

History

In 1992, a State House Bill established the North Carolina Minority Health Advisory Council to advise the Governor and Secretary of Health on minority health and health disparities (MH/HD) issues in North Carolina. The Council fostered the current Office of Minority Health and Health Disparities.

Health Priorities

The North Carolina Department of Health and Human Services (NCDHHS) has identified the following health priorities for the general population of North Carolina and additional priorities specifically for racial/ethnic minority populations in the state:

Health Priorities for the General Population	Health Priorities Specifically for Racial/Ethnic Minority Populations
Chronic Disease	Cancer
Emergency Preparedness and Response	Diabetes
Health Disparities	Heart Disease and Stroke
Public Health Infrastructure	HIV/STDs
School Health	Infant Mortality

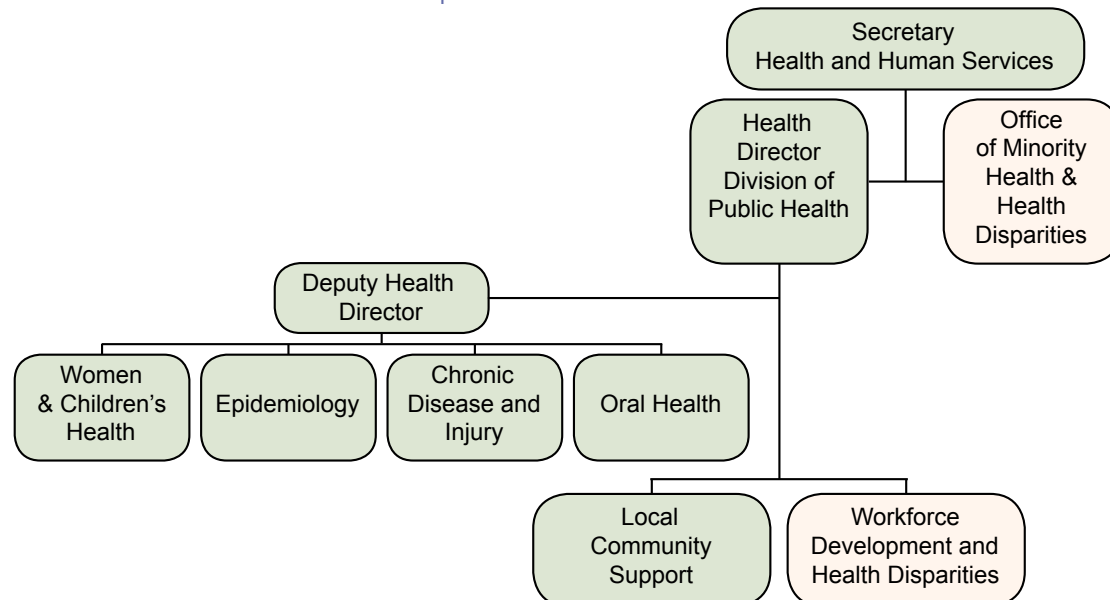
Overview

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

Organization, Infrastructure and Resources

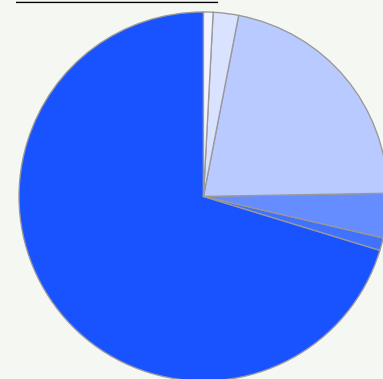
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal points in relation to the State/Territorial Health Official and other key public health offices:

North Carolina Department of Health and Human Services



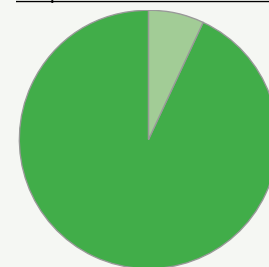
Total State Population:
8,856,505

Racial Distribution



- American Indian/Alaskan Native (1%)
- Asian (2%)
- Black/African American (21%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (4%)
- Two or More Races (1%)
- White (68%)

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

Partnerships

- The North Carolina Department of Health and Human Services (NCDHHS) consults with external taskforces, workgroups and coordinating committees, and maintains an internal Eliminating Health Disparities Workgroup that advises leadership on MH/HD issues.
- MH/HD activities are conducted and coordinated across NCDHHS program offices.
- NCDHHS maintains partnerships with a variety of organizations active in MH/HD including: local health departments, local and tribal governments, health departments in other states/territories, advisory bodies representing the state's racial/ethnic minority communities, federal agencies, community- and faith- based and non-profit organizations, corporations, health systems, foundations, schools, universities, clinical networks, professional associations and the media.

