

VERMONT2007

Office of Minority Health

Strategic Plan 2007-2009

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Overview

“All members of a community are affected by the poor health status of its least healthy members.”

– *Unequal Treatment*, Institute of Medicine 2003

The Centers for Disease Control & Prevention (CDC) states: “The United States has become increasingly diverse in the last century. According to the 2000 U.S. Census, approximately 30 percent of the population currently belongs to a racial or ethnic minority group: American Indian or Alaska Native, Asian American, Black or African American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander.

The Census Bureau projects that by the year 2050, non-Hispanic whites will make up only 40 percent of the U.S. population. Though health indicators such as life expectancy and infant mortality have improved for most Americans, some minorities experience a disproportionate burden of preventable disease, death, and disability compared with non-minorities.”

In Vermont, racial and ethnic populations comprise 3.4 percent of the state’s total population of 623,050 people (Vermont Population Estimates, 2005). Minority populations include the following racial and ethnic populations: Black or African-Americans (5,023); American Indian or Alaskan Native (2,581); Asian (6,743), Hawaiian or other Pacific Islander (141); and Hispanic or Latino (6,333).¹

Racial and ethnic populations in Vermont are also growing at a much faster rate than the non-Hispanic white population. Between 2000 and 2005, the total non-white population of Vermont increased 11.5 percent compared to the white, non-Hispanic populations’ 1.7 percent increase.

¹ Vermont Department of Health, 2005 *Vermont Population Estimates*

Significant changes among racial and ethnic populations include:

- Persons of Hispanic origin increased by 21.5 percent.
- Asian and Pacific Islander population increased by 17.2 percent.
- African-American population increased by 24.1 percent.
- American Indian, Eskimo, and Aleut population showed a decline in recent years.

Chittenden County is home to 24 percent of Vermont's total population, including 42.8 percent of the non-white population and 27.3 percent of the Hispanic population.

It is important that this plan also address the needs of the 57 percent of the non-white population and 73 percent of the Hispanic population living outside Chittenden County.²

In the mid-1980s, the United States Department of Health and Human Services identified seven causes of death where racial and ethnic populations experienced significantly poorer health outcomes when compared to their white counterparts: cancer; asthma; heart disease and stroke; alcohol and drug dependency; diabetes; intentional and unintentional injuries; and infant mortality.

Overall, while the health status for Americans is improving, the health status for minorities is declining. Because of these disparities, the U.S. Secretary of Health and Human Services created the Federal Office of Minority Health in 1986 to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.

The contributing factors to racial and ethnic gaps in health are numerous and require targeted efforts. In the past, Vermont's Office of Minority Health within the Vermont Department of Health sought to focus on health disparities due to socioeconomic status, geographic area, age, gender, language, immigrant status, customs, other cultural factors, sexual orientation, disability status, religious belief, or special health need.

² U.S. Census Bureau 2000

In contrast, this strategic plan concentrates on racial and ethnic populations as defined by the Federal Office of Management and Budget's (OMB) Directive 15 issued October 30, 1997, which includes: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino."

The decision to use OMB classification for the first phase of strategic planning in no way lessens the importance of addressing additional populations identified to be at-risk for health disparities. Indeed, much of this strategic plan applies to other populations that also currently experience health disparities.

According to the report *Unequal Treatment* (Institute of Medicine, 2003) these definitions have been subject to considerable criticism including:

- reinforcement of the concept of "race" as reflecting genetic or biologic differences between population groups
- failure to reflect the fluid and dynamic nature of sociopolitical identity,
- failure to reflect the way many Americans choose to define themselves.

The Vermont Department of Health's Office of Minority Health recognizes that the term "racial and ethnic" supports existing language discrimination. However, it is used in order to remain consistent with federal entities such as the U.S. Department of Health and Human Services' Office of Minority Health, as well as the Centers for Disease Control and Prevention Office of Minority Health and Health Disparities.

This Strategic Plan will be shared within the Vermont Department of Health to inform and complement Healthy Vermonters 2010 and other statewide health initiatives.

