

### History

The Rhode Island Office of Minority Health (RIOMH) was established in 1992 by State Act.

### Health Priorities

The Rhode Island Department of Health (HEALTH) has identified health priorities for the general population of Rhode Island 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
Racial/ethnic health disparities	Obesity
Quality of nursing home care	Heart disease and stroke
Childhood obesity	HIV/AIDS
Emergency preparedness	Cancer control
Heart disease and stroke	Diabetes

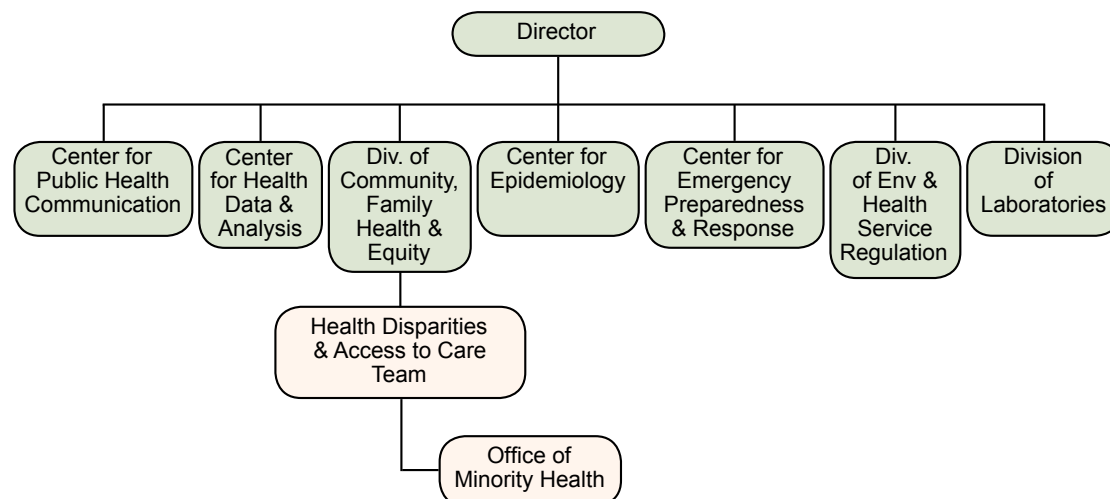
### Overview

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

### Organization, Infrastructure and Resources

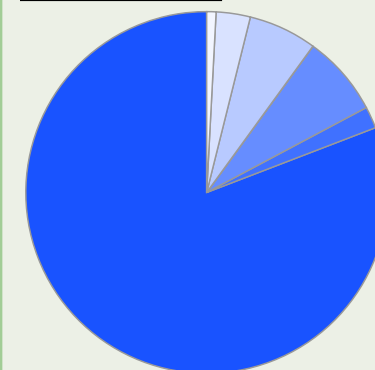
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and other key public health offices:

#### Rhode Island Department of Health



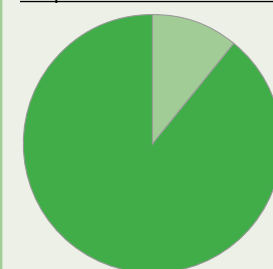
Total State Population:  
1,067,610

Racial Distribution



- American Indian/Alaskan Native (1%)
- Asian (3%)
- Black/African American (6%)
- Native Hawaiian/Pacific Islander (0.1%)
- Other Race (7%)
- Two or More Races (2%)
- White (80%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (11%)
- Non-Hispanic/Latino Ethnicity (89%)

*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 Rhode Island Department of Health (HEALTH) developed the following goals as part of its federal Office of Minority Health (OMH) State Partnership Grant work plan. The work plan draws upon both the Department's internal disparities elimination tracking tool and preceding documents such as the 2004 Minority Health Plan for Action.

### Partnerships

- HEALTH consults with a Minority Health Advisory Committee, which advises leadership on racial/ethnic minority health and health disparities (MH/HD) issues in the state.
- RIOMH funds an array of minority-serving community-based organizations in the state's core cities to operate Minority Health Promotion Centers (MHPC). MHPCs deliver health education, risk-reduction, and referral activities to improve access to care and health outcomes for racial and ethnic minorities in the state.
- MH/HD activities are conducted and coordinated across a majority of the HEALTH programs and offices.
- HEALTH maintains partnerships with an array of external entities active in MH/HD including: local, tribal, other state government and federal agencies; health departments in other states; MH/HD advisory bodies; community-, faith- based and non-profit organizations; health systems; foundations; schools; universities; professional associations; clinical networks and the media.

