

Minority Health Plan for Action

Introduction

In January 2003 HEALTH's Executive Team approved the Minority Health Plan for Action. This Plan for Action is the result of a community assessment and feedback process initiated in 1998, followed by a internal assessment also done in 1998 and three state breakout sessions of the New England Region Conference for the Elimination of Health Disparities that took place in 1999, 2001 and 2003.

The Vision: All racial and ethnic minority populations in Rhode Island will have equal opportunity to live safe and healthy lives in safe and healthy communities.

The Mission: To disseminate to and facilitate access for racial and ethnic minority communities to health information, education and risk reduction activities; and to develop policies, plans and tracking systems for ensuring that the needs of these communities are integrated and addressed within all Department programs.

The Outcomes: (1) Racial and ethnic health disparities are eliminated by 2010;
 (2) Racial and ethnic minority populations have equal access to high quality health services.

In order to achieve these outcomes, 6 goals/priorities were identified and will be implemented in the next 3 years:

- **Goal 1:** All HEALTH programs meet the needs of racial and ethnic minority populations.
- **Goal 2:** Establish uniform guidelines and procedures regarding the collection, use, analysis and dissemination of data on racial and ethnic populations.
- **Goal 3:** Establish policies and procedures ensuring meaningful and productive minority community involvement and participation in all planning, monitoring and evaluation of health activities.
- **Goal 4:** Improve work force diversity within HEALTH and promote the need for diversity in all health care institutions.
- **Goal 4a:** Ensure that all LEP individuals receive the same quality health services (Title VI of the Civil Rights Act)
- **Goal 5:** Build community capacity to provide health education, health promotion and disease prevention activities that are aligned with HEALTH overall priorities targeting racial and ethnic minority populations
- **Goal 6:** Facilitate and develop public/private partnerships at the state, regional and national level to eliminate racial and ethnic health disparities.

Goal 1: All HEALTH programs meet the needs of racial and ethnic minority populations.

Objectives	Action Steps	Measures /Outcomes	Products	Internal/External Partners
1. By the end of August 2004 all divisions have identified key staff to be part of the Minority Health Core Team.	<ol style="list-style-type: none"> 1. Division Chiefs communicate to the OMH who's to be part of the MHCT (identified through members of the HEALTH's Strategic Team Goal 1 Steering Team). 2. MHCT meets as needed but at least every other month. 3. MH Coordinator meets with Executive committee as needed but at least 4 times a year for regular updates. 	<ol style="list-style-type: none"> 1. MHCT members identified and meetings held. Division/program plans developed by the end of 2004. 2. MHCT makes recommendations to HEALTH's Executive Committee on a quarterly basis. 	<ul style="list-style-type: none"> ✓ List of Division Representatives ✓ Summary of recommendations to HEALTH's Executive Committee 	<p>Int.: All HEALTH programs and divisions (OMH) Ext.: MHPC, MHAC, Federal OMH, DHHS, HMO's, All funded agencies.</p>
2. By March 2005 each program clearly identifies the population served and the basis for selection.	<ol style="list-style-type: none"> 1. Review epidemiological data and other HEALTH reports (such as HP2010). 2. Gather community input through qualitative methods such as focus groups, surveys... 3. Review other state and national data. 4. Develop tracking system for populations served that includes socio-demographic data such as race & ethnicity, age, gender, income, education. 	<ol style="list-style-type: none"> 1. All agencies receiving funding from HEALTH provide an annual profile of the population served under that funding. 2. All MHPC & MHAC held one community forum 	<ul style="list-style-type: none"> ✓ Annual compendium produced and distributed 	
3. By March 2005 and ongoing all programs have established a baseline for health objectives/indicators for where racial and ethnic populations are with respect to risk factors, health status and access to services.	<ol style="list-style-type: none"> 1. Review RIHP2010 reports and develop targets & objectives were appropriate. 2. Schedule regular community forums to allow racial and ethnic minority populations to express their concerns and needs related to public health. 	<ol style="list-style-type: none"> 1. All RIHP2010 Health Indicators are analyzed by race and ethnicity 2. MHAC members and MHPC take the lead to organize Community forums 	<ul style="list-style-type: none"> ✓ Updated RI HP2010 race and ethnicity report ✓ Community Forum findings report 	
4. By June 2005 all programs have developed specific strategies /action steps to bring racial and ethnic minority populations to equal health status	<ol style="list-style-type: none"> 1. Review and identify national and local best practices for each intervention area. 2. Implement strategies by September 2004 that are culturally and linguistically appropriate. 	<ol style="list-style-type: none"> 4. Whenever there is an identified higher burden of disease in a specific racial and ethnic group strategies are developed targeting that group. 4. Annual assessment of progress towards meeting the objectives of eliminating racial/ethnic health disparities are conducted, published and disseminated. 	<ul style="list-style-type: none"> ✓ 	

Goal 2: Establish uniform guidelines and procedures regarding the collection, use, analysis and dissemination of data on racial and ethnic populations.

