History

The Minnesota Office of Minority and Multicultural Health (OMMH) was established in 1994 in accordance with State Statute.

Health Priorities

The Minnesota Department of Health (MDH) identified the following health priorities for the people of Minnesota, and additional priorities for racial/ethnic minority populations residing in the state.

Health Priorities for the General Population	Health Priorities Specifically for Racial/Ethnic Minority Populations
Focus on clear priorities for improving health outcomes	Decrease disparities in infant mortality and immunizations for populations of color by 50%
Increase policy impact	Reduce disparities in cancer, cardiovascular disease, diabetes, healthy youth development, HIV/AIDS, sexually transmitted infections, unintentional injury and violence
Align resources with MDH priorities	
Strengthen MDH organizational effectiveness	

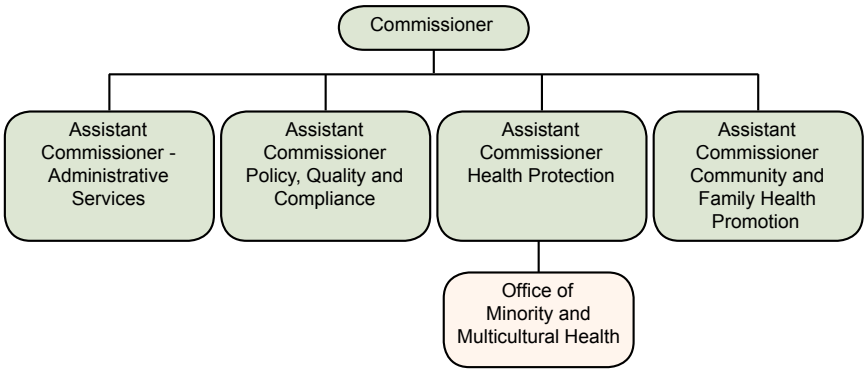
Overview

	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
Minnesota	✓	✓	✓	✓	✓	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

Organization, Infrastructure and Resources

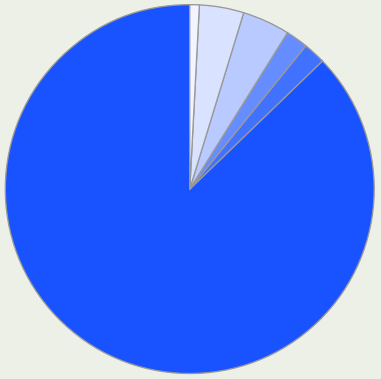
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and other key public health leadership:

Minnesota Department of Health



Total State Population: 5,167,101

Racial Distribution



- American Indian/Alaskan Native (1%)
- Asian (4%)
- Black/African American (4%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (2%)
- Two or More Races (2%)
- White (88%)

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

The strategic plan for the Minnesota Department of Health (MDH) does not include goals specifically related to eliminating racial/ethnic health disparities. However, the Department's Office of Minority and Multicultural Health (OMMH) maintains a strategic plan for eliminating racial/ethnic health disparities and promoting minority health that includes the following goals:

Goal:	Expand racial/ethnic health disparity data collection
Tracking Methods:	N/A

Goal:	Grow community health leadership through partnerships
Tracking Methods:	Identification and dissemination of state promising practices in MH/HD; applications of OMMH tool at community-based organizations (CBOs) for measuring and improving quality of life for minorities; administration and attendance at health leadership trainings for communities of color

Goal:	Enhance OMMH grant administration and fundraising processes
Tracking Methods:	Monitor outreach efforts to increase awareness of OMMH grant opportunities; track improvements in OMMH grant making and winning processes

Goal:	Enhance OMMH communications
Tracking Methods:	Development and execution of OMMH communications plan; track media coverage of OMMH activities and distribution of OMMH legislative and community reports; monitor legislative activities that affect MH/HD; track attendance at conferences and community forums on MH/HD and OMMH activities

Goal:	Strengthen governance
Tracking Methods:	Not reported

Partnerships

- OMMH consults with an external Health Advisory Board that advises leadership on racial/ethnic minority health and health disparities (MH/HD) issues in the state.
- MH/HD activities are conducted and coordinated across many MDH program offices.
- MDH maintains partnerships with an array of entities active in MH/HD, including: local health departments, local government, tribal government, other state government agencies, health departments in other states, federal government, 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.

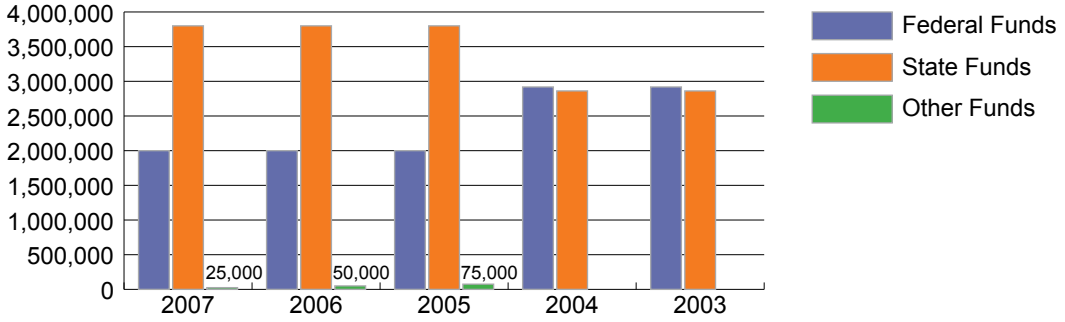
Human Capital Investments

The following staff dedicates all or part of their work hours to MH/HD activities at the MDH:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	100%
Policy or Program Officer	5	100%
Administrative/Clerical Staff	1	100%