Organizational History & Profile

The Vermont Department of Health is one of four departments within the Agency of Human Services. As part of the Agency of Human Services, the department works in concert with the departments of Mental Health; Children and Families; Disabilities; Aging and Independent Living; Corrections; and the Office of Health Access to improve the health and well-being of Vermonters.

We extend our reach across Vermont with 12 district offices that provide essential health promotion and disease prevention services. The district offices work in partnership with local health care providers, voluntary agencies, schools, businesses, and community organizations to improve health and implement statewide initiatives in local communities.

In 1992, the Vermont Department of Health created the Office of Minority Health by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont. The Office of Minority Health is located within the Commissioner's Office and reports to the Deputy Commissioner for Public Health. From 1992 to present, the Office of Minority Health has had three directors, unfortunately resulting in lost momentum during each transition and period of vacancy.

Throughout the years, various programs within the Vermont Department of Health have provided technical assistance and grant funding to Community Based Organizations to address minority health needs.

The Office of Minority Health is responsible for the development and implementation of a strategic plan that identifies, coordinates and determines the extent to which policies, programs, and services can be improved to address the needs of Vermont's racial and ethnic populations.

In 1997, the Vermont Commissioner of Health charged five minority advisory committees (African-American; Hispanic/Latino; Asian; American Indian; and Gay, Lesbian, Bisexual, Transgender) with “making recommendations on behalf of their respective racial and ethnic community that would enhance the population’s overall success in reaching the health objectives established by the Healthy Vermonters 2000 initiative.”

During 2004, community members met several times with the Office of Minority Health to develop a strategic plan, and a draft was distributed for public comment in 2006. Some of the recommendations from the 1997 report and community work groups were reviewed and incorporated into the goals and objectives of this current plan.

Hopefully, this current plan meets the spirit and intent of those individuals who participated on various committees and conferences, and who have remained engaged in the process over the past 15 years.

The Vermont Department of Health recognizes the contribution of many individuals and organizations to arrive at this point and wishes to express gratitude for their interest and ongoing pursuit of reducing racial and ethnic health disparities.

The Office of Minority Health is committed to providing integrated, efficient and effective public health services to all underserved individuals including racial and ethnic populations. This Strategic Plan represents the first step toward ensuring future progress.

Office of Minority Health: Mission, Vision & Values

Mission

Reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy.

Vision

Improve the health status of racial and ethnic populations so they can lead healthier lives.

Values

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture’s perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

Strategic Goals & Objectives

Goal 1: Build organizational infrastructure and capacity		
Objectives	Activities	Accountability Measures and Target Date
<p><i>Objective 1.1</i> Create a realistic and sustainable budget.</p>	<ol style="list-style-type: none"> 1. Identify funding requirements for a functioning OMH. 2. Locate the OMH within the department where it will have optimal impact on policy, planning and decision-making. 3. Develop boilerplate material to use in obtaining grant funding. 4. Identify viable grant opportunities to support racial and ethnic health priorities. 5. Collaborate within the department to include a racial and ethnic component in funding requests. 	<ul style="list-style-type: none"> * Establish OMH budget with VDH Financial Operations and Deputy Commissioner. ➤ July 2008 * Confer with Deputy Commissioner and Commissioner regarding location of OMH within the department. ➤ July 2008 * Prepare boilerplate grant information. ➤ January 2008 * Develop a list of potential grant opportunities and review with Financial Operations and Deputy Commissioner to determine optimal opportunities for submission. ➤ July 2008 * Identify program grant funding deadlines and make recommendations regarding opportunities to include racial and ethnic populations. ➤ Ongoing
<p><i>Objective 1.2</i> Establish an internal leadership team to support, monitor, and evaluate the progress of the Strategic Plan.</p>	<ol style="list-style-type: none"> 1. Each department will select at least one representative to participate in internal leadership team to share accountability to the strategic plan's objectives. 	<ul style="list-style-type: none"> * Internal leadership team developed to meet on a quarterly basis. ➤ July 2008
<p><i>Objective 1.3</i> Support recruitment and retention of qualified racial and ethnic health professionals.</p>	<ol style="list-style-type: none"> 1. Collaborate with the Governor's Workforce Equity and Diversity Council Explore and examine health workforce issues. 2. Advocate for the hiring of qualified individuals from federally recognized racial and ethnic backgrounds at higher levels of responsibility within state government. 3. Collaborate with the Office of Rural Health and Primary Care and others (e.g., Area Health Education Centers) to recruit and retain racial and ethnic health care providers throughout state. 	<ul style="list-style-type: none"> * Participate in the Governor's Workforce Equity and Diversity Council and incorporate pertinent racial and ethnic workforce issues into the annual report. ➤ December 2009 * Increase number of qualified individuals from federally recognized racial and ethnic backgrounds <u>within the health department</u>. ➤ Monitor yearly personnel report on employee recruitment and retention * Increase number of qualified individuals from federally recognized racial and ethnic backgrounds <u>within state government</u>. ➤ Monitor yearly personnel report on employee recruitment and retention. * Develop coordinated plan to increase racial and ethnic health care providers. ➤ July 2009 * Develop and implement marketing plans for the Office of Rural Health's loan repayment program at minority colleges and university including Historically Black Colleges and

