Minority Health Month Introduction

The Chronic Disease and Injury (CDI) Section has been working to develop a common approach to addressing health equity across its five branches since August 2014. Management and staff representing the Cancer Prevention and Control, Community and Clinical Connections for Prevention and Health, Injury and Violence Prevention, and Tobacco Prevention and Control Branches formed a Health Equity Workgroup (HEW). The goal of HEW was to identify priorities and potential strategies that can be implemented across branches to provide opportunities for everyone in North Carolina to achieve their optimal level of health, regardless of race/ethnicity, socioeconomic status, geographic location, education status, disability status or sexual orientation.

HEW's first task was to identify a "common language" about health equity to be used across the Section. The group referred to the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) for definitions of the term. CDC defines health equity as the "attainment of the highest level of health for all people." WHO defines health equity as "the absence of unfair and avoidable or remediable differences in health services and outcomes among groups of people." These definitions provided the foundation for the CDI Section Health Equity Guidance Document.

Over the course of seven months, members of HEW developed a health equity guidance document with input from their respective branches. The guidance was framed around three priorities: (1) Creating opportunities for engaging priority populations in the work of the CDI Section; (2) Identifying and collaborating with partners working to impact the social determinants of health and health of priority populations; and (3) Building internal capacity to advance health equity.

The draft guidance document was sent to all CDI Section staff for review and feedback. A meeting was held in May 2015 with more than 30 staff members. Participants divided into groups and discussed current approaches to health equity and how their Branches could further incorporate health equity into their work. HEW members recognized that additional opportunities for staff discussion of the three priorities were needed. Therefore, three lunch and learn sessions were subsequently offered to address each priority in a more in-depth manner. In addition to gathering input from programmatic staff, specific efforts were made to gather feedback on the priorities from operations and administrative staff during regularly scheduled meetings.

Staff feedback was incorporated into the CDI Section Health Equity Guidance and the "final" Document was sent to all staff in October 2015. Internal training opportunities have been provided to CDI Section staff monthly on the impact that housing and transportation have on health. Additional training opportunities on the impact of access to care will be provided in the spring of 2016. Forums are scheduled following each topic series to reflect on the lessons learned and applying them to the work of the CDI Section. The implementation of the priorities will be continuously monitored to identify successes and lessons learned.