

### History

The Office for the Elimination of Health Disparities (OEHD) was established in 2007 by the State Health Officer and has since been authorized by the State Legislature for the Department's annual budget.

### Health Priorities

The North Dakota Department of Health (NDDOH) identified the following health priorities for the people of North Dakota and specific priorities for racial/ethnic minority populations residing in the state.

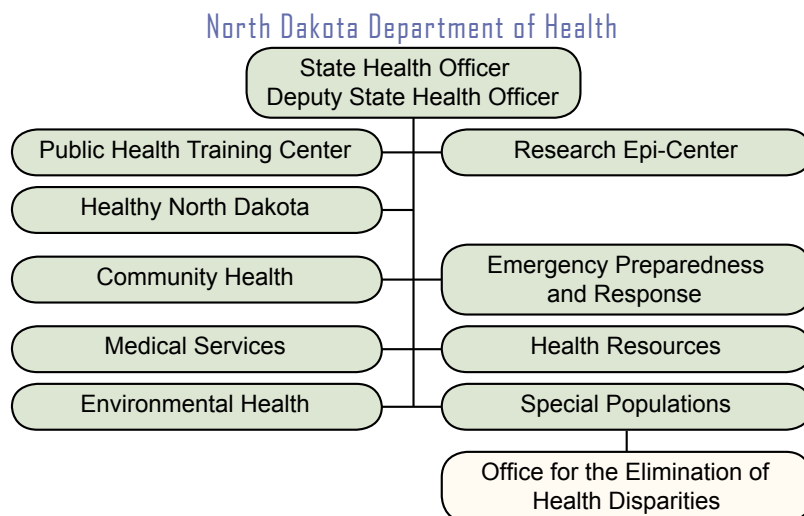
Health Priorities for the General Population	Health Priorities Specifically for Racial/Ethnic Minority Populations
Improve health status	Develop infrastructure to address health disparities
Improve access and delivery of quality health care	Engage populations experiencing health disparities
Preserve and improve environmental quality	Improve access to culturally appropriate health care
Promote preparedness and emergency response	Promote organizational and policy change

### 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
North Dakota	✓	✓	✓	✓	✓	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

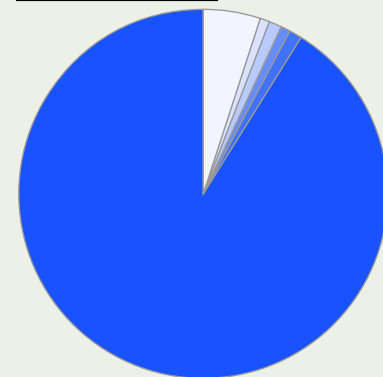
### Organization, Infrastructure and Resources

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 offices:



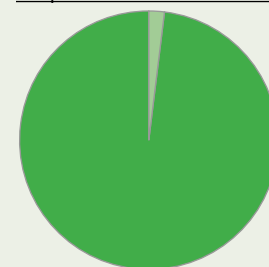
Total State Population:  
635,867

Racial Distribution



- American Indian/Alaskan Native (5%)
- Asian (1%)
- Black/African American (1%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (1%)
- Two or More Races (1%)
- White (91%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (2%)
- Non-Hispanic/Latino Ethnicity (98%)

*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 North Dakota Department of Health (NDDOH) includes a goal that specifically targets the reduction of health disparities in the state and an objective dealing with health disparities within a broader goal. At the time of the survey, the Department's Office for the Elimination of Health Disparities (OEHD) and the OEHD Work Group were in the process of crafting a strategic plan that would support this Departmental goal, focus and direct OEHD efforts to eliminate racial/ethnic health disparities, and reflect the state's Healthy People 2010 strategic goals.

NDDOH Goal:	Improve access to and delivery of quality care
Objective:	Reduce health disparities
Tracking Methods:	Not reported

### Partnerships

- The NDDOH consults with the external OEHD Work Group 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 multiple NDDOH program offices.
- NDDOH maintains partnerships with an array of external entities active in MH/HD including: local health departments, tribal government, other state government agencies, federal government, MH/HD advisory bodies, community-based and non-profit organizations, foundations, schools, universities, clinical networks and the media.
- The NDDOH participates in the North Dakota Tribal-State Health Care Task Force that in August 2006 produced policy recommendations for North Dakota reservations.

