



UTAH DEPARTMENT OF
HEALTH

Office of Health Disparities REDUCTION

STRATEGIC PLAN 2013-2015

Office of Health Disparities Reduction (OHD)

OHD's GUIDING PRINCIPAL

The future health of Utahns will be determined to a large extent by how effectively we work with communities to reduce health disparities among those populations experiencing a disproportionate burden of disease, disability, and death.

OHD MISSION

To reduce health disparities in Utah and to improve health outcomes for vulnerable populations as defined by socio-economic status, race/ethnicity, geography, and among other populations identified to be at-risk for health disparities.

OHD VISION

All Utahns will have an equal opportunity to be healthy, regardless of socio-economic status, race/ethnicity, geography, and other factors identified to be associated with health disparities.

GOALS AND STRATEGIES

OHD strategies for addressing health disparities among racial/ethnic minorities in Utah will support the goals of the National Partnership for Action (NPA) to End Health Disparities and will be in line Healthy People 2020 (HP 2020) objectives.

GOAL 1: Increase Awareness of Health Disparities

Description: Increase awareness of the significance of health disparities, their impact on the state of Utah, and the actions necessary to improve health outcomes for racial/ethnic, and underserved populations.

Strategy 1.1: Produce a series of articles (two per year) about racial/ethnic disparities for the Utah Status Update, a monthly health data publication that reaches the Governor's Office and other Utah health officials. The articles will be written from a social determinants of health perspective.

Strategy 1.2: Collaborate with the Utah Department of Health (UDOH) Office of Public Health Data and Office of Public Information Management to explore options to use social media to make health data more user-friendly and accessible to the public. Social determinants of health and health disparities will be among the topic areas chosen.

Strategy 1.3: Continue the dissemination of disparities data and health information through unpaid news media, website, and social media.

Strategy 1.4: Produce an annual legislative report to inform Utah lawmakers of key minority health issues.

Strategy 1.5: Coordinate a summit/conference in summer 2015 to present the results of the interventions implemented by OHD and its partners.

GOAL 2: Leadership

Description: Strengthen leadership and collaboration for addressing health disparities in Utah.

Strategy 2.1: Continue the coordination of the Health Disparities Advisory Council. The Health Disparities Advisory Council (HDAC) provides a formal mechanism for lawmakers, health and business professionals, and community advocates to give input on health programming at the level of the UDOH Executive Director Office; assist in the planning and implementation of UDOH activities to address health disparities; make recommendations to UT OHD and other UDOH divisions, bureaus and programs; and advocate for initiatives,

projects and programs aimed to eliminate health disparities and improve the health of all Utahns.

Strategy 2.2: Coordinate projects and activities with the Governor’s Multicultural Commission (MCC) Health Subcommittee. The MCC is chaired by the Lt. Governor and is composed of members appointed by the Governor. Members represent state agencies and leadership within the ethnic community. The MCC provides a formal mechanism for racial/ethnic minority leaders to communicate with the Governor’s Office.

Strategy 2.3: Continue the coordination of the Birth Outcomes Advisory Board. The purpose of this board is to plan and coordinate interventions to improve birth outcomes among Pacific Islanders/Hawaiian Natives and Blacks/African Americans.

Strategy 2.4: Continue the collaboration and support to the MAHINA Taskforce, a community group created in 2011 with the support of OHD. The mission of this taskforce is to plan and implement activities to improve birth outcomes among Pacific Islanders/Hawaiian Natives (PI/HN) in Utah.

Strategy 2.5: In collaboration with community partners, convene and support a taskforce to improve birth outcomes among U.S born Blacks/African Americans (B/AA). This will be a community-based taskforce whose members will be B/AA health professionals and/or community leaders.

Strategy 2.6: Continue the coordination of the Health Care Access for Minorities Advisory Board. The purpose of the board is to coordinate interventions to address health care access among underserved racial/ethnic minorities. Among others, UT OHD will continue to partner with health management organizations, health plans, and Safety Net Clinics.

GOAL 3: Health and Healthcare Outcomes

Description: Improve health and health care outcomes for racial/ethnic and underserved populations.