Financial Investments

MDH reported annual investments in racial/ethnic minority health and health disparities (MH/HD) for 2003 through 2007. It should be noted that the amounts represented below may not include funding for specific activities related to MH/HD and may therefore be an underestimate of the total investment from all sources in MH/HD activities.



Activities

Health Status Reporting and Surveillance

The MDH conducts a variety or activities that monitor, analyze and disseminate critical statistical information on the health status of people of color in Minnesota, with particular focus on American Indians. Activities include population-specific health status reporting, Medicaid/birth certificate matching, infant mortality, HIV/AIDS and teen pregnancy surveillance among American Indian populations.

Partners and Funding

Surveillance activities are supported by state and federal funding.

Activity Outcomes

Eliminating Health Disparities Initiative grants program, improved reporting and programming to reduce the burden of the leading causes of death among American Indians

Evaluation Methods

Not reported

Health Workforce Analysis

Survey administered to health professionals seeking license to practice in Minnesota contains questions on their racial/ethnic backgrounds. Questions permit data reporting and tracking of racial/ethnic distribution among physicians, nurses, dental professionals, physical therapists and physician assistants throughout the state's health professions workforce.

Partners and Funding

MDH Office of Rural Health and Primary Care ($250,000), Minnesota Boards of Medical Practice, Nursing, Physical Therapy and Dentistry

Activity Outcomes

Up-to-date inventory of practicing health professionals from various racial/ethnic groups for regions of the state

Evaluation Methods

Monitor survey response rates and conduct distribution analyses

Activities continued. . .

Steps to a Healthier Minnesota

As part of the US Department of Health and Human Services (DHHS) Steps to a Healthier US Initiative, the program began in 2004 to reduce the disproportionate burden of asthma, diabetes and obesity among people of color by addressing risk factors such as low physical activity, poor nutrition, tobacco use and exposure. Program operates via community consortia, schools, workplaces and health care settings in the cities of Minneapolis, Rochester, St. Paul and Willmar.

Partners and Funding

Centers for Disease Control and Prevention (CDC), Minnesota Departments of Health and Education

Activity Outcomes

Changes in risk behaviors or other outcomes cannot yet be assessed.

Evaluation Methods

Administer state-level Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey and Core Performance Measures for CDC reporting requirements - local Steps programs have similar evaluative components.

HIV/STD Prevention Program

Program has provided HIV/STD prevention services at 23 community-based organizations (CBOs), 14 of which serve predominantly racial/ethnic minority populations, since the 1980s. An HIV public education and awareness campaign for foreign-born residents became a feature of the program in July 2007.

Partners and Funding

State of Minnesota ($1.3 million/year for HIV/STD prevention program, $250,000 for HIV prevention campaign); CDC ($400,000/yr), HIV prevention community planning group, HIV prevention grantees, community-based organizations and health centers

Activity Outcomes

Program outcomes are not monitored, HIV/STD prevention interventions were provided at 23 CBOs.

Evaluation Methods

CDC Program Evaluation Monitoring System which tracks the delivery of HIV prevention interventions

Minnesota WISEWOMAN and SAGEplus Programs

Programs work together to provide low income, under or uninsured women ages 40 to 64 with cancer screening, as well as knowledge and support to improve their diets, physical activity levels and other positive lifestyle changes that prevent or control cardiovascular and other chronic diseases. The SAGEplus program provides breast and cervical cancer screening for women, and utilizes their health care relationships with patients to enroll them in the WISEWOMAN health promotion program as well. SAGEplus/WISEWOMAN providers are responsive to the needs, cultural backgrounds and circumstances of the people they serve, build on strengths of target communities, and raise awareness about cancer screening and cardiovascular health among patients and other health care providers.

Partners and Funding

CDC ($510,244/yr), MDH ($170,081/yr), SAGEplus community and local public health centers, Powell Center for Women at the University of Minnesota, hospital systems, faith communities, Minnesota International Health Volunteers and Twin Cities Public Television

Activity Outcomes

Minnesota SAGEplus/WISEWOMAN has provided 1347 women with heart health services since 2005.

Evaluation Methods

Monitor participants' blood pressure, blood glucose, lipid, weight and body mass index (pre- and post- intervention), and conduct process and outcome evaluations

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

Mitchell Davis Jr.
Director, Office of Minority and Multicultural Health
Minnesota Department of Health
www.health.state.mn.us/ommh
Mitchell.davis@health.state.mn.us
Phone: (651) 201-5818