

History

The Commissioner of the South Carolina Department of Health and Environmental Control (SCDHEC) established its Office of Minority Health in 1990.

Health Priorities

The South Carolina Department of Health and Environmental Control (SCDHEC) has identified the following health priorities for the people of South Carolina, and additional priorities for racial/ethnic minority populations residing in the state.

Health Priorities for General Population	Health Priorities Specifically for Racial/Ethnic Minority Populations
Improve maternal and child health	Cardiovascular disease and diabetes
Prevent chronic disease and promote health	Cancer (breast, cervical, prostate, colorectal)
Eliminate health disparities	HIV/AIDS
Prevent and control communicable diseases	Infant Mortality
Strengthen public health preparedness and response	Senior Immunization

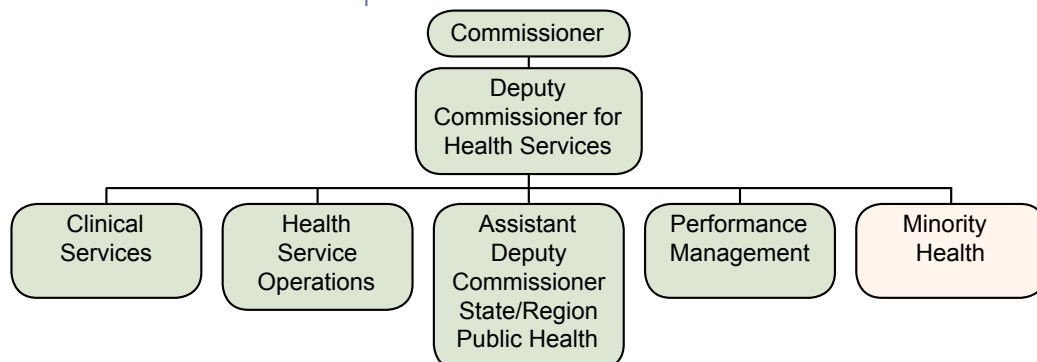
Overview

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

Organization, Infrastructure and Resources

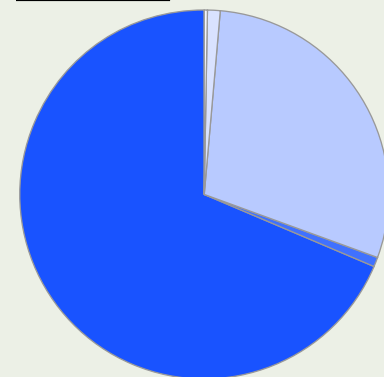
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and other key public health offices:

South Carolina Department of Health and Environmental Control



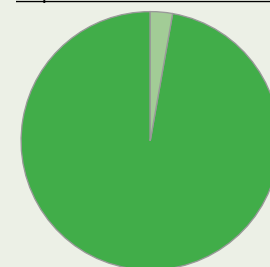
Total State Population:
4,321,249

Racial Distribution



- American Indian/Alaskan Native (0.4%)
- Asian (1%)
- Black/African American (29%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (0%)
- Two or More Races (1%)
- White (68%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (3%)
- Non-Hispanic/Latino Ethnicity (97%)

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 SCDHEC has incorporated the elimination of racial/ethnic health disparities in its strategic plan through the following goals:

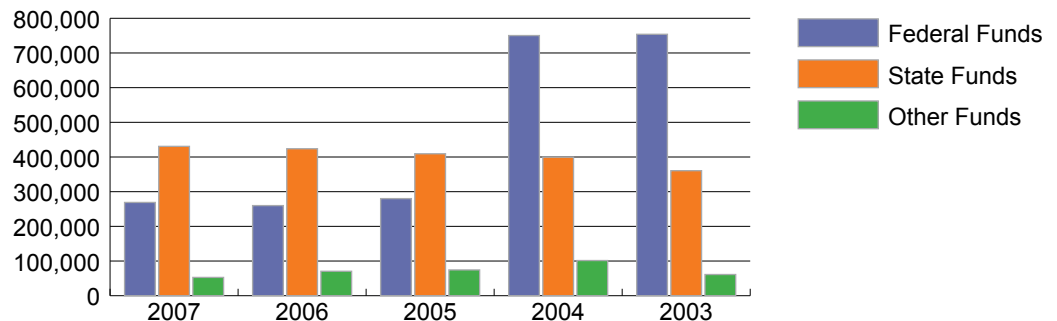
Goal:	Reduce disparities in the incidence and impacts of communicable diseases among racial/ethnic minorities
Tracking Methods:	Monitor number of community-based, minority-serving organizations implementing HIV strategies; capacity of community-based organizations and local public health departments to implement and evaluate STD/HIV prevention and care programs; proportion of minority HIV-infected and high-risk persons receiving appropriate prevention, referral and care/treatment services; prevalence and incidence of perinatal HIV transmission, syphilis, chlamydia and gonorrhea among minority populations; and percent of minority patients with newly diagnosed tuberculosis completing drug therapy
Goal:	Reduce disparities in illness, disability and premature deaths from chronic diseases
Tracking Methods:	Track number of minorities with diabetes receiving recommended diabetes care, percent of high risk minorities receiving diabetes information and/or diabetes self-management education, percent of minority women screened through the Best Chance Network program, number of minorities at risk for heart attacks and stroke receiving educational interventions, number of community- and faith-based initiatives that address health disparities
Goal:	Provide continuous development of a competent and diverse workforce
Tracking Methods:	Implementation of workforce plans in each deputy area that identify critical gaps, core competencies and training needs; implementation of agency recruitment strategies to increase the pool of qualified minority health professions applicants
Goal:	Provide reliable, valid and timely information for internal and external decision-making
Tracking Methods:	Analysis and dissemination of health disparities data
Goal:	Ensure customer focus and cultural competence in the state health agency
Tracking Methods:	Track inclusion of culturally and linguistically appropriate service policies and procedures as part of each deputy area's operational plan

