title VI of the Civil Rights Act of 1964

Civil rights legislation that states, no person shall "on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Workforce Diversity

The strategic recruiting, hiring, and retaining of a diverse workforce to achieve cultural and linguistic competency in an organization.



4300 Cherry Creek Drive South
Denver, CO 80246-1530
cdphe.edohd@state.co.us
<http://www.cdphe.state.co.us/ohd/>



Colorado Department
of Public Health
and Environment