

History

The NYSDOH Office of Minority Health (OMH) was established in 1992 by state public health law. The NYSDOH provides staff support to the Minority Health Council which advises the Commissioner on minority health issues in the state.

Health Priorities

The New York State Department of Health (NYSDOH) has identified the following health priorities – as part of its Prevention Agenda - for the general population of New York:

Health Priorities for the General Population
Access & Quality Health Care
Tobacco Use
Healthy Mothers / Healthy Babies / Healthy Children
Physical Activity / Nutrition
Unintentional Injury
Healthy Environment
Chronic Disease
Infectious Disease
Community Preparedness
Mental Health / Substance Abuse

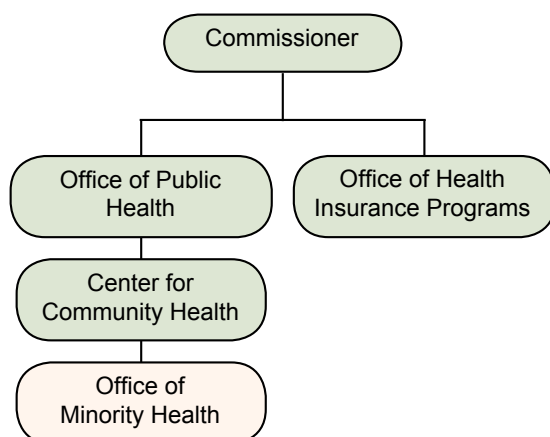
Overview

	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
New York	✓	✓	✓	✓	✓	✗	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

Organization, Infrastructure and Resources

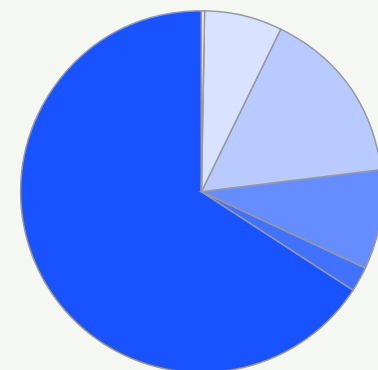
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and/or other key public health offices:

New York State Department of Health



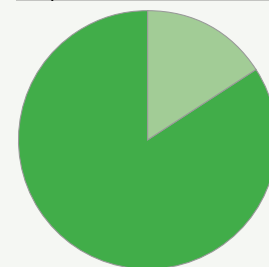
Total State Population:
19,306,183

Racial Distribution



- American Indian/Alaskan Native (0.3%)
- Asian (7%)
- Black/African American (16%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (9%)
- Two or More Races (2%)
- White (66%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (16%)
- Non-Hispanic/Latino Ethnicity (84%)

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

NYSDOH has identified the goals below for its overall strategic plan. At the time of the survey, the NYSDOH reported being engaged in the process of working with the State’s Minority Health Council to create sub-goals and tracking mechanisms for the OMH where applicable. For each of the goals listed below, indicators with measurable, time-framed objectives will be identified for tracking purposes. Indicators will be generated/reviewed at the county level and by race/ ethnicity categories.

- NYS DOH Goal 1: Access to Quality Health Care
- NYS DOH Goal 2: Tobacco Use
- NYS DOH Goal 3: Healthy Mothers/ Healthy Babies / Healthy Children
- NYS DOH Goal 4: Physical Activity / Nutrition
- NYS DOH Goal 5: Unintentional Injury
- NYS DOH Goal 6: Healthy Environment
- NYS DOH Goal 7: Chronic Disease
- NYS DOH Goal 8: Infectious Disease
- NYS DOH Goal 9: Community Preparedness
- NYS DOH Goal 10: Mental Health/Substance Abuse

Partnerships

- OMH funds both short- and long- term community projects.
- OMH dollars are dedicated exclusively to minority health disparities.
- NYSDOH partners with an array of external entities across the state that are active in MH/HD including: other state government agencies, federal government, community- and faith- based and non-profit organizations, health plans, foundations, schools, universities, professional associations and clinical networks, local health departments and tribal governments.

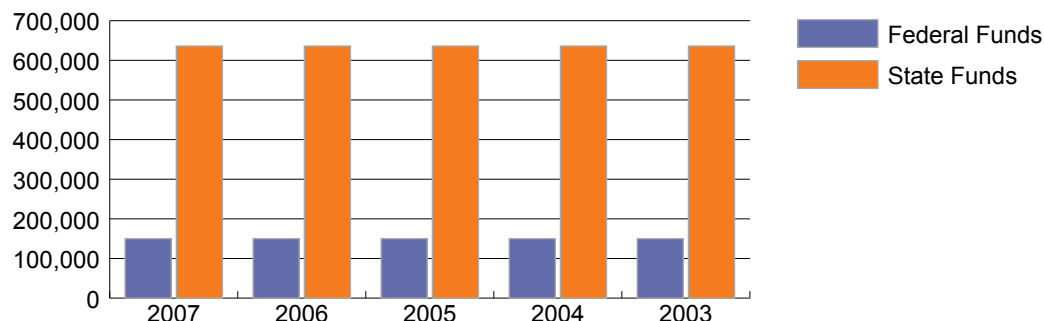
Human Capital Investments

The following staff dedicates all or part of their work hours to MH/HD statewide activities at the NYSDOH. The state notes, however, that most of the NYSDOH’s public health and Medicaid Programs and Health Systems Management staff routinely address disparities reduction through targeting of resources in minority communities and initiatives addressing access, language access, and cultural competence. This information therefore underestimates the actual number and percent FTEs dedicated to MH/HD in the Department.