Goal 1:	To enhance the state's infrastructure to coordinate disparities elimination initiatives between state agencies
Tracking Methods:	Representation from other RI health and human service agencies on the Minority Health Advisory Committee, number of Minority Health Advisory Committee meetings attended by HHS representatives, senior staff persons addressing health disparities at other RI HHS agencies, development and implementation of disparities elimination strategic/work plans at other RI HHS agencies
Goal 2:	Office of Minority Health will strengthen its infrastructure in order to (1) coordinate with health programs around elimination of health disparities initiatives, (2) monitor and track data related to the elimination of racial and ethnic health disparities for evaluation purposes (3) implement the policy for the uniform collection and analysis of race and ethnicity data with our grantees and key collaborators, and (4) disseminate consumer friendly, up-to-date health disparities related information
Tracking Methods:	Number of FTEs dedicated to minority health, regularly updated minority health work plans across department programs, Healthy Rhode Island 2010 report monitoring progress toward the elimination of health disparities, establishment and monitoring of disparities elimination performance measures across HEALTH programs, list of indicators for tracking the elimination of health disparities, publicly accessible minority health surveillance data, Minority Health Fact Sheets produced bi-annually, regularly updated webpage with reports and tools
Goal 3:	Office of Minority Health will plan and implement culturally and linguistically appropriate programs and work to increase the numbers of racial and ethnic minorities employed at HEALTH to more closely reflect the diversity of the RI population of employment age.
Tracking Methods:	CLAS implementation policies and procedures applied at HEALTH, CLAS language in HEALTH contracts, provision of ongoing cultural competency and CLAS training at HEALTH, compilation of best/promising practices, trainings, and programs posted on OMH webpage and distributed to partners
Goal 4:	The Office of Minority Health will support information dissemination and capacity development within community-based agencies.
Tracking Methods:	Dissemination of minority health speaker directory, number of organizational capacity assessments performed, agency-specific training plans, number of mini-grants awarded, evaluation reports from community-based projects, list of local promising practices, establishment of a Minority Health Institute to facilitate community-based organizations sharing information and cross-training each other on health topics and service delivery strategies related to the elimination of racial and ethnic health disparities, implementation of CLAS Standards in health care settings across Rhode Island
Goal 5:	The Office of Minority Health will build a multi-cultural coalition of coalitions using the recently released Community Guide- Building Coalitions among Communities of Color, A Multicultural Approach.
Tracking Methods:	Coalition membership list; published vision, mission, long-term goals, and activities; evaluations of legislative and media advocacy trainings; number of public education materials; number of coalition-sponsored events/activities

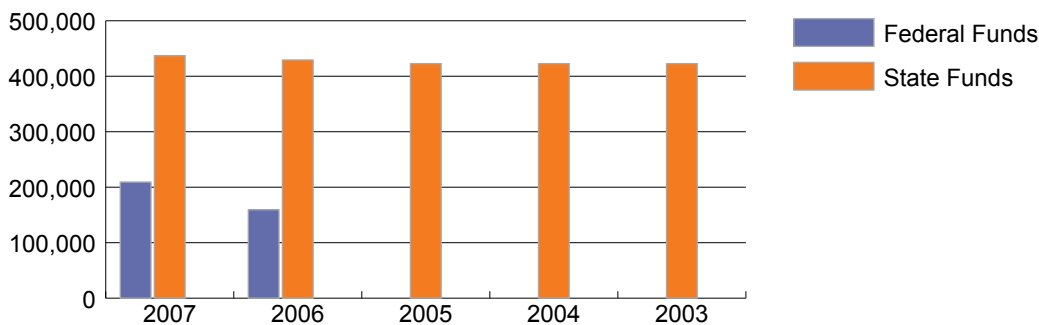
## Human Capital Investments

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

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	25%
Policy or Program Officer	1	100%
Program Specialist	3	50% - 100%
Epidemiologist	1	50%
Public Health Educator	0	N/A
Administrative/Clerical Staff	1	100%

## Financial Investments

The following chart overviews HEALTH's investments in racial/ethnic minority health and health disparities (MH/HD) activities derived from federal, state and other funding sources from 2003 to 2007. It should be noted that the totals reported below may not include investments in specific MH/HD activities, such as those reported in the following section, and may therefore be an underestimate of the total annual investment in MH/HD activities in the state.



