

North Carolina's Response to the Challenge of Health Disparities

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The North Carolina Department of Health and Human Services has embraced the national public policy agenda to eliminate health disparities by the year 2010. Key state and national policy decisions have played a pivotal role in elevating the issue of eliminating health disparities in our state.

History

North Carolina has a long history of defining and addressing these issues. Focused attention on the disproportionate burden of disease among racial/ethnic minorities has been gaining momentum since the first minority health report was published in 1987, "The Health of Minorities in North Carolina."¹ That report initiated a response by the former State Health Director, Ronald H. Levine, MD, MPH, who established a workgroup to study the issues surrounding minority health in North Carolina and make recommendations for action. As a result of this early work, two entities were created by the North Carolina General Assembly in 1992: House Bill 1340, part 24, Section 165-166 led to the establishment of the Office of Minority Health and Health Disparities (OMHHD) and the Minority Health Advisory Council (MHAC). The fifteen member advisory council is charged with advising the Governor and cabinet Secretary of Health and Human Services on minority health issues. The mission of the OMHHD and MHAC is to "promote and advocate for the elimination of health disparities among all racial and ethnic minorities and other underserved populations in North Carolina." Both entities provide leadership to increase resources for addressing

health disparities, advocate for policies to improve minorities' access to prevention and care services, identify promising practices in target communities, improve the collection of health data by race/ethnicity, inform leaders and policymakers about the issues, and engage minority leaders in new ways of promoting health.

In 1998 the elimination of health disparities became a national priority. That year, President Bill Clinton and his Surgeon General, Dr. David Satcher, articulated the goal of eliminating disparities in six key health categories by 2010.² This important public policy challenged states to increase efforts to address the persistent disparities in health between racial/ethnic minorities and whites. The national initiative focused on cardiovascular disease, cancer screening and management, infant mortality, diabetes, HIV/AIDS, and immunizations. These six health areas were selected for emphasis because they reflect areas of disparity that are known to affect multiple racial and ethnic minority groups at all life stages. Resources were allocated to invest in disparate communities and seek solutions to the nation's growing disparities. Addressing "health disparities" is the cutting edge of public health practice.

The year 2001 marked an important milestone in North Carolina's efforts to address the health challenges facing racial/ethnic minority populations. With the appointment of Carmen Hooker Odom as Secretary of the North Carolina Department of Health and Human Services (DHHS) came a heightened focus on eliminating health disparities. Secretary Hooker Odom included eliminating health disparities as one of her top four priorities, along

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with early childhood development, mental health, and long-term care further emphasizing the fact that the cutting edge of public health practice includes addressing health disparities.

The vision guiding the Department's work is for "all North Carolinians to enjoy good health regardless of their race and ethnicity, disability, or socio-economic status." In order to achieve that vision, the Department recognizes that all state sectors will have to embrace and invest in efforts to address and eliminate health disparities. The solutions are local. All sectors including individuals, families, the professional medical community, academic institutions, business/industry, faith-based, and other community leaders must play an active role. Although one department cannot do it alone, the Department of Health and Human Services has assumed a key leadership role in addressing these issues and serves as a model for other state Departments. Leadership and commitment are key elements to systems change.

Secretary Hooker Odom challenged all Divisions/Offices in the Department of Health and Human Services to participate in efforts to identify service gaps and come up with creative solutions to increase access to programs and services for racial/ethnic minorities and other underserved populations. The OMHHD was directed to lead the Department in the systems change process. An integrated, comprehensive, and coordinated approach has been outlined to identify and reduce service barriers throughout the Department's programs and services. The approach is driven by the concept that eliminating health disparities is not another "special initiative," but must be incorporated as an integral part of good business and public health practice for Department of Health and Human Services. Three overarching principles guide the systems change process: integration, investment, and accountability. The process has been implemented in three phases.

Phase I. Internal Capacity-Building/Team-Building

The Eliminating Health Disparities (EHD) Steering Committee was organized and includes representatives from 14 Divisions and Offices of the Department. This internal team has been mobilized to build the capacity of the Department to identify and address access and service disparities. The mission is to use health disparities data to guide program and funding decisions and to establish priorities for effective outreach to diverse communities, with a major emphasis on creating culturally competent services and programs, workforce diversity, and investments in community strategies.

During the initial phase, considerable time and effort was spent to build the capacity of staff within the Department through in-service training sessions on health disparities, Healthy People 2010 goals/objectives, promising practices, and organizing disparity teams within each organization. Building the capacity of the Department was a critical first step to ensure that the staff, programs, and services are effective in reaching and engaging racial/ethnic minority communities throughout the state. The training was effective in demonstrating the

importance of integrating health disparity intervention programs and services of the Divisions and Offices of DHHS.

