

History

The Oklahoma State Department of Health (OSDH) Office of Minority Health was established in 1994 by the Oklahoma Commissioner of Health and Board of Health to coordinate racial/ethnic minority health and health disparities (MH/HD) activities across the Department. The OSDH Office of Health Equity and Resource Opportunities was created in 2007 by the State Board of Health to examine and address the root causes of health disparities.

Health Priorities

The OSDH has identified the following health priorities for the people of Oklahoma, two of which relate to minority health/health disparities (MH/HD).

Health Priorities for the General Population
Increased emphasis on health status improvements in all programs
Target specific improvements in health disparities
Foster appropriate service delivery modalities across diverse populations
Improve cardiovascular health
Reduce obesity

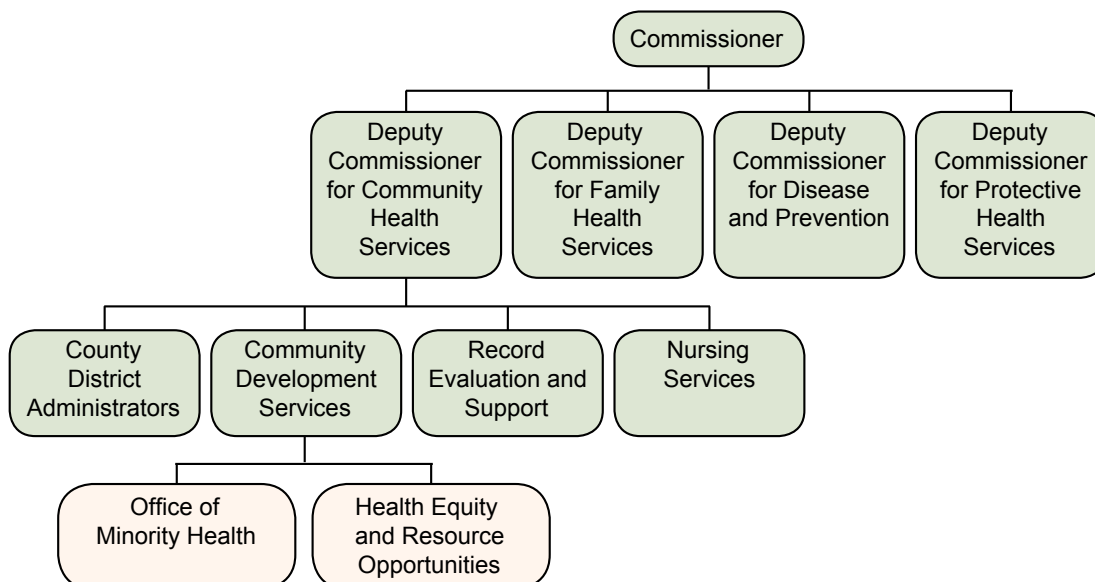
Overview

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

Organization, Infrastructure and Resources

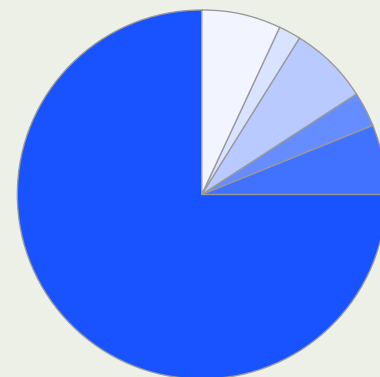
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal points in relation to the State/Territorial Health Official and/or other key public health offices:

Oklahoma State Department of Health



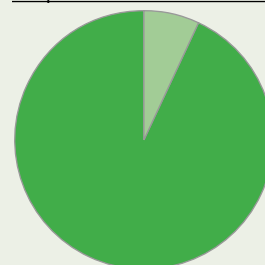
Total State Population:
3,579,212

Racial Distribution



- American Indian/Alaskan Native (7%)
- Asian (2%)
- Black/African American (7%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (3%)
- Two or More Races (6%)
- White (75%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (7%)
- Non-Hispanic/Latino Ethnicity (93%)

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 elimination of health disparities is a central feature of the Department’s strategic plan and is carried out through the following strategic goals and objectives:

Goal:	Focus on priorities for improving health outcomes
Objective:	Target specific improvements in health disparities
Goal:	Strengthen the state’s public health system infrastructure
Objective:	Foster appropriate service delivery modalities across diverse populations

Partnerships

- The OSDH consults on MH/HD issues with the Governor’s Task Force on the Elimination of Health Disparities, which is comprised of representatives from the state’s racial/ethnic minority communities, the health sector and staff from the OSDH.
- OSDH maintains partnerships with an array of external entities active in MH/HD including: local health departments, tribal government, federal government, an MH/HD advisory body, community- and faith-based and non-profit organizations, health systems, schools and universities, clinical networks and the media.
- OSDH reports receiving periodic federal funding that supports some of the partnerships listed above.

