Report of the Secretary’s Task Force on Black & Minority Health

“The Heckler Report”
The original impetus for creating an Office of Minority Health (OMH) came from a 1987 report prepared by the State Center for Health Statistics that highlighted the disproportionate morbidity and mortality experienced by minority populations.
In response to this report, the 1992 North Carolina General Assembly established the **Office of Minority Health**, and the **Minority Health Advisory Council** (MHAC) in public law H.B. 1340, part 24, sections 165 and 166.

Under the leadership of the Secretary of the Department of Health and Human Services in 2001 the office name was changed to **Office of Minority Health and Health Disparities** (OMHHD).
To promote and advocate for the elimination of health disparities among all racial/ethnic minorities and other underserved populations in North Carolina.
All North Carolinians will enjoy good health regardless of race and ethnicity, disability or socioeconomic status.
Office of Minority Health and Health Disparities Organization

North Carolina Department of Health and Human Services

North Carolina Division of Public Health

North Carolina Office of Minority Health and Health Disparities
Office of Minority Health and Health Disparities Organization

National Office of Minority Health (OMH)

North Carolina Office of Minority Health and Health Disparities

- Community Focused Eliminating Health Disparities Initiative (CFEHDI)
- State Partnership Initiatives – OMH
- National CLAS Standards Initiative
- Minority Health Advisory Council (MHAC)
Health equity is the absence of avoidable or remediable differences, allowing for attainment of the highest level of health for all people.

It is achieved when everyone has the opportunity to attain his or her full health potential and no one is disadvantaged because of socially determined circumstances.

Achieving health equity requires focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.
Health inequities are types of **unfair health differences** closely linked with social, environmental, or economic disadvantages that adversely affect specific groups of people.

They involve **more than inequality** with respect to health determinants and access to resources; they also entail a **failure to avoid or overcome inequalities that infringe on fairness and human rights norms**.
Equality is a good thing, but...

Equality ≠ Equity

Equality refers to inputs, equity to outcomes. With equity, inputs may need to be different to achieve equal outcomes.

Equality refers to inputs, equity to outcomes.
What Influences Health Equity?

Social Determinants of Health

- Where we **live, learn, work** and **play** has a tremendous impact on health.

- Social factors such as **housing**, **education**, **income** and **employment** greatly influence the health and quality of life in neighborhoods and communities.
What Influences Health Equity?

Social Determinants of Health

SOCIOECONOMIC AND POLITICAL CONTEXT
- Governance
- Macroeconomic Policies
- Social Policies (Labour Market, Housing, Land)
- Public Policies (Education, Health, Social Protection)
- Culture and Societal Values

Socioeconomic Position
- Social Class
- Gender
- Ethnicity (racism)

Material Circumstances (Living and Working Conditions, Food Availability, etc.)
- Behaviors and Biological Factors
- Psychosocial Factors

Education
- Occupation
- Income

Social Cohesion & Social Capital

Health System

INTERMEDIARY DETERMINANTS SOCIAL DETERMINANTS OF HEALTH

STRUCTURAL DETERMINANTS
SOCIAL DETERMINANTS OF HEALTH INEQUITIES

IMPACT ON EQUITY IN HEALTH AND WELL-BEING
How do we address Health Inequity?

A Framework for Health Equity

**Socio-Ecological**

**UPSTREAM**

- **Discriminatory Beliefs (ISM)***
  - Race
  - Class
  - Gender
  - Immigration Status
  - National Origin
  - Sexual Orientation
  - Disability

- **Institutional Power***
  - Corporations & Other Businesses
  - Government Agencies
  - Schools

- **Social Inequities***
  - Neighborhood conditions
  - Residential Segregation
  - Workplace Conditions

**Medical Model**

**DOWNSTREAM**

- **Individual Health Knowledge***
  - Genetics
  - Health Care Access

- **Risk Factors & Behaviors***
  - Smoking
  - Nutrition
  - Physical Activity
  - Violence
  - Chronic Stress

- **Disease & Injury***
  - Infectious Disease
  - Chronic Disease
  - Injury (Intentional & Unintentional)

- **Mortality***
  - Infant Mortality
  - Life Expectancy

**HEALTH STATUS**

Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008
North Carolina’s Population
North Carolina Population
By Age and Race/Ethnicity

Under 18
- African American, Non-Hispanic: 25%
- White, Non-Hispanic: 56%
- American Indian, Non-Hispanic: 1%
- Hispanic/Latino: 15%
- Other Races, Non-Hispanic: 3%

18-64
- African American, Non-Hispanic: 23%
- White, Non-Hispanic: 65%
- American Indian, Non-Hispanic: 1%
- Hispanic/Latino: 8%
- Other Races, Non-Hispanic: 3%
North Carolina Population
By Education Level

