

History

The Office of Multicultural Health (IOMH) was established at the Iowa Department of Public Health (IDPH) by codification in the 2006 state omnibus bill.

Health Priorities

The Iowa Department of Public Health (IDPH) has identified health priorities for the general population and additional priorities specifically for racial/ethnic minority populations residing in the state.

Health Priorities for the General Population	Health Priorities Specifically for Racial/Ethnic Minority Populations
Cancer	Diabetes and Obesity
Heart Disease and Stroke	Oral Health
Diabetes	
HIV/AIDS	
Asthma	

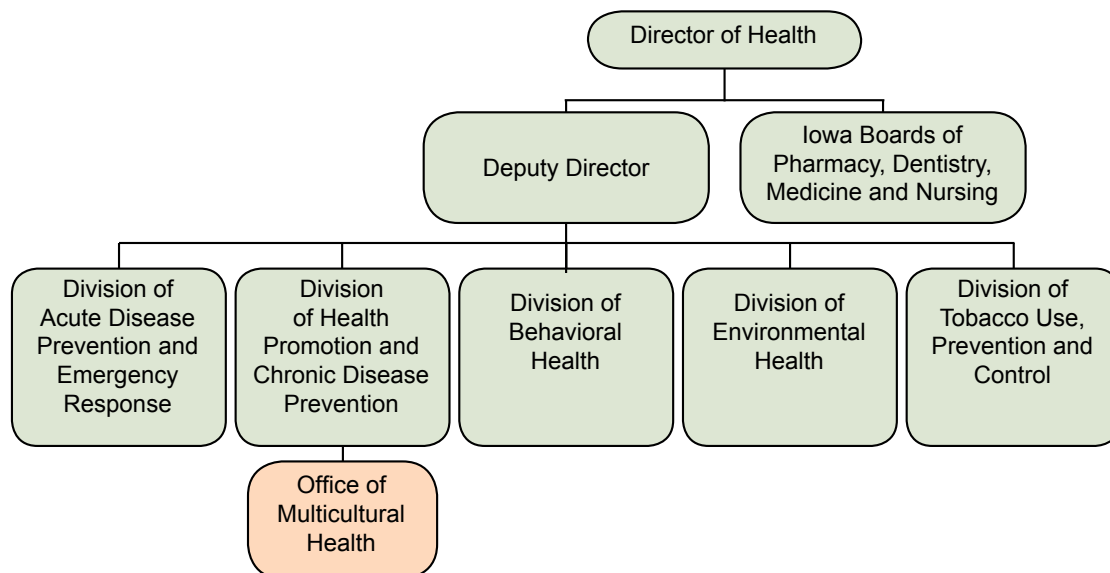
Overview

	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
Iowa	✓	✓	✓	✗	✗	✓	✗
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

Organization, Infrastructure and Resources

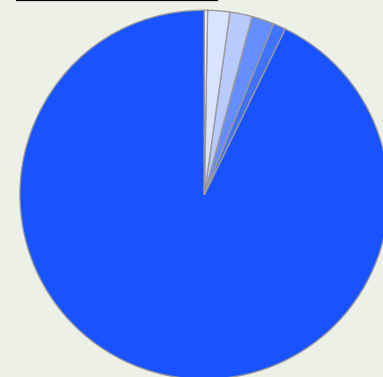
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and/or other key public health offices:

Iowa Department of Public Health



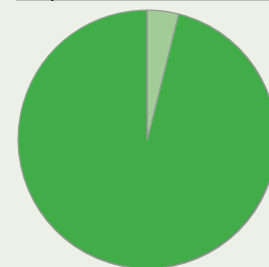
Total State Population:
2,982,085

Racial Distribution



- American Indian/Alaskan Native (0.3%)
- Asian (2%)
- Black/African American (2%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (2%)
- Two or More Races (1%)
- White (93%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (4%)
- Non-Hispanic/Latino Ethnicity (96%)

Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

Source: 2006 American Community Survey, US Census Bureau

Strategic Planning

IDPH incorporates and addresses racial/ethnic health disparities in Iowa through the following guiding principle and goal in its overall strategic plan:

Guiding Principle:	With a collective sense of social justice, the IDPH's activities reflect understanding and acceptance of diversity among Iowans.
Goal:	Strengthen Iowa's public health infrastructure
Strategy:	Assure an adequate and competent public health workforce

The Iowa Office of Multicultural Health has also developed a strategic plan that sets forth its mission, vision and key strategic initiatives which it will undertake over the next five years to help build infrastructure to reduce racial/ethnic health disparities at the IDPH in the areas of education, advocacy, data management, training and development.

Human Capital Investments

The following staff dedicate all or part of their work hours to MH/HD issues and activities at the IDPH:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	100%
Program Specialist	1	100%

Financial Investments

The IDPH reported receiving \$72,500 in federal funding for FY 2007.

Activities

Office of Multicultural Health (OMH) Strategic Plan FY 2007- FY 2011

This strategic planning effort took place in 2007 and laid the foundations for the IOMH. Specifically, the plan affirmed the mission of the IOMH, defined its core functions, considered diseases or conditions in which health disparities are most evident in Iowa's multicultural communities, analyzed internal and environmental factors affecting or contributing to health disparities, proposed strategic activities to address Iowa's disparities, and devised measures by which to evaluate activities.

Partners and Funding

Funding for planning activities was provided through a planning grant from the Office of Minority Health at the US Department of Health and Human Services (USDHHS/OMH). Other organizations concerned with health disparities, including health commissions, local public health departments and non-profit organizations in Iowa, contributed to the plan's development.

Activity Outcomes

The strategic plan serves as a guide and tool to direct IOMH activities.

Evaluation Methods

Performance measures for strategic activities are under development.

Partnerships

- At the time of the survey, IOMH staff and the IDPH Director were putting together an external advisory council to advise and guide the OMH on matters regarding racial/ethnic health disparities. The advisory board was expected to be established by the fall 2008, with the administrative rules officially outlining the council expected to be completed by June 2008.
- MH/HD activities are conducted and coordinated across multiple IDPH program offices ranging from Oral Health to Health Facilities and Professional Regulatory Programs.
- IDPH partners with an array of external entities active in MH/HD including: local health departments, local government, tribal government, other state/territorial government agencies, health departments in other states, MH/HD advisory bodies, community- and faith- based and non-profit organizations, corporations, health systems, foundations, schools, universities, professional associations, clinical networks and the media.

Iowa's primary contact for racial/ethnic minority health and health disparities is:

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