NDDOH Goal:	Health disparities and disease rates among North Dakota's minority populations are decreased, reduced or eliminated.
Objectives:	<ul style="list-style-type: none"> <li>Develop state health disparities infrastructure</li> <li>Engage disparate populations</li> <li>Achieve access to culturally appropriate health care and health information</li> <li>Adopt promising practices, quality care and population-specific education</li> <li>Promote organizational change and public policy around health disparities</li> <li>Support population-specific efforts to combat health disparities</li> <li>Support the elimination of behavior-specific disparities</li> </ul>
Tracking Methods:	Quantitative and qualitative benchmarks that measure progress toward achieving each strategic objective (e.g. representation of disparate populations in OEHD strategy development and activities, increase the number of health care providers who deliver culturally competent health care in North Dakota, etc.)

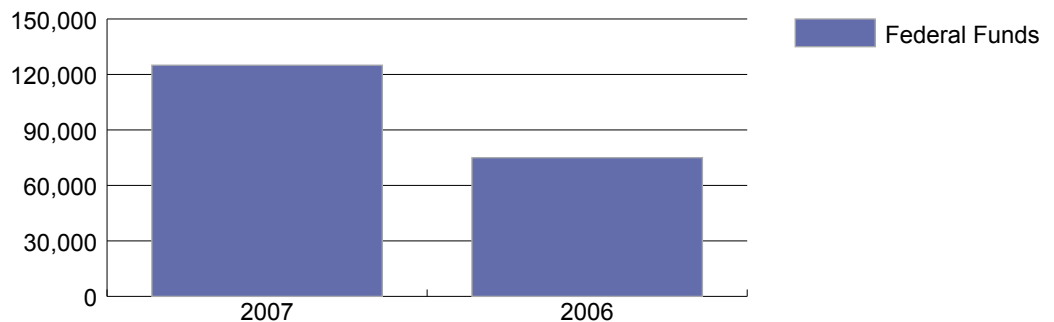
## Human Capital Investments

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

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	100%
Administrative/Clerical Staff	0.5	100%

## Financial Investments

NDDOH reported an annual budget for racial/ethnic minority health and health disparities activities for fiscal years 2006 and 2007. This may be an underestimate of the Department's total budget for MH/HD activities as funding for specific activities, such as those described in the section below, may not be included in these totals.



## Activities

### American Indian Outreach Project

The North Dakota Office for the Elimination of Health Disparities (OEHD) has supported the OEHD Work Group since 2006 in its efforts to recruit and retain members from the state's recognized American Indian nations and tribes. To achieve this end, the OEHD, the OEHD Work Group and representatives from American Indian communities developed invitation packets about the work group and sent them to tribal leadership to encourage their participation on the Committee.

#### Partners (and Funding)

OEHD, OEHD Work Group, North Dakota Office of Indian Affairs (NDOIA), Tribal Liaison for the North Dakota Department of Human Services (NDDHS) and the University of Wisconsin's Spirit of Eagles Project (with NDDOH Heart Disease and Stroke Prevention Cooperative Agreement funds (\$1,000))

#### Activity Outcomes

New OEHD Work Group members from American Indian nations and tribes in North Dakota, increased visibility for the OEHD and Work Group among American Indian communities

#### Evaluation Methods

Under development

### Community Health Representative Reimbursement Initiative

Many American Indians with chronic illness who live on reservations require support and assistance in managing their health conditions and in accessing their Medicaid benefits. Community Health Representatives (CHRs) often fulfill this role on reservations; however, CHRs rarely receive adequate compensation for the critical health and social services they provide for at-risk individuals. The NDDOH and other partners recognize the valuable service that CHRs provide to Medicaid populations on reservations and are seeking reimbursement for their targeted case management work.

#### Partners

NDDOH employees, OEHD Work Group, Community Health Representatives (CHR) Program at Standing Rock Reservation

#### Activity Outcomes

The initiative has not yet yielded measurable results.

#### Evaluation Methods

Not yet determined

### Portraits of Health in North Dakota Indian Country

This project began recording and presenting a series of collected photos and health stories from American Indians residing on reservations across North Dakota in 2006. The photos and stories capture a range of health issues facing American Indians on North Dakota reservations, particularly health care access issues, and help to raise awareness about these issues across the state and the country. The Project plans to start "talking circles" at portrait viewings on reservations to explore health challenges among American Indians and empower them to create solutions.

#### Partners (and Funding)

OEHD, OEHD Work Group, NDOIA, NDDHS Tribal Liaison, leadership and residents from American Indian reservations in North Dakota (with Heart Disease and Stroke Prevention Cooperative Agreement funds (\$5,000))

#### Activity Outcomes

Comments collected from visitors at Project showings indicated that they were moved and educated about health disparities facing American Indians in North Dakota.

#### Evaluation Methods

Comments from attendees at showings; feedback from Project talking circles at reservation showings

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

#### **Phyllis Howard, Director**

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