86.3% 85.2%
Adults ages 25+ with High School Diploma or higher

29.1% 27.6%
Adults ages 25+ with Bachelor’s Degree or higher

HIGHER EDUCATION is an ECONOMIC DRIVER
26% of North Carolina residents 25 and up have a Bachelor’s degree or higher*
*SOURCE: UNC STRATEGIC DIRECTIONS, 2013-15

by 2018
63% of jobs...
...will require post-secondary education**
**SOURCE: GATES FOUNDATION

Will North Carolina be Ready?
SIGN UP TO RECEIVE THE LATEST NEWS ON NC HIGHER ED
North Carolina Population

State Poverty Rate

1 in 5 North Carolinians live in poverty
($23,492 per year for a family of four)

Poverty by Race, All Ages

- American Indian: 34.8%
- Hispanic or Latino: 33.9%
- African American: 28.4%
- 2 or more races: 27.9%
- Asian: 13.1%
- White, non-Hispanic: 12.2%
- State Average: 18.0%

Poverty by Family Type

- 45.6% Female Head of Household with children
- 29.8% Male Head of Household with children
- 9.8% Married with children
North Carolina Population
State Unemployment Rate

Trends in Rate of Unemployment in the US and NC, 1990-2015

North Carolina Unemployment (2015): 5.5%
Community Engagement
The intentional relationship between two or more people or organizations with shared/common interests to achieve a specific goal or aim.
Purposeful Partnering: What does that mean?
Purposeful Partnering: What does that mean?

Step 1: Concerned

Step 2: Communicating

Step 3: Connecting

Step 4: Committed
Purposeful Partnering: The Process

- **The issue**: What is the issue we want to address? (What is the decision to be made?)
- **Information/input needed**: What information & input do we want from the community? (focus questions)
- **Engagement method**: What's the best process to get the information? (e.g. survey, community meeting, workshop, social media etc.)
- **Findings**: What story does the information tell us? How does it change what we knew before?
- **Implications**: How does the information help us decide what to do?
Purposeful Partnering: The Process

- Who should be involved and what is the goal of our engagement?
- What is our engagement philosophy?
- What are our community’s assets?

Develop the Idea

- What does our community want?
- What are formal ways to partner with the community?
- What is our plan for engagement?

Plan

- What formal roles can community members play?
- What are our roadblocks and how can we work with the community to overcome them?

Align and Improve

- In addition to ongoing roles, how can the community help us improve?
- How can we maintain the partnership?

Decide Next Steps

- What is the community’s vision for the future?
- How will the community take over this work?
- How can our work be institutionalized in the community?

Reflect and Adapt
Purposeful Partnering: Levels of Engagement

- **Passive**: Local residents and organizations are informed of issues by external organizations.
- **Reactive**: Local residents and organizations provide input into the priorities and resource use of external organizations.
- **Participative**: Local residents and organizations influence the priorities and resources of external organizations.
- **Empowerment**: Local residents and organizations work in shared planning and action with external organizations.
- **Leadership**: Local residents and organizations initiate and lead, with external support, on issues.

Adapted from Hashagen 2002 and Sydney Department of Planning 2003.
Purposeful Partnering:
Levels of Engagement
Purposeful Partnering: Collective Impact

5 Conditions of Successful Collective Impact

- Common Agenda
- Shared Measurement System
- Backbone Support Organization
- Continuous Communication
- Mutually Reinforcing Activities
Purposeful Partnering: Collective Impact

Achieving Large-Scale Change through Collective Impact Involves 5 Key Conditions for Shared Success

- **Common Agenda**: All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

- **Shared Measurement**: Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

- **Mutually Reinforcing Activities**: Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.

- **Continuous Communication**: Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation.

- **Backbone Support**: Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Source: Channeling Change: Making Collective Impact Work, 2012; FSG Interviews
Purposeful Partnering: Collaboration vs Collective Impact

**Collaboration**
- Convene around Programs/Initiatives
- Prove
- Addition to What You Do
- Advocate for Ideas

**Collective Impact**
- Work Together to Move Outcomes
- Improve
- Is What You Do
- Advocate for What Works
Purposeful Partnering:
Isolated Impact vs Collective Impact
## Purposeful Partnering:
Isolated Impact vs Collective Impact

<table>
<thead>
<tr>
<th>Isolated Impact</th>
<th>Collective Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funders select individual grantees that offer the most promising solutions.</td>
<td>Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations within a larger system.</td>
</tr>
<tr>
<td>Nonprofits work separately and compete to produce the greatest independent impact.</td>
<td>Progress depends on working toward the same goal and measuring the same things.</td>
</tr>
<tr>
<td>Evaluation attempts to isolate a particular organization’s impact.</td>
<td>Large scale impact depends on increasing cross-sector alignment and learning among many organizations.</td>
</tr>
<tr>
<td>Large scale change is assumed to depend on scaling a single organization.</td>
<td>Corporate and government sectors are essential partners.</td>
</tr>
<tr>
<td>Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits.</td>
<td>Organizations actively coordinate their action and share lessons learned.</td>
</tr>
</tbody>
</table>
Purposeful Partnering: Types of Impact Strategies