To establish baseline information, the selected Divisions and Offices completed a Disparity Assessment Tool that provided an internal perspective of the Department's existing strategies to identify and address disparities within each program area. Divisions/Offices were directed to assess current data, resources, and programs focused on reaching underserved and minority populations; identify gaps in services/programs/resources; identify issues around workforce diversity and current processes for making funding decisions.

Phase II. Plan Development

Developing a comprehensive, coordinated, Department-wide action plan with a systematic approach was the goal. A strategic process was implemented to ensure broad-based input into the Department's action plan. Community leaders, service providers, researchers, policy makers, administrators, educators, and faith leaders were engaged using multiple strategies, including, but not limited to, two focus group sessions and three regional forums. Minority health experts consisting of community leaders, researchers, service providers, and agency administrators were invited to participate in the focus group sessions. The focus group participants provided insights on recommended state and local strategies for addressing the ongoing health challenges experienced by racial/ethnic minorities in our state.

The Healthy Carolinians Program sponsored three regional forums with support from the OMHHD to hear directly from communities impacted by health disparities. Forum participants included local public health departments, human service agencies, medical clinic/hospitals, educators, and faith leaders as well as other community leaders. Local solutions to eliminate health disparities were documented. The forums increased awareness about health disparity issues and generated recommendations for action at the local and state levels.

Information collected by the Disparity Assessment Tool, focus groups, and regional forums was incorporated in the Department's action plan. The resulting document is entitled, "From Disparity to Parity in Health: Eliminating Health Disparities Call to Action."³ The plan serves as the operational framework for the North Carolina DHHS Division/Offices. The nine recommendations contained in the plan focus on increasing awareness, championing best practices, enhancing community capacity, monitoring progress, promoting customer-friendly services, investing in eliminating the gaps, building a diverse workforce, advocating for key public policies, and ensuring accountability. Using the nine recommendations as a guide, each Division/Office developed an implementation plan that includes action steps tailored to their programs and services. Priority areas have been determined; internal/external resources identified and timelines/evaluation measures are included.

Phase III. Implementation/Accountability

Keeping the issue of eliminating health disparities in the

forefront is key to continued progress. The EHD Steering Committee meets monthly to learn about each other's programs/services, discuss progress, talk about challenges, solicit suggestions, share innovative strategies, and identify opportunities to share resources and develop joint projects. To ensure accountability, Division/Office progress reports are submitted every six months to the OMHHD. Regular meetings are held to brief the Secretary on progress.

Moving in the Right Direction: State Progress

The North Carolina DHHS Divisions/Offices continue to operate at different stages in this systems change process. However, Divisions/Offices have demonstrated progress in building the Department's internal capacity to identify and address disparities and to engage minority communities as evidenced by the following short-term impacts:

- Improved data on the health status of racial/ethnic minorities continues to be a priority. Strategies are in place to increase access to health information for all minority populations. The State Center for Health Statistics and OMHHD published two reports, "Racial and Ethnic Disparities in North Carolina: Report Card 2003" and "Racial and Ethnic Differences in Health in North Carolina: 2004 Update."^{4,5}
- Programs have completed internal assessments of their service history. The resulting reports document current gaps in data, existing disparities, and service gaps. For example, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services' (MH/DD/SAS) report in 2003 documents racial and ethnic disparities in the delivery of mental health services in North Carolina. The draft report is entitled "Health Disparities by Race and Ethnicity: Access to Care, Expenditures and Consumer Satisfaction."
- Disparity issues are incorporated in policies, program guidance, and contract language with local agency partners. For example, Title VI of the Civil Rights Act of 1964 requires that language services be provided for limited English Proficient (LEP) clients. This requirement is included in the service contracts for local public health departments. The Governor's Healthy Carolinians Task Force has incorporated a focus on eliminating health disparities in their standards for certification and re-certification for local Partnerships.
- Workshops on minority health, cultural competence, and health disparity issues are included in conferences/forums on an ongoing basis. The result has been increased awareness among audiences outside of the traditional public health and healthcare arenas. An increased understanding of the impact of all health and human services on the health of the people in our state is a fundamental first step in the systems change process.
- The Department has established key policy initiatives around the provision of language services for Limited English Proficient Clients. A team, lead by the Division of Medical Assistance is in the process of establishing protocols for Medicaid reimbursement for language services.
- Health disparities data are included in grant proposals to

leverage additional funds. Additional funds have enabled Divisions/Offices to invest in disparity issues in new ways. For example, the OMHHD was awarded an AmeriCorps grant from the North Carolina Commission on Volunteerism and Community Services. The grant will support 21 full-time AmeriCorps members. The majority of the members, called "Health Disparity Fellows," are placed in local health and human service agencies, community-based organizations, and faith-based organizations throughout the state. These new partnerships will expand our efforts to identify promising practices to eliminate health disparities.