Strategic Planning

NCDHHS has made the elimination of racial and ethnic health disparities a principal strategic priority, and has developed specific strategic goals to achieve this end.

Priority:	Eliminate health disparities
Goal:	Promote and advocate for the elimination of health disparities among all racial and ethnic minorities and underserved populations in North Carolina
Tracking Methods:	Track 37 health status indicators from the State Racial and Ethnic Health Disparities Report Card, which monitors progress towards eliminating health status gaps between racial/ethnic minorities and the majority population
Goal:	Increase the number of providers in the health and human service fields who are culturally and linguistically competent
Tracking Methods:	Track implementation of minority recruitment and retention plan, and participation of racial/ethnic minority and multilingual health professionals in public health internships and careers
Goal:	Prevent and control HIV/AIDS, which disproportionately affects racial/ethnic minorities
Tracking Methods:	Track the number of people who benefit from HIV awareness and risk-reduction education, counseling, testing and early medical intervention
Goal:	Support the Community Focused Eliminating Health Disparities Initiative
Tracking Methods:	Monitor grantee progress in meeting performance standards and outcomes of initiative

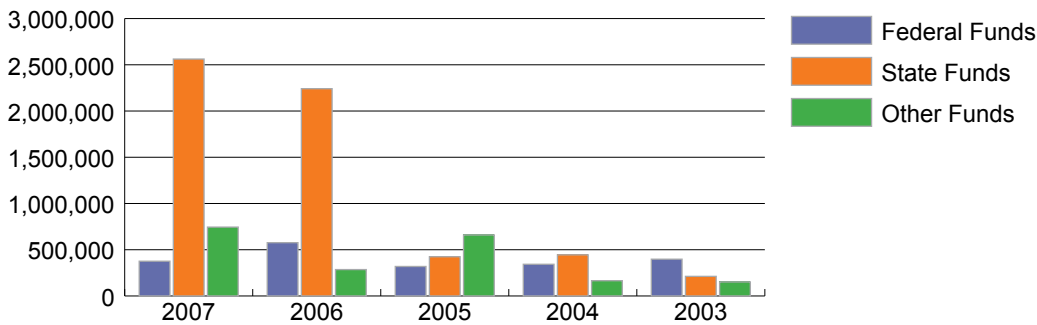
Human Capital Investments

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

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	5	10% - 100%
Policy or Program Officer	3	5% - 75%
Program Specialist	30	25% - 100%
Clinical Consultant or Specialist	56	5% - 60%
Epidemiologist	6	20% - 100%
Public Health Educator	5	5% - 90%
Public Information Specialist	2	5% - 10%
Administrative/Clerical	4	50% - 100%
Other	6	100%

Financial Investments

NCDHHS 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.



Activities

Commit to Prevention and Men's' Health Initiative

These HIV/AIDS risk-reduction and awareness programs target male students from Historically Black Colleges and Universities in North Carolina and college-aged African-American males having sex with men, to prevent the spread of HIV/AIDS and STDs in these high-risk groups. The programs adapt and field test the Popular Opinion Leader (POL) intervention model as a central feature of their prevention efforts to address HIV outbreaks among college-aged black men. The State's Historically Black Colleges and the University Health Promotion Alliance facilitate information sharing prevention among colleges and universities throughout North Carolina regarding HIV/AIDS prevention, with an emphasis on those implementing similar activities.

Partners

Centers for Disease Control and Prevention (CDC), NCDHHS Division of Public Health and HIV/STD Prevention and Control branch

Activity Outcomes

Early signs suggest a 20% increase in HIV/STD detection.

Evaluation Methods

Monitoring and evaluation of the Popular Opinion Leaders intervention model

Community-Focused Eliminating Health Disparities Initiative

This initiative was launched in 2005 to build and support the capacity of local public health departments, American Indian Tribes, and faith- and community-based organizations to eliminate racial/ethnic health disparities. The North Carolina Office of Minority Health and Health Disparities administered grants to local organizations for program planning and capacity-building activities towards this end.

Partners and Funding

State General Assembly (\$2 million/year), tribal governments, local health departments, community- and faith- based organizations

Activity Outcomes

Increased staff capacity at local agencies through MH/