- Disorder & Confusion
- Individual Impact in isolation
- Coordinated Impact with alignment
- Collective Impact with collaborative action
Purposeful Partnering: Examples of Successful Partnerships

BUCKING THE MEDICAL & MENTAL BULL

A one-woman show highlighting the health and healthcare experiences of African-American men in Durham

Written and performed by Anita Woodley

Tuesday
October 28, 2014
Doors open - 6:30 pm
Show starts - 7:30 pm

Fletcher Hall at
The Carolina Theatre of Durham
309 West Morgan Street • Durham, NC 27701

FREE and open to the public.
Free popcorn for the first 100 attendees!
OMHHD
Programs & Services
OMHHD Programs:
Community Focused Eliminating Health Disparities Initiative

2015-2017 Grantees
OMHHD Programs: Cultural Competence Initiatives

North Carolina Department of Health and Human Services
Office of Minority Health and Health Disparities

Are you interested in implementing the National CLAS Standards at your local health department?

Health inequities in our nation are well documented, and the provision of culturally and linguistically appropriate services (CLAS) is one strategy to help eliminate health inequities. By tailoring services to an individual’s culture and language preference, health professionals can help bring about positive health outcomes for diverse populations.

Does your local health department need assistance during the implementation process?

The Office of Minority Health and Health Disparities is available to help you and your staff implement the National CLAS Standards by providing the following services:

- Technical Assistance
- Strategic Coaching
- Workshops
- Links to Other Available Resources

For more information, please contact:
- Cornell Wright, Executive Director
  (919) 707-5034 or cornell.wright@dhhs.nc.gov
- Lucretia Hoffman, Public Health Program Consultant II
  (919) 707-5043 or lucretia.hoffman@dhhs.nc.gov
OMHHD Programs: Community Health Ambassador Program

Community Health Ambassadors Program (CHAP) Conceptual Framework

A statewide training and education project designed to engage leaders from diverse populations and communities to help eliminate health disparities in North Carolina.

State and Local Community Partnerships
- Collaborate with multiple local and state partners for the development and implementation of the Community Health Ambassadors Program (CHAP).

Recruitment of CHAs
- Contact faith-based organization (FBO), community-based organization (CBO), and local health care agency leaders to identify and recruit trusted community leaders for CHA training.

Development of Training Materials
- Team of CHAP partners collaborate to assemble materials needed for the Training Manual.
  - Make changes to the Manual, materials, and overall program, as needed.

CHA Training and Continuing Education
- CHAs are trained using the Manual during classroom instruction, interactive sessions, and field practice.
- CHAs receive 2.0 CEUs from their local community college.

CHA Intervention and Support
- CHAs go into their communities and translate health information to residents.
- CHAs have access to local health departments for referrals and additional health information.

CHAP Evaluation
- Assessment of CHAs’ change in knowledge, outreach activities, successes and challenges.
- Incorporate lessons learned and new ideas to improve the program, process, materials, and delivery.
CHAP has a tiered system of engagement that is designed to distinguish program participants who have continued their education and service after initial training and have continually connected communities, individuals and organizations through health messages and programs.
OMHHD Programs:
Health Equity Lunch and Learn Series

NC Office of Minority Health and Health Disparities

Health Equity Lunch & Learn

Dates:
December 1, 2015
January 12, 2016
February 16, 2016
March 15, 2016
April 5, 2016
May 10, 2016
June 14, 2016
July 12, 2016
August 16, 2016
September 6, 2016
October 25, 2016
November 15, 2016
December 6, 2016

Bring your lunch and join the NC Office of Minority Health and Health Disparities for a FREE Lunch & Learn series on Health Equity.

12 pm—1:30 pm
Cardinal Room
5605 Six Forks Road, Bldg 3
Raleigh, NC 27609

COME for the lively discussions and guest speakers: STAY to find out what you can do to help all North Carolinians enjoy good health, regardless of race and ethnicity, disability, or socioeconomic status.

Space is limited, so RVSP to:
919-707-5040 or
Claudia.joseph-todman@dhhs.nc.gov

www.ncminorityhealth.org
"Tell me and I forget,
Teach me and I may remember,
Involve me and I learn"

– Benjamin Franklin
Contact Information

Cornell P. Wright, MPA

• Executive Director
• NC Office of Minority Health and Health Disparities

• Email: Cornell.Wright@dhhs.nc.gov
• Phone: (919) 707-5034
• Website: www.ncminorityhealth.org