

History

The Wyoming Office of Multicultural Health (WOMH) was established by a directive from the State Health Officer in 2006.

Health Priorities

The Wyoming Department of Health (WDH) identified the following health priorities for the people of Wyoming, and additional priorities for racial/ethnic minority populations residing in the state.

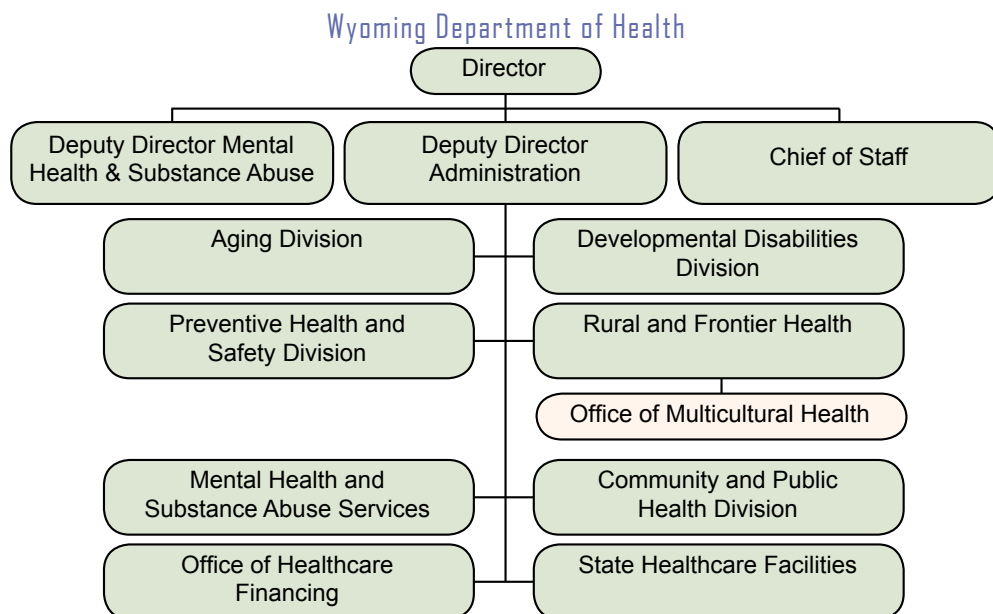
Health Priorities for the General Population	Health Priorities Specifically for Racial/Ethnic Minority Populations
Chronic disease	Binge drinking
Immunization	Diabetes
Mental health and substance abuse	Health insurance coverage
Obesity	Smoking cessation and prevention
Physical activity and nutrition	

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

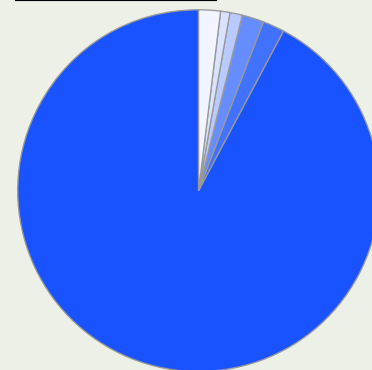
Organization, Infrastructure and Resources

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:



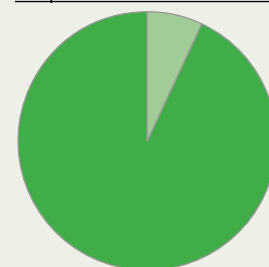
Total State Population:
515,004

Racial Distribution



- American Indian/Alaskan Native (2%)
- Asian (1%)
- Black/African American (1%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (2%)
- Two or More Races (2%)
- White (92%)

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 Wyoming Office of Multicultural Health (WOMH) has developed a Health Disparities State Plan that directs the WDH's efforts to eliminate racial/ethnic health disparities. It is structured around three key WDH committees and their respective missions and activities.

Data Subcommittee

Goal 1: Prioritize a short list of health disparities from existing data
Tracking Methods: Update 2001 Minority Health Report, apply criteria and rank disparities

Goal 2: Promote collection of usable information on minorities, uninsured and underserved populations in existing and new data systems, and information sharing among data systems

Tracking Methods: Monitor central database for all State of Wyoming data systems, standardize and collect data regularly by race/ethnicity in each database, track data for American Indians as a population of special interest

Goal 3: Serve as resource for WDH in monitoring health disparities, target WOMH priorities and evaluate its efforts to minimize disparities

Tracking Methods: Monitor and disseminate information on health disparities and their causes for WDH and WOMH, target disparities interventions based on data analyses, evaluate disparities activities

Outreach and Education Subcommittee

Goal 1: Create an environment where people in Wyoming have access to culturally appropriate health information and services

Tracking Methods: Assess successful, national and/or state culturally-appropriate health interventions; identify and target minority populations for pilot interventions; evaluate pilot projects to assess effectiveness

Goal 2: Reduce health disparities through outreach education

Tracking Methods: Identify populations, languages and cultures to be addressed; develop outreach resources and toolkits; track number of outreach materials distributed, number of events or conduits for outreach activities and number of trainings provided; evaluate outreach effectiveness through the Behavioral Risk Factor Surveillance System