		Universities (HBCU), Hispanic Serving Institutions (HSI), and Tribal Colleges and Universities (TCU). ➤ July 2008
Goal 2: Improve data quality, collection, and reporting		
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 2.1</i> Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible.	<ol style="list-style-type: none"> 1. Assess current data collection processes. 2. Collect and use standardized data to correctly identify all high-risk populations and monitor the effectiveness of health interventions targeting these groups 3. Collaborate with VDH programs to improve collection of racial and ethnic health data 4. Initiate strategies to identify gaps in data from small population groups. 5. Produce Minority Health Status Report. 	<ul style="list-style-type: none"> * Consult with Director for the Center for Health Statistics to identify current data collection and develop plan for future. ➤ Ongoing. * Participate in health statistics meetings. ➤ As scheduled * Minority Health Status Report published. ➤ August 2009
<i>Objective 2.2</i> Establish web page for Office of Minority Health.	<ol style="list-style-type: none"> 1. Collaborate with webmaster to develop minority health web page 2. Provide appropriate health and health disparities links, health education information, and data. 	<ul style="list-style-type: none"> * Racial and ethnic health web page developed. ➤ July 2008
Goal 3: Support cultural competency training		
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 3.1</i> Explore culturally competent program training delivery.	<ol style="list-style-type: none"> 1. In addition to Angel cultural competency training, engage in an internal collaborative learning process. 2. Incorporate national cultural competency standards into all VDH policies, procedures, and programs where appropriate. 3. Research and compile list of local, regional and national trainers available to provide culturally competency training. 4. Work with health care delivery oversight entities (e.g., Vermont Hospital and Health Care Association) to ensure that National Standards on Culturally and Linguistically Appropriate 	<ul style="list-style-type: none"> * Adapt tools from the National Association of City and County Health Officials to implement an internal dialogue process addressing health disparities. ➤ January 2009 * Develop standards and guidelines for participation and use of cultural competency training. ➤ December 2008 * Provide technical assistance for incorporation of cultural competency issues to VDH program planners. ➤ Beginning January 2009 * Produce and distribute list of trainers. ➤ September 2009 * Identify and contact health care delivery oversight entities to discuss CLAS standards. ➤ January 2009