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	2	15% and 100%
Policy or Program Officer	3	5%
Program Specialist	3	100%
Clinical Consultant or Specialist	3	15% - 100%
Epidemiologist	2	5% - 20%
Public Information Specialist	1	5%
Information Technology/Systems Specialist	2	5%
Other (Managed Care Specialist)	3	10% - 20%
Administrative/Clerical Staff	1	100%

Financial Investments

The NYSDOH reported the following as its annual budget for racial/ethnic minority health and health disparities (MH/HD) activities from 2003 to 2007. The state notes, however, that the following amounts reflect only the budget for the OMH and do not include additional departmental resources dedicated to minority health/health disparities that are not calculated in the OMH budget.



Activities

Prevention Agenda Toward the Healthiest State

The Prevention Agenda will establish a set of statewide public health priorities, identify 2010 goals for each priority area, and outline indicators to measure progress toward achieving these goals, including indicators to track progress on eliminating racial, ethnic and socioeconomic health disparities where they exist. The ten priority areas are listed under the “Strategic Planning” section.

Partners

The Prevention Agenda calls on local health departments to collaborate with a broad range of community partners including hospitals, community-based health providers, schools, businesses, and academia to assess community health needs, identify local health priorities from among the state’s goal areas, and develop public health programs to address needs. The initiative aligns the timetables for local health departments to complete Community Health Assessments and hospitals to complete Community Service Plans to encourage systematic collaboration on public health issues in the community.

Activity Outcomes

Local health departments and hospitals will develop collaborative plans. The Department is providing community health data and offering technical assistance on community health planning.

Evaluation Methods

The NYSDOH will track progress toward meeting the State’s goals and issue county specific data on progress.

OMH Minority Health Partnerships Program

This program is distinguished by its minority health disparities focus and emphasis on a community-based participatory approach. It is designed to ensure that racial and ethnic minorities with or at-risk for diabetes, cardiovascular disease and stroke are aware of and receive appropriate health care services in the targeted communities, and to build an understanding of the role of community coalitions in effecting community-level change and reducing health disparities.

Partners and Funding

USDHHS Office of Minority Health State Partnerships Grant Program (\$150,000), state funding (\$500,000) and community coalitions (leverage additional funding as deemed necessary)

Activity Outcomes

Products and services are organized within the Spectrum of Prevention, a tool that enables coalitions to be multidimensional and systemic in their efforts to reduce health disparities.

Evaluation Methods

Evaluation capacity building project, logic model framework and evaluation of coalition sub-committee structure

Activities continued...

The PQI Xplorer, an interactive, web-based application to explore health disparities at the community level

The NYSDOH Division of Health Facilities Planning; assisted by staff from the Division of Planning, Policy and Resource Development and the Information Systems and Health Statistics Group; has completed development of the PQI Xplorer. The PQI Xplorer is a small area analysis tool that allows planners, analysts, advocates, and others to derive the hospitalization rate for Prevention Quality Indicators (PQI's) in a geographic area defined by the user at the zip code level. One of several options available is to compare PQI hospitalizations by racial and ethnic category for specific health problems, such as diabetes. PQI's were developed by the federal Agency for Healthcare Research and Quality (AHRQ), based on hospitalizations for conditions "for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."

The PQI explorer allows health providers, governments and planners to match health services or outreach to the way health problems differentially affect various racial and ethnic groups and to identify disparities that might otherwise be lost in larger aggregations of data at the county or regional level. This application has been approved by executive staff and will become available on the NYSDOH Web site as soon as accessibility testing and final editing are completed.

Partners

NYSDOH and New York's local health departments

Activity Outcomes

Increased primary health care provision and utilization, reduced hospitalization, improved health outcomes for racial/ethnic minority populations

Evaluation Methods

Evaluation methods were still under development at the time of the survey.

Minority Health Surveillance Report

The NYSDOH collects and compiles data on a series of public health indicators that measure the incidence and prevalence of chronic and infectious disease, birth outcomes and risk behaviors among racial/ethnic minority populations in New York. These data are presented in a biennial report that is used to identify racial/ethnic health disparities, raise awareness regarding health disparities, design needs assessments and targeted health interventions where needed, and conduct evaluations of programs affecting racial/ethnic minority populations.

Partners and Funding

New York State (NYS) Maternal and Child Health (MCH) Block Grant and MCH staff, NYSDOH general funds, NYS Bureau of Biometrics and Health Statistics, and NYS Minority Health Council

Activity Outcomes

Targeted health interventions for populations at-risk for or experiencing disproportionate illness and death due to particular health conditions, development of means of identifying and tracking progress in reducing health disparities, increased awareness regarding health disparities

Evaluation Methods

NYSDOH surveillance data, hospitalization and emergency room information and Behavioral Risk Factor Surveillance System (BRFSS)

New York State Minority Health Council

The Minority Health Council was established by statute (Public Health Law, 1992) and is charged with advising the Commissioner of Health on any matter relating to the preservation and improvement of minority health. The Council is composed of the Commissioner and 14 members who are appointed by the Governor with the advice and consent of the Senate.

Partners and Funding

The Council partners with a variety of federal, state and local organizations. It has no dedicated funds.

Activity Outcomes

The Minority Health Council assists in analyses of the health status of minority citizens and the status of minority health delivery systems. It develops reports - with recommendations - that assist and advise the Commissioner of Health on relevant minority health issues. It also serves as liaison, with the Office of Minority Health, and advocates for the Department on minority health matters.

Evaluation Methods

The Minority Health Council utilizes ongoing monitoring of accomplishment of goals and objectives and tracking of outcome and performance measures.

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

Wilma E. Waithe, PhD

Director, Office of Minority Health
New York State Department of Health
<http://health.state.ny.us/nysdoh/omh>
Phone: (518) 474-2180