Resource Subcommittee

Goal 1: Connect underserved populations in Wyoming to available resources at the local, state, regional and national levels

Tracking Methods: Complete health resource assessment for state's underserved populations, identify service gaps, complete work plan to fill gaps, track number of health stakeholders and state legislators who receive information on results of the assessment and work plan

Goal 2: Reduce health disparities for underserved population in Wyoming

Tracking Methods: Identify health services for underserved populations in Wyoming; track number of programs that promote health literacy, number of trainings conducted on advocacy for affordable health care and culturally competent health services for the underserved

Partnerships

- The WDH consults with an external Multicultural Health Advisory Committee 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 the majority of WDH program offices.
- WDH maintains partnerships with an array of external entities active in MH/HD including: local health departments, local government, tribal government, other state government agencies, federal government, MH/HD advisory bodies, community- and faith- based and non-profit organizations, schools, universities, professional associations and clinical networks.

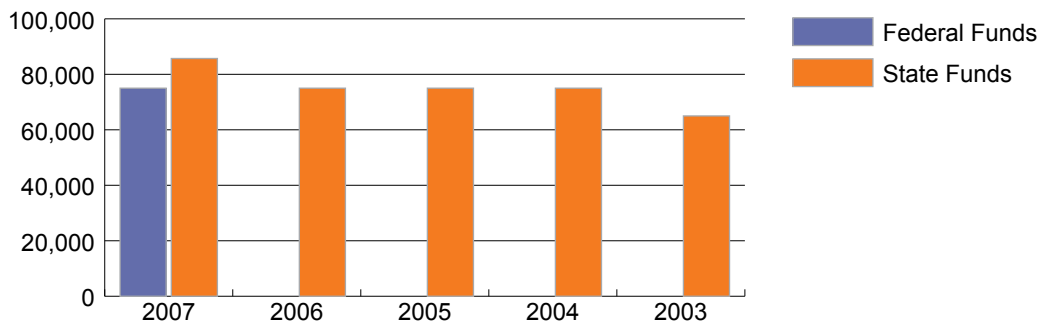
Human Capital Investments

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

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	5%
Program Specialist	1	60%
Administrative/Clerical Staff	1	50%

Financial Investments

WDH reported an annual budget for minority health and health disparities (MH/HD) derived from federal, state and other funding sources for each of the years from 2003 to 2007. It should be noted that the state totals reported below include only staff costs and approximately \$10,000-\$20,000 (averaged as \$15,000 below) for Multicultural Health functions (not otherwise specified). The totals therefore may not include funding for specific 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

Annual Health Disparities Summit

Phase one of the Health Disparities Plan envisions a state-wide health disparities summit that will foster collaborative partnerships between state and local health organizations, improve coordination and utilization of health disparities research, improve grant-writing capabilities for health disparities activities, and develop the foundations for future health disparities grant programs and translation/interpretation services in Wyoming.

Partners

WDH Office of Multicultural Health, WDH other program staff, MHAC, state and local health organizations, health care providers and community advocacy groups

Activity Outcomes

Initiative is under development

Evaluation Methods

To be determined

Activities continued...

Multicultural Health Disparities Committee (MHAC)

The MHAC was formed in 2003 to promote collaboration on reaching the shared goal of eliminating health disparities among minorities and underserved populations in Wyoming. The MHAC meets on a quarterly basis in communities across Wyoming to identify gaps in healthcare, analyze health data, share resources and contact information that assist individuals and groups working with diverse communities. MHAC membership is comprised of representatives from health care professions, community organizations, and state and local policymakers concerned about health disparities.

Partners (and Funding)

WDH Division of Community and Rural Health (\$70,700), Office of Minority Health/US Department of Health and Human Services (OMH/USDHHS) (\$75,000), and contractor Westaff USA

Activity Outcomes

MHAC membership has expanded from 20 to 45 state and community agencies since its inception in 2003, and it has stimulated development and adoption of health disparities goals in their respective organizational plans.

Evaluation Methods

Analysis of feedback from quarterly Committee meetings

Health Disparities State Plan

In response to health disparities identified in its 2001 Minority Health Needs Assessment, the WDH developed a three-year Health Disparities Plan in 2007 that outlines steps to resolve health disparities. These steps include a health needs assessment, specific goals, objectives and actions to address priority health disparities, allocation of resources to support activities, and evaluation of plan results.

Partners (and Funding)

WDH Maternal and Child Health Division (\$10,000) and Office of Multicultural Health, Wyoming Multicultural Health Disparities Committee, OMH/USDHHS Mini-Grant (\$10,000) and contractor Westaff USA (\$75,000)

Activity Outcomes

Increased public awareness regarding health disparities, targeted WDH health disparities planning and activities, and expanded capacity of the state health care system to address the needs of underserved populations

Evaluation Methods

Staff have collected feedback from WDH leadership and stakeholders on the plan and are monitoring progress on plan action steps.

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

Betty Sones

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