Strategy 3.1: Continue the implementation of the Bridging Communities and Clinics (BCC) Project through the collaborative coordination of community-based outreach events among underserved and underrepresented communities (including the uninsured/underinsured, ethnic/racial minorities, and other populations facing significant barriers to healthcare access).

Strategy 3.2: Collaborate as a formal partner in the Take Care Utah “No Wrong Door” network to recruit and provide technical assistance to diverse, minority community-based

organizations that will focus on health insurance enrollment and ACA marketplace navigation among racial/ethnic minority populations.

Strategy 3.3: Continue the participation in the Midvale Health Clinic Project, a community-based clinic re-established in 2013 with the assistance of OHD and University of Utah, School of Medicine. OHD provides technical assistance and best practice guidance in relation to culturally and linguistically appropriate services and outreach by collaborating with clinic administrators, medical providers, frontline staff, and community health workers.

GOAL 4: Cultural and Linguistic Competency

Description: Improve cultural and linguistic competency and diversity of the health-related workforce.

Strategy 4.1: Coordinate the production of an educational video promoting the Cultural and Linguistic Appropriate Services (CLAS) Standards. The video will target health care providers and public health professionals.

Strategy 4.2: Design and distribute a toolkit resource on CLAS standards to complement the CLAS Standards video. The toolkit will serve as stepwise guidance based in best practices and acknowledgment of Utah's unique socio-demographic climate. This guidance is intended to present concise tools and resources for facilities and organizations to conduct their own CLAS assessments, identify areas for policy improvement, and implement CLAS-compliant practices and policies.

Strategy 4.3: Continue the promotion of the *Health in 3D: Diversity, Determinants, and Disparities* video. This educational tool has been designed to provide health professionals with an in-depth look at how understanding the link between diversity, determinants, and disparities can help them to provide better services to diverse Utah communities.

Strategy 4.4: Provide feedback and recommendations to UDOH and local health departments seeking national public health accreditation in the development of a cultural diversity improvement plan.

Strategy 4.5: Provide free interpretation equipment and technical assistance to non-profit organization coordinating health-related events.

Strategy 4.6: Coordinate trainings on the topics of cultural competency and/or how to address health disparities among different groups. Target agencies will be public health agencies, community-clinics, colleges/universities, and other non-profit organizations.

Strategy 4.7: Provide technical assistance and free interpretation equipment to agencies participating in health-related events.

GOAL 5: Data, Research and Evaluation

Description: Improve data availability, development, implementation and evaluation of evidence-based practices aimed to eliminate and/or reduce health disparities. OHD will follow a community-based participatory approach.

Strategy 5.1: Conduct a birth outcomes qualitative study. The purpose is to gather data among Black/ African American and Pacific Islander/Hawaiian Native women who have lost a baby or have had a low-birth baby. The data report will include recommendations on best practices to improve birth outcomes among the B/AA and PI/HN communities. The study will be done from a social determinants of health perspective.

Strategy 5.2: Produce a comprehensive 15-year surveillance trend data by race and ethnicity report. The 2005 and 2010 Health Status Reports by Race and Ethnicity will be used as baselines.

Strategy 5.3: In collaboration with the MAHINA Taskforce, pilot an evidence-based intervention to improve birth outcomes among Utah's Pacific Islanders/Hawaiian Natives.

DEFINITIONS

CLAS Standards: The National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), issued by the U.S. Department of Health and Human Services' (HHS) Office of Minority Health (OMH). These standards ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner.

Community-Based Participatory Research (CBPR): A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.

Cultural competence: The capacity to function effectively within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Evidence-Based Interventions: Interventions that have are found to be effective based on the results of rigorous evaluations.

Limited English Proficiency (LEP): A term used to describe individuals who do not speak English as their native language and have a limited ability to read, speak, or understand English.

Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Health Disparity: A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location.

Health Equity: A situation where all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

Healthy People 2020: Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People supports the prevention efforts across the U.S. Department of Health and Human Services to create a healthier nation.

National Stakeholder Strategy: A national plan that provides an overarching roadmap for eliminating health disparities through cooperative and strategic actions.

Safety Net Clinics: Clinics that deliver a significant level of health care and other health related services to the uninsured, Medicare, Medicaid, under insured, and other vulnerable patients who experience geographical, cultural, language, economic or other barriers to care.