## Activities

### Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

HEALTH has been working closely with health care providers, academic institutions, insurers, state agencies and community based organizations across the state since 2003 to implement the national CLAS Standards. CLAS standards enhance access to health care and health information, improve health outcomes and stimulate appropriate utilization of preventive and primary care among people with limited English proficiency. As part of its CLAS efforts, HEALTH maintains an internal workgroup to implement the CLAS Standards and staffs two external workgroups that assist partners from the health care sector in implementing the CLAS Standards.

#### Partners and Funding

State Preventive Services Block Grant (\$35,000), HEALTH Health Disparities and Access to Care Team, RIOMH, Hospital Association of Rhode Island, individual RI hospitals, state Medicaid insurers, Area Health Education Centers (AHECs), Home & Hospice of RI, Region I Office of Civil Rights, community-based organizations, and the Community College of Rhode Island

#### Activity Outcomes

CLAS Training & Technical Assistance (TA); CLAS policies, procedures and implementation tools; standardized data collection on interpretation and translation; tools to assess linguistic accessibility and promotion of patient/provider rights and responsibilities

#### Evaluation Methods

Stakeholder satisfaction surveys, resource allocation, CLAS policies and organizational assessments

## Activities continued...

### Minority Health Promotion Centers

The RIOMH has provided funding to community-based organizations that function as Minority Health Promotion Centers (MHPC) since 1992. Centers focus on health education, health promotion, risk reduction activities, consumer empowerment, and community needs assessments targeting racial and ethnic minority populations. MHPC are required to address obesity, physical activity, nutrition, and additional health issues based on local needs. Grants are funded for three-year cycles and are awarded to community-based organizations (CBOs) that implement health interventions in minority communities.

### Partners and Funding

RIOMH funds ten community- and faith-based organizations that serve minority populations (\$30,000 per agency per year)

### Activity Outcomes

More than 10% of Rhode Island's minority residents receive services at MHPCs each year. MHPCs' organizational capacity is enhanced through training for MHPC Coordinators on topics ranging from developing coalitions to conducting community assessments and planning and evaluating community interventions. MHPC staff also receives training on managing chronic diseases and other health disparities issues. MHPC clients have increased access to health care and health promotion services through health screenings, referrals and wellness programming.

### Evaluation Methods

Monthly MHPC demographic reports, semi-annual reports describing activities completed, annual reports describing progress on work plans, barriers to implementation and program evaluation results

### Data Collection by Race and Ethnicity

The Rhode Island Department of Health (HEALTH) adopted a policy for maintaining, collecting and presenting data by race and ethnicity in 2000. RIOMH and the Department's Minority Health Data Workgroup are revising the data policy to include guidance on data collection by language spoken. The RIOMH also prepares and disseminates biannual Minority Health Fact Sheets that provide socio-demographic data and health status profiles on all major racial and ethnic groups identified in the US Census that reside in Rhode Island. RIOMH-funded Minority Health Promotion Centers (MHPC) have also collected data on the demographics of their clients since 1994, these data are aggregated and reported annually by RIOMH.

### Partners and Funding

The Office of Minority Health/US Department of Health and Human Services (OMH/USDHHS), RIOMH, HEALTH Center for Health Data and Analysis, Minority Health Advisory Committee, and MHPC coordinators

### Activity Outcomes

Data are used to plan HEALTH programs, allocate scarce resources, drive policy development and provide justification for MH/HD funding requests. Data are also shared among other state agencies, private and non-profit organizations, state legislators, community groups and potential funders.

### Evaluation Methods

Effectiveness of data collection and reporting is determined by its use in HEALTH planning and program implementation.

### Emergency Preparedness for Special Populations

HEALTH has designated a Special Populations Coordinator to facilitate the HEALTH Special Populations Workgroup, which makes recommendations to HEALTH regarding emergency response planning that reflects the needs of special populations, coordinates HEALTH special populations activities during state health emergencies, and participates in the state incident command structure. This Coordinator and the RIOMH also work with the HEALTH Center for Emergency Preparedness and Response to conduct emergency preparedness assessments in minority communities.

### Partners and Funding

HEALTH Center for Emergency Preparedness and Response, RIOMH, Minority Health Promotion Centers, and other minority communities contributing to preparedness planning

### Activity Outcomes

High level of engagement with community-based organizations and special populations in the preparedness planning processes

### Evaluation Methods

Emergency preparedness plans to address unique needs of special populations

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

#### **Carrie Bridges, MPH**

Chief, Office of Minority Health  
Rhode Island Department of Health  
[www.health.ri.gov/chic/minority/index.php](http://www.health.ri.gov/chic/minority/index.php)  
Phone: (401) 222-4872