Objectives	Action Steps	Measures/Outcomes	Products	Internal/External Partners
1. By December 2004 all HEALTH and by April 2005 all entities that report data to HEALTH, should collect information on race and ethnicity in accordance with HEALTH's "Policy for Collecting Race and Ethnicity" unless otherwise indicated.	<ol style="list-style-type: none"> 1. Ensure widely dissemination of HEALTH's "Policy for Collecting Race and Ethnicity" to all internal and external partners. 2. Review all HEALTH's data sets for race and ethnicity information. (June 2005) 3. Assess and evaluate the reasons why race and ethnicity is not collected in specific data sets and make determination as to whether or not it should be collected. 	1. All HEALTH data sets are reviewed & recommendations are made by the end of June 2005.	<ul style="list-style-type: none"> ✓ Minority Health Data Work Group ✓ Recommendations reported to Ex. C. 	<p>Int.: All HEALTH (OMH)</p> <p>Ext.: All entities reporting data to HEALTH.</p>
2. Programs use race and ethnicity data for program planning, policy development and resources allocation.	<ol style="list-style-type: none"> 1. Review data collection systems to ensure usefulness of racial and ethnic data and make recommendations as for the need for changes on the methods of collection (e.g. Over sampling for racial/ethnic minority respondents in BRFSS). 2. Develop new strategies for collecting information on RI racial and ethnic minority population. 3. Involve staff versed in the collection, analysis, and interpretation of public health data in the development of health policy and program management activities by December 2004. 4. All programs in HEALTH design and implement an evaluation plan based on measurable program objectives, including both process and outcome objectives, by July 2005. 5. Invest in regional/national partnerships (e.g. NECHE, NHCDR) that focus in improving race/ethnic data reliability and validity. 	<ol style="list-style-type: none"> 1. All HEALTH data sets are reviewed & recommendations are made by the end of June 2005. 2. Programs prioritize and allocate resources based on documented needs of population. 3. Number of policies developed with support from data professionals. 4. OMH and Key person from OHS are active involved with NECHE 	<ul style="list-style-type: none"> ✓ Report on recommendations presented to Ex. C. ✓ Compendium of minority specific policies developed. ✓ Compendium of Evaluation Plans. ✓ Report on NECHE activities to Ex. C. 	<p>Int.: All HEALTH (OMH/OHS)</p> <p>Ext.: Federal Agencies, NECHE, Region 1 OMH</p>
3. By December 2004, race and ethnicity data for RI population is available for regular analysis and dissemination in a user-friendly format.	<ol style="list-style-type: none"> 1. Develop a set of frequently requested data tables for each of the major racial/ethnic population groups in RI to be posted and updated regularly on HEALTH's website by January 2005. 2. Produce annual report on the health status of RI 3. racial and ethnic populations. 4. Update Minority Health Fact-Sheets by March 04. 5. Bi-annually thereafter. 	<ol style="list-style-type: none"> 1. Number of current data tables on the Health web site with race and ethnicity info. 2. Number of annual reports and updated Fact Sheets prepared and disseminated 3. Number of evaluation plans implemented. 	<ul style="list-style-type: none"> ✓ OMH web site update ✓ Fact sheets ✓ Annual Report Card 	<p>Int.: All HEALTH (OMH/OHS)</p> <p>Ext.: Community partners, other state agencies (DEA, DHS...) NECHE, Region 1 OMH</p>
4. Hold Annual Minority Health Data Symposium	1. Establish Agenda in partnership with OHS and other divisions data staff.	4. Annual Data Symposium held.	✓ Annual Data Symposium report	<p>Int.: All HEALTH (OMH/OHS)</p> <p>Ext.: Community, state agencies, NECHE, Region 1 OMH</p>

Goal 3: Establish policies and procedures ensuring meaningful and productive minority community involvement and participation in all planning, monitoring and evaluation of health activities.