	Services (CLAS) standards are in place.	
<i>Objective 3.2</i> Ensure clear and effective health communications for an increasingly diverse population.	<ol style="list-style-type: none"> 1. Collaborate with Vermont State Refugee Coordinator and VDH Refugee Health Coordinator to ensure appropriate translation and interpretation services at public health encounters. 2. Ensure emergency response planning addresses non-English speakers and racial and ethnic populations. 3. Recognize informal leaders within racial and ethnic communities as points of information dissemination. 	<ul style="list-style-type: none"> * OMH Chief, State Refugee Coordinator and VDH Refugee Health Coordinator meet every other month. <ul style="list-style-type: none"> ➤ Beginning in June 2007 * OMH Chief represents VDH at the Agency of Human Services Limited English Proficiency (LEP) Committee. <ul style="list-style-type: none"> ➤ Ongoing
<i>Objective 3.4</i> Support VDH programs addressing racial and ethnic health and health disparities.	<ol style="list-style-type: none"> 1. Assist VDH Divisions and Programs to ensure that health disparities are addressed in prevention and intervention efforts. 2. Ensure that social marketing strategies are culturally sensitive and that public awareness campaigns are directed at high-risk racial and ethnic populations. 3. Include racial and ethnic minority populations in the pilot testing of VDH materials. 4. Obtain yearly internal reports from federally funded programs outlining past and future activities that address racial and ethnic populations. 5. Assess and provide recommendations regarding priorities in health disparities by examining current and proposed VDH health initiatives. 6. Review current Toolkits to assure culturally competent materials are included. 	<ul style="list-style-type: none"> * Increase number of health department initiatives that address racial and ethnic populations. <ul style="list-style-type: none"> ➤ Ongoing * Regular meetings with programs and VDH Communications Office to review social marketing outreach. <ul style="list-style-type: none"> ➤ Ongoing * Federally funded programs submit yearly reports outlining past and future racial and ethnic activities. <ul style="list-style-type: none"> ➤ December 2007 * Recommendations presented to Expanded Senior Management Team yearly. <ul style="list-style-type: none"> ➤ April 2008 * Conduct an inventory of current VDH toolkits for culturally appropriate materials. <ul style="list-style-type: none"> ➤ July 2009
Goal 4: Increase access to preventive and treatment services		
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 4.1</i> Collaborate with racial and ethnic community groups to identify health concerns and plan	<ol style="list-style-type: none"> 1. Support opportunities for individuals and groups to participate in design and implementation of programs to meet local needs. 	<ul style="list-style-type: none"> * Establish mechanism for participation in program design and implementation. <ul style="list-style-type: none"> ➤ July 2009

strategies to address them.	<ol style="list-style-type: none"> 2. Provide technical assistance to community organizations in assessing health needs and priorities. 3. Encourage the use of lay community health workers to improve access to healthcare. 	
<i>Objective 4.2</i> Determine mental health initiatives that address racial and ethnic populations.	<ol style="list-style-type: none"> 1. Review Report of the Surgeon General on Mental Health: Culture, Race, Ethnicity. 	<ul style="list-style-type: none"> * Initiate conversations with the Department of Mental Health on how to incorporate racial and ethnic mental health goals into planning. <ul style="list-style-type: none"> ➤ July 2009
Goal 5: Enhance community development and leadership		
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 5.1</i> Improve health care knowledge in racial and ethnic communities.	<ol style="list-style-type: none"> 1. Disseminate culturally appropriate health education information to community groups and other common health care access points. 2. Organize Minority Health Summit that will support sharing of knowledge between VDH and community partners. 	<ul style="list-style-type: none"> * Incorporate health care information at existing access points that serve racial and ethnic community organizations. <ul style="list-style-type: none"> ➤ January 2009 * Provide yearly updates on racial and ethnic health resources and prevention services available. <ul style="list-style-type: none"> ➤ January * Develop internal and external communication channels for information dissemination and health education. <ul style="list-style-type: none"> ➤ July 2008 * Arrange Minority Health Summit to coincide with National Minority Health month. <ul style="list-style-type: none"> ➤ Biennially
<i>Objective 5.2</i> Develop a statewide collaborative of agency and non-agency entities involved with addressing racial and ethnic health issues.	<ol style="list-style-type: none"> 1. Identify agency and non-agency entities who are involved in addressing racial and ethnic health issues. 	<ul style="list-style-type: none"> * Contact agencies within the state addressing racial and ethnic health issues and determine interest in establishing a collaborative to coordinate resources. <ul style="list-style-type: none"> ➤ July 2009
<i>Objective 5.3</i> Guide program planning and implementation through community participation in OMH.	<ol style="list-style-type: none"> 1. Determine best mechanism for engaging racial and ethnic population as advisors to the OMH. 	<ul style="list-style-type: none"> * Convene small groups or engage in individual discussions to determine best mechanism for participation. <ul style="list-style-type: none"> ➤ July 2008