

# Working on Health Disparities: Infrastructure for State Agencies

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It is well documented that in the United States, racial and ethnic minorities suffer from a disproportionate burden of disease, disability, and death. American Indians, African Americans, and Latinos/as have rates of poorer health outcomes that are, on average, between two and six times greater than the majority population. Public health agencies have begun to recognize their leadership obligation to improve minority health and reduce disparities, although many states lack the necessary infrastructure to produce an effective response. The Colorado Turning Point Initiative (CTPI) has been working to develop this type of state-level infrastructure to addressing health disparities in Colorado.

According to the federal Department of Health and Human Service's report, *Assessment of State Minority Health Infrastructure and Capacity to Address Issues of Health Disparity*, "Infrastructure appears strongest when it is supported at the core by a statewide minority health organization, statewide task forces, strategic plans specifying minority health objectives, and legislation." Colorado has also discovered that necessary infrastructure includes minority health surveillance systems, community partnerships, and an ethnically representative public health workforce.

## Infrastructure development

A statewide minority health structure—most commonly known as an Office of Minority Health—appears to be key to the foundation of state efforts because it affords dedicated staff time to focus on the issue and operates as a point of contact for the public. Many of these offices track and report health status and health behaviors by race and ethnicity. Doing this is another vital form of infrastructure. In order for states to address health disparities, they must first be able to measure and document them. In Colorado, CTPI coordinates data collection programs to provide a standardized comparison of health indicators by race and ethnicity. This information is then published in a report for distribution to local health departments and community-based organizations. CTPI also promotes the over sampling of minority persons for health behavior surveys, such as the Behavioral Risk Factor Surveillance System.

Another critical piece of infrastructure is a qualified, multicultural public health workforce, including diversity at the management level. This type of staff improves the likelihood of culturally relevant services and the creation of policies that are beneficial to communities with health disparities. For Colorado's health department, CTPI is leading an assessment to determine system improvements for hiring, promoting, and retaining a diverse workforce.

The importance of community relations cannot be overstated. There is no way for a health department to do this work alone. In fact, health departments may be most successful in a supporting role for community-based organizations. Once relationships are developed, a department may be surprised to hear constructive feedback about how it has traditionally served communities of color. Feedback in Colorado has raised the issue of using Caucasian staff to conduct focus groups with minority persons, for every different disease area funded. According to one community leader, "Communities of color prefer a

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If you are unwell, or if my life is cut short because of disease or disability, we both lose. When we help each other succeed in health and in life, we both win. Though the issues are complex, the math is simple. The costs of not eliminating health disparities are much too high to ignore. At the same time, the benefits—for all of us—of making sure that every person has the same opportunity for health are huge. ■■

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coordinated response by public health professionals who look like them.” The federal Office of Minority Health asserts that strong links and partnerships between minority health entities, minority communities, and the state health department are factors that help determine state-level success in addressing minority health issues.

A final piece of necessary infrastructure is a state plan to reduce health disparities, with goals, objectives, and performance measures that are developed in collaboration with partners. Not only does this promote links and coordination, but it also increases credibility among policy makers and funders, who tend to focus on outcomes.

Colorado has found that state health departments must be intentional in their efforts to improve health within minority communities by first developing the necessary infrastructure to mount an effective response. This must be done in partnership with affected communities. Upon attaining this foundation, states can work more effectively toward the Healthy People 2010 goal of eliminating health disparities. ■■

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To jumpstart your search for information on collaborative leadership, look no further! The Turning Point Leadership Development National Excellence Collaborative embraces collaborative leadership and has produced a literature review, *Collaborative Leadership and Health: A Review of the Literature*, to help you navigate the maze of information on this increasingly important subject. And to help you increase your collaborative leadership skills, look for the *Collaborative Leadership Training* series, soon to be released by the Leadership Development Collaborative.

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