- DHHS Division/Offices have established internal teams to organize their systems change process and discuss strategies across programs/services. The Disparity teams have been instrumental in keeping disparity issues in the forefront of Department of Health and Human Service program planning and operations.
- Disparity issues have become a part of the routine work of program managers and a part of regular discussions by management teams. DHHS Divisions/Offices have incorporated eliminating health disparities activities in staff work plans and in job descriptions. This level of accountability has been key to ensure that Divisions/Offices maintain eliminating health disparities as a priority issue for staff.
- New partnerships have been formed between Divisions/Offices around health disparity issues and joint projects are underway. For example, a regional health disparities elimination project focusing on diabetes prevention and control among African Americans received a grant from Bristol Myers Squibb. Partners in this demonstration project include the Office of Rural Health, OMHHD, Division of Public Health, and the Old North State Medical Society (the professional organization of African American physicians in North Carolina).
- Department of Health and Human Services divisions are implementing cultural competence training and minority recruitment strategies to increase the availability of culturally and linguistically appropriate programs and services. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services has enhanced its efforts to reduce barriers to services and improve access for diverse communities through cultural competence training and skill development of staff in all levels of the organization.

Progress has also been made at the community level. The network of minority, community-based, and faith-based organizations have expanded tremendously throughout the state. More and more minority leaders are taking on the health challenges in their communities. Their focus is on prevention, early detection, linking to existing resources, forming new partnerships with health providers, reducing access barriers, and holding local healthcare and human service providers accountable for the community's health. These community groups have created effective avenues for engaging and reaching racial/ethnic minority groups included among the targeted populations of the Department.

North Carolina DHHS Divisions/Offices have demonstrated success in working more closely with communities across the state, with increased funding going directly to support minority community-based and faith-based projects. The many promising practices funded throughout North Carolina focus on a variety of health disparity issues, including increased access to prevention and early detection services for diabetes, HIV/AIDS, cancer, and infant mortality to name a few. The ongoing challenge continues to be the fact that many of the projects can demonstrate improved health outcomes among the population reached, but the projects are often limited in duration, funding,

and scope. As a result, good projects are not able to affect county-level health status data over time. However, without these community-based efforts, the health disparities data would be even worse.

While there is significant work to do to reduce and eliminate health disparities, North Carolina is moving in the right direction. We are challenged to mobilize all sectors of our state around these issues. We are challenged to engage racial/ethnic minority communities in new ways. We are challenged to invest in closing the gaps. **NCMJ**

REFERENCES

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- 2 McDonough JE, Gibbs BK, Scott-Harris JL, Kronebusch K, Navarro AM, Taylor K. A state policy agenda to eliminate racial and ethnic disparities (New York: The Commonwealth Fund, June 2004). Available at http://www.cmf.org/publications/publications_show.htm?doc_id=230645.
- 3 NC Department of Health and Human Services: From disparity to parity in health: eliminating health disparities call to action 2003. Available at <http://www.ncminorityhealth.org>
Recommendations from this Call to Action:
 - (1) Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability, and socio-economic status.
 - (2) Communicate, document, and champion best practices in eliminating health disparities.
 - (3) Promote, develop, and enhance communities' capacity to engage in healthy living and elimination of disparities in health status.
 - (4) Monitor progress towards the elimination of health disparities.
 - (5) Promote customer-friendly services that meet the needs of underserved populations (i.e., the poor and minority groups).
 - (6) Increase resources and investments to eliminate health status gaps.
 - (7) Build, support, and fully utilize a diverse workforce capable of working in cross-cultural settings.
 - (8) Identify and advocate for public policies that aid in closing the health status gap.
 - (9) Demonstrate accountability and ownership for health outcomes.
- 4 NC Department of Health and Human Services. State Center for Health Statistics and Office of Minority Health and Health Disparities. Racial and ethnic differences in health in North Carolina: 2004 update. Available at <http://www.schs.state.nc.us/schs/pubs/>.
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