

Health Priorities

The Idaho Department of Health and Welfare (IDHW) has identified the following health priorities for the general population of Idaho:

Health Priorities for the General Population
Immunizations
Disease interventions
Health surveillance

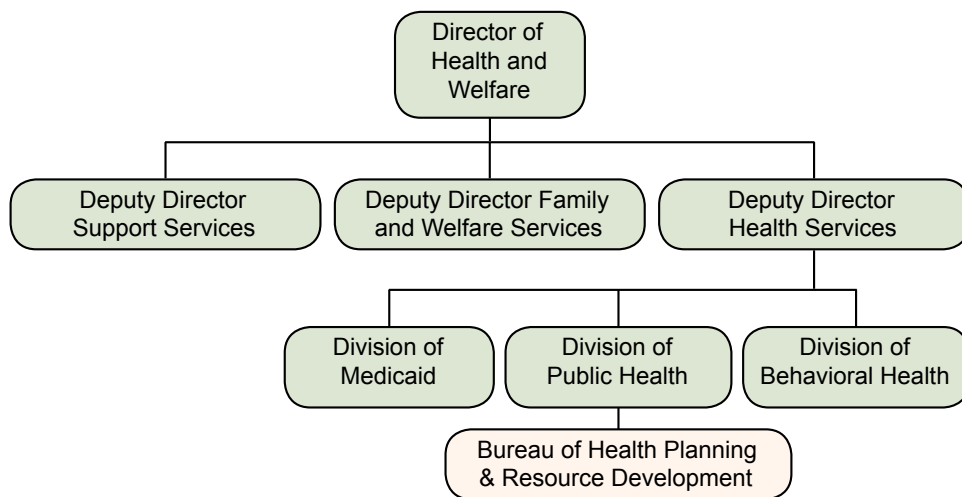
Overview

	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
Idaho	X	X	X	X	X	X	Not Reported
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

Organization, Infrastructure and Resources

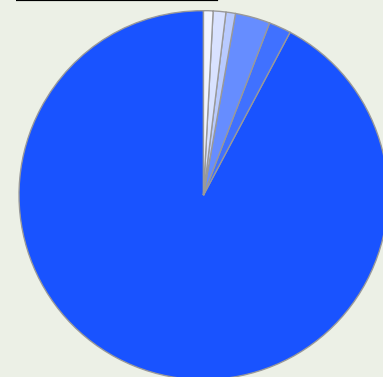
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and/or other key public health offices. The IDHW conducts its minority health and health disparities activities (MH/HD) through the State Office of Rural Health & Primary Care, located within the Bureau of Health Planning and Resource Development.

Idaho Department of Health and Welfare



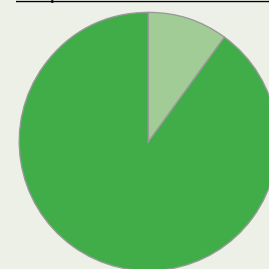
Total State Population:
1,466,465

Racial Distribution



- American Indian/Alaskan Native (1%)
- Asian (1%)
- Black/African American (1%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (3%)
- Two or More Races (2%)
- White (93%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (10%)
- Non-Hispanic/Latino Ethnicity (90%)

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

The IDHW addresses health care for all people and disparities in health in Idaho through the goals of its overall Departmental strategic plan:

Goal 1:	Improve the health status of Idahoans
Tracking Methods:	Performance measures that track: percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite; percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite
Goal 2:	Increase the safety and self-sufficiency of individuals and families
Tracking Methods:	Performance measures that track: percent of IDHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite; percent of individuals and families who no longer use Departmental services as measured by the No Longer Use Services Composite; percent of children who are safe as measured by the Safety Composite
Goal 3:	Enhance delivery of health and human services
Tracking Methods:	Performance measures that track: number of Idahoans who have access to dental, mental and primary care services as measured by the Health Care Access Composite; percentage of Idahoans with health and dental coverage; percentage of clients receiving eligibility determinations for or enrollment in identified programs within Departmental timeliness standards; accuracy rates of key identified programs (e.g. Food Stamps, child protection and support); customer service performance at IDHW using the Caring, Competency, Communication and Convenience composites

Partnerships

- The IDHW Office of Rural Health & Primary Care maintains partnerships with an array of external entities active in MH/HD, including: local health departments, tribal government, other state government agencies, federal government, independent advisory bodies, community-based and non-profit organizations, health systems, schools, universities, professional associations and clinical networks.

Financial Investments

Although the Idaho Department of Health and Welfare does not allocate financial resources specifically for state minority health or health disparities (MH/HD) activities, it does support health disparities activities through the budgets of its public health divisions that carry out MH/HD activities. Specific financial data on IDHW MH/HD funding streams were not reported.

Activities

Linguistic Services in Idaho's Healthcare System

The IDHW conducted an assessment of health care providers in 2006 to determine the extent to which the providers perceive health care organizations in Idaho to provide linguistically appropriate health care and to gauge their perceptions regarding limited English proficiency as a barrier to health care for their clients. The survey was distributed to 37 acute care hospitals, 46 rural health clinics, and 10 federally qualified health centers across the state and had a 61% response rate. The assessment identified a need for policy development on providing medical interpretive services, staff orientation regarding linguistic services requirements, and cultural sensitivity training at participating health care facilities.

Partners (and Funding)

Office of Minority Health/US Department of Health and Human Services (OMH/DHHS) (\$15,200), Idaho State University at Boise

Activity Outcomes

Beginning in September 2007, IDHW sponsored training for medical interpreters and language policy development and cultural sensitivity training for rural hospitals.

Evaluation Methods

Health care provider survey distributed at a range of health care facilities across Idaho

Spanish-Speaking Patients Healthcare Needs

In 2007, the IDHW conducted two Spanish-speaking focus groups to assess health care users with limited English capabilities' perceptions. Focus group participants were asked about their perspectives regarding the extent to which their limited English proficiency created a barrier to accessing or receiving health care in Idaho. Questions were delivered in both English and Spanish. Focus group results revealed that cultural competency training - and specifically, a training module on the differences in health care delivery to clients with limited English proficiency - was needed at health care facilities. Clients also expressed a need for translation of health care forms into Spanish and other relevant foreign languages.

Partners (and Funding)

OMH/DHHS (\$6,990), Center for Community and Justice, and Idaho State University at Boise

Activity Outcomes

IDHW-sponsored medical interpreter training, linguistically appropriate health services training for rural hospitals

Evaluation Methods

Evaluation of results from focus groups for people with limited English proficiency

Idaho Critical Access Hospitals- Enhancing Language Services and Cultural Sensitivity

The IDHW utilizes the Medicare Rural Hospital Flexibility grant program to fulfill the need for culturally and linguistically appropriate health services at critical access hospitals. Through this grant program, hospitals can access the resources, staff training and support they need to deliver appropriate, effective health services for patients with limited English proficiency.

Partners (and Funding)

USDHHS Office of Rural Health Policy/Medicare Rural Hospital Flexibility Program (\$26,803), Idaho Hospital Association, and Morales Dimmick Translation Service

Activity Outcomes

IDHW is sponsoring a two-day qualification course for health care interpreters in two rural communities, and additional activities were conducted at critical access hospitals through the Idaho Hospital Association.

Evaluation Methods

Project outcomes will be measured against predetermined targets and timelines (not reported)

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

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