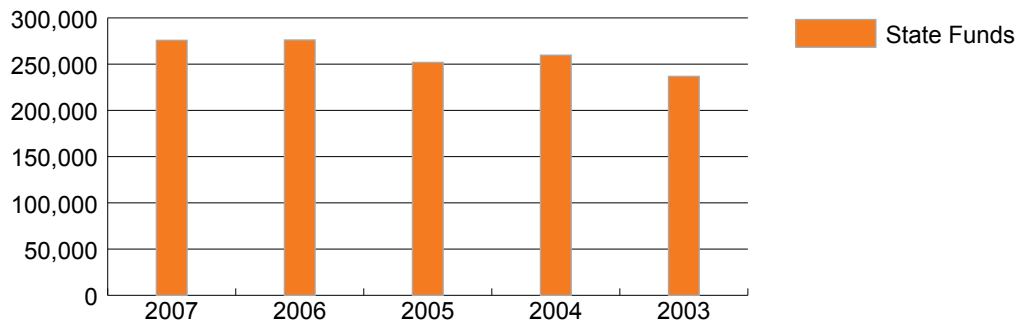
Human Capital Investments

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

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	1	100%
Administrative/Clerical Staff	2	50-100%
Contractor	1	10%

Financial Investments

The following is a graph of OSDH investments in racial/ethnic minority health and health disparities (MH/HD) activities from 2003 to 2007. Although not included in the annual budget reported below, OSDH does report funding from other sources, such as federal funding from the CDC and the federal Office of Minority Health, for specific initiatives described in the next section. The totals on this chart may therefore be an underestimate of the total annual investment in MH/HD.



Activities

Developing a Culturally Competent Workforce

This Departmental policy was initiated in 2002, requiring that all employees, contractors and partners at the OSDH undergo cultural diversity training. The training program intends to foster cultural sensitivity and respect among OSDH and its partners for all cultures and peoples and to improve cultural competency throughout the state's public health system. During the trainings, representatives from the state's racial and ethnic minority communities present information about their communities' health status, needs, practices and attitudes and highlight key factors that should be considered with respect to health outcomes and access to care. The completion of cultural competency training is a required element that is considered during each employee's annual performance assessment.

Partners and Funding

The training was originally developed and conducted by the OSDH Office of Minority Health. The OSDH Training Division now conducts the workshops using general OSDH funds.

Activity Outcomes

OSDH reports that employees have exhibited enhanced awareness of different racial/ethnic and cultural groups in the state.

Evaluation Methods

OSDH monitors training completion rates. Evaluations have not yet been completed of the impact of cultural competency training on state public health programs and health outcomes.

Division of Health Equity and Resource Opportunities

The Health Equity and Resources Opportunities Division was created by the State Board of Health in 2007 to identify, examine and address the root causes of health disparities among Oklahomans. The Division considers behavioral and biomedical factors in determining health status as well as more indirect aspects, such as access to health care, poverty, transportation, education, housing and food security. This office works in tandem with the OSDH Office of Minority Health. Populations affected most by health disparities in Oklahoma will take part in identifying the initiative's priorities and developing local solutions.

Partners and Funding

Partners include: OSDH staff, Oklahoma Departments of Education, Commerce and Rehabilitative Services, Oklahoma Chambers of Commerce, Oklahoma Community Institute, Oklahoma College of Public Health, community health improvement partnerships and CareerTech vocational training centers. State appropriations provide the funding.

Activity Outcomes

It is anticipated that the initiative will have lasting impacts on reducing health disparities by focusing on the root causes of health disparities. However, reductions will take several years to accomplish.

Evaluation Methods

An OSDH community epidemiologist is currently designing an evaluation protocol for this initiative.

Clinica de la Mujer Latina

The OSDH administers this breast and cervical cancer prevention and screening program specifically designed for Latina women in Oklahoma to reduce the prevalence of these forms of cancer among Latinas.

Partners and Funding

Susan G. Komen Foundation, AVON, Women of the South, Inc., Project Woman of Central Oklahoma, Latino Community Development Agency, University of Oklahoma College of Nursing, and OSDH Chronic Disease Service Program. Funding is provided by the CDC.

Activity Outcomes

To date, OSDH has sponsored over 100 breast and cervical cancer clinics that have served approximately 3,000 Latinas.

Evaluation Methods

Clinical screening and treatment performance measures, health surveillance data, and client satisfaction surveys

Activities continued...

Oklahoma Native American REACH 2010 Project

This cardiovascular health and diabetes prevention program is designed and administered in cooperation with tribal governments in Oklahoma to reduce the disproportionate impact of heart disease and diabetes among American Indians. Each project partner develops a community action plan for carrying out its projects that includes vision and mission statements, goals, implementation processes, data collection and evaluation methods for each project.

Partners (and Funding)

Centers for Disease Control and Prevention (CDC) (\$7,000,000), Absentee Shawnee and Cheyenne-Arapaho Tribes, Cherokee, Chickasaw, Choctaw, Pawnee, Seminole and Wichita Nations of Oklahoma, and the Indian Health Care Resource Center of Tulsa

Activity Outcomes

Although obesity prevalence rates have increased for all Oklahomans according to the OSDH, prevalence rates among American Indians (28%) have reportedly increased at lower rates than for the majority white population (41%) since the project began.

Evaluation Methods

REACH Behavioral Risk Factor Surveillance System measures, coalition effectiveness surveys

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

Dedric Anderson

Minority Health Liaison

Oklahoma State Department of Health

<http://www.health.state.ok.us/PROGRAM/omh/index.html>

Telephone: (405) 271-1337