Partnerships

- MH/HD activities are conducted and coordinated across many SCDHEC program offices.
- SCDHEC maintains partnerships with an array of organizations including local health departments, other state governmental agencies, health departments in other states, federal agencies, community-based and non-profit and faith-based organizations, private corporations, health plans, foundations, academic institutions and professional associations on MH/HD activities of mutual interest.

Financial Investments

SCDHEC 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.



Human Capital Investments

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

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	100%
Policy/Program Officer	1	100%
Program Specialist*	4	100%
Epidemiologist	2	70%
Public Health Educator	1	100%
Public Information Specialist	2	100%
Administrative Assistant	1	100%

Activities

Health Disparity Study

The 2002 Health Disparity Study Report (HDSR) compiled key information on South Carolina's racial/ethnic minority populations (African Americans, Hispanic/Latinos, American Indians, Asians and Pacific Islanders) in the following areas: cardiovascular disease, diabetes, HIV/AIDS, infant mortality, breast and prostate cancer and immunization, illustrating significant health disparities in the state.

Partners and Funding

Office of the Governor, hospital association, insurance companies, Legislative Black Caucus, business community, State Medicaid agency, Department of Education, Department of Social Services, medical schools, School of Public Health, non-profit organizations, community health centers, community- and faith- based organizations - using state health agency funds

Activity Outcomes

State Health Improvement Plan for Eliminating Health Disparities, Governor's proclamation of Minority Health Month, Institute for the Elimination of Health Disparities, MH/HD public outreach and education initiatives

Evaluation Methods

The report made seven recommendations. As progress is made on each recommendation, SCDHEC compiles a status report on that recommendation.

Community Outreach, Education and Partnership

SCDHEC sponsors community outreach and education initiatives on health issues where health disparities exist, e.g. heart disease, stroke, diabetes, HIV/AIDS, infant mortality, cancer, senior immunization and pandemic flu preparedness for African Americans, Latinos and Native Americans in South Carolina.

Partners and Funding

African-American initiatives: Blue Cross & Blue Shield, media, faith-based organizations, Historically Black Colleges and Universities and minority business on senior immunization, pandemic flu, HIV/AIDS and physical activity initiatives

Native-American: Native American advisory council on pandemic flu, take a loved one to the doctor initiatives

Hispanics: Hispanic Health Coalition on Pan Flu, take a loved one to the doctor initiatives

Activity Outcomes

Evaluations on each initiative are at various stages of completion. Preliminary results are being used to plan and promote additional education and outreach activities as promising practices

Evaluation Methods

Data collection and analysis of education and outreach initiatives

Activities continued...

Real Men Check'n it Out

This prostate cancer education, outreach and screening initiative for African American men was piloted in 1998, and has been adapted and implemented by community and faith based organizations across the state since 2001.

Partners and Funding

Grants from Palmetto Health, Federal Funding from the Office of Minority Health/US Department of Health and Human Services (USDHHS)

Activity Outcomes

Educated over 1,200, screened over 8,500, and diagnosed 66 African-American men with prostate cancer; model adapted by other organizations, expanding the initiative in other areas of the state; initiative presented at local, state and national meetings and conferences.

Evaluation Methods

Data collection and analysis of education, screening and outreach activities - number reached through education and awareness activities, number screened and diagnosed, number of organizations implementing Real Men model - analyze trends in these areas over time to gauge program effectiveness

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

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