Objectives	Action Steps	Measures /Outcomes	Products	Internal/External Partners
1. Ensure involvement of racial and ethnic minority groups on decision-making boards, commissions and committees for which HEALTH has direct responsibilities.	1. Work closely with the legislative liaison for ongoing monitoring of racial and ethnic minority representation on boards and make recommendations for recruitment.	1. Report presented to the MHAC	✓ Annual report on racial and ethnic representation on HEALTH's boards and commissions	Int.: All (Director's Office/OMH/EEOC/HSR) Ext.: MHAC
2. Ensure ongoing relationship with key contacts within racial and ethnic minority community.	1. Identify and maintain a list of key racial and ethnic minority contacts. 2. Schedule regular community forums to allow racial and ethnic minority population to express their concerns and needs related to public health. 3. Coordinate internally to avoid "burn-out" from CBO's	1. Contact list updated annually 2. Community forums (10) held regularly (at least bi-annually)	✓ Community Forum findings report	Int.: All Ext.: MHAC & MHPC
3. Staff and coordinate the efforts of the Minority Health Advisory Committee	1. MHAC meets 9 times in a calendar year. 2. MHAC membership is representative of racial/ethnic minority population. 3. Representatives from Divisions provide updates to MHAC at least every other month. 4. MHAC co-chairs meet with HEALTH Executive Committee twice a year	1. All meetings held. 2. MHAC is fully staffed (22 members) and representative of minority population. 3. Annual calendar of Division feedback provided to MHAC. 4. MHAC makes recommendations to HEALTH's Executive Committee on a quarterly basis.	✓ Annual summary report developed. ✓ Compendium of Reports presented at MHAC meetings. ✓ Summary of recommendations to HEALTH's Executive Committee	Int.: All (OMH/EEOC/HR) Ext.: MHAC & MHPC

Goal 4: Improve work force diversity within HEALTH and promote the need for diversity in all health care institutions.

Objectives	Action Steps	Measures /Outcomes	Products	Internal/External Partners
1. Increase diversity representation at the management level.	<ol style="list-style-type: none"> Each division should establish its own goal for workforce diversity. Increase recruitment/hiring of racial/ethnic minority staff. 	<ol style="list-style-type: none"> Divisions goals are reviewed annually by MHAC and EEOC Recommendations are made to HEALTH's Executive Committee twice a year by EEOC co-chairs. 	✓	Int.: All (EEOC/HR)
2. Provide cultural competency training opportunities to all HEALTH staff at least four times a year.	<ol style="list-style-type: none"> In partnership with EEOC and HR identify training curricula and other opportunities to be offered to all staff. Make Cultural Competency Training part of all New Employee Orientation. 	<ol style="list-style-type: none"> All new HEALTH employees receive cultural competency as part of their orientation. 	✓	Int.: All (EEOC/HR)
3. Promote cultural competency opportunities to the health care community at least four times a year.	<ol style="list-style-type: none"> Identify cultural competency opportunities and partnerships for promotion state wide (e.g. "The Angry Heart Video" in partnership with NCCJ) Sponsor/host cultural competency opportunities: Angry Heart by February 2004. Triple Decker by April 2004. 	<ol style="list-style-type: none"> Angry Heart viewing for two target audiences: (1) healthcare field and (2) medical community "Triple Decker" viewed at HEALTH and at outside location 	✓	Int.: All (OMH/EEOC/HR) Ext.: MHAC & MHPC

Goal 4a: Ensure that all LEP individuals receive the same quality health services (Title VI of the Civil Rights Act)

Objectives	Action Steps	Measures/Outcomes	Products	Internal/External Partners
1. Development and implementation of standards for "quality" interpreter services	<ol style="list-style-type: none"> Continue collaboration with NHP and "Su Salud-Hablemos Juntos" project. Assess RI regulations related to provision of interpreter services in health care settings and make recommendations and survey other NE states Develop standards for "quality" interpreter services Develop training curricula 	<ol style="list-style-type: none"> Training curricula developed. Assessment completed. Process to make changes in rules initiated Information collected Standards developed Curricula developed 	✓	
2. Promote implementation of National CLAS Standards statewide.	<ol style="list-style-type: none"> Look at language/standards of the Joint Commission Make recommendations to HEALTH Executive 	<ol style="list-style-type: none"> Plan for implementation developed by Dec 2005 	✓	
3. Introduce the legitimacy and promote the use of cultural brokering in health care delivery to underserved populations.	<ol style="list-style-type: none"> Continue collaboration with Brown University TCHI initiative 		✓	

Goal 5: Build community capacity to provide health education, health promotion and disease prevention activities that are aligned with HEALTH overall priorities targeting racial and ethnic minority populations

Objectives	Action Steps	Measures/Outcomes	Products	Internal/External Partners
1. Support Minority Health Promotion Centers	<ol style="list-style-type: none"> 1. Issue RFP every three years (next FY 2008). 2. Monitor performance of MHPCs 3. Provide technical assistance to MHPC 	<ol style="list-style-type: none"> 1. RFP updated according to HEALTH priorities and out by March 07. 2. New vendors selected by June 07. 3. Technical Assistance workshops held. 4. All MHPC have two site visits annually. 	<ul style="list-style-type: none"> ✓ RFP updated ✓ Annual MHPC Compendium of Activities 	<p>Int: OMH/CM</p> <p>Ext: CBO's serving racial and ethnic minority community</p>
2. Build capacity of first-time applicants (mini-grants).	<ol style="list-style-type: none"> 1. Issue RFP for mini-grants twice a year 2. Monitor performance of mini-grants 3. Provide technical assistance to mini-grants recipients 	<ol style="list-style-type: none"> 1. RFP updated by January 05 2. RFP out in the Spring and Fall of each year and new contracts established by March and September of each year 3. All mini-grant recipients have annual site visit at the end of program. 	<ul style="list-style-type: none"> ✓ RFP updated ✓ Annual Mini-grant Compendium of Activities 	<p>Int: OMH/CM</p> <p>Ext: CBO's serving racial and ethnic minority community</p>
3. Develop and implement the Minority Health Promotion Technical Assistance Center (MHPTAC) or Minority Community Capacity Building Institute	<ol style="list-style-type: none"> 1. Continue to identify internal and external partners 2. Review and update concept paper for MHPTAC 3. Identify funding 	<ol style="list-style-type: none"> 1. MHPTAC functioning by January 06. 	<ul style="list-style-type: none"> ✓ MHPTAC concept paper 	<p>Int: OMH/All</p> <p>Ext: CBO's; Brown University, URI, RI Foundation, RIPHF</p>
4. Develop and implement a process for internal coordination of HEALTH's community grants targeting racial and ethnic minority population.	<ol style="list-style-type: none"> 1. Survey HEALTH programs providing funding to CBO's targeting racial and ethnic populations. 2. Identify key internal partners and develop process for coordination 3. Make recommendations to HEALTH Executive by ??? 	<ol style="list-style-type: none"> 1. Survey completed by ???. 2. Report to Executive Team by ???. 		

Goal 6: Facilitate and develop public/private partnerships at the state, regional and national level to eliminate racial and ethnic health disparities.

Objectives	Action Steps	Measures/Outcomes	Products	Internal/External Partners
1. OMH Chief is the liaison for HEALTH and racial and ethnic minority community.	<ol style="list-style-type: none"> 1. MHO maintains up to date list of key racial and ethnic community health related coalitions and actively participates in coalition activities as appropriate. 2. OMH host two “Diversity Dialogues” per calendar year. 	<ol style="list-style-type: none"> 1. Key contacts list is updated annually and shared with partners. 2. Two “Diversity Dialogues” held: (1) here at HEALTH and (2) at Community setting 	✓ Key contact list	<p>Int.: All (OMH)</p> <p>Ext.: CBO’s serving R/E minority population; MHAC; MHPC</p>
2. Promote April as National Minority Health Month in Rhode Island.	<ol style="list-style-type: none"> 1. OMH hosts Annual Minority Health Month Event in April. 2. Develop and distribute Annual State wide Calendar of Minority Health Promotion Activities in April. 	<ol style="list-style-type: none"> 1. Annual “Celebrating Diversity in the Healthcare Workforce” event 2. Minority Health Month Calendar of Activities distributed (all major HEALTH programs participate) 	✓ Minority Health Calendar of Activities	<p>Int.: All (OMH)</p> <p>Ext.: CBO’s serving R/E minority population; MHAC; MHPC</p>
3. OMH Chief (OMHC) is the liaison for HEALTH and regional and national initiatives related to eliminating racial and ethnic health disparities.	<ol style="list-style-type: none"> 1. OMHC actively participates in the Planning of the Bi-Annual NE Regional conference to Eliminating Health Disparities (Maine 2005). 2. OMH organizes State Break-Out Sessions follow-up after the Conference. 3. OMHC actively participates in NE State Directors of Minority Health quarterly meetings. 4. OMHC actively participates in NE Health Disparities Strategic Planning Meetings 5. OMHC participates in the NECHE meetings. 	<ol style="list-style-type: none"> 1. MHC attends meetings 2. One State breakout session follow-up by July 2005 with HEALTH senior staff participation. 	✓ Report from State breakout sessions	<p>Int.: OMH; HEALTH senior staff</p> <p>Ext.: NE Strategic Planning Group (NESPG); MHAC;</p>
4. Develop a comprehensive media campaign on the elimination of health disparities.	<ol style="list-style-type: none"> 1. Convene community partners, focus groups to identify key messages and formulate/develop the campaign. 	<ol style="list-style-type: none"> 1. Campaign planning initiated by January 2005 	✓ Campaign deliverables	<p>Int.: OMH/ Communications staff</p> <p>Ext.: MHAC; MHPC; NESPG; Region1 OMH; CBO’s serving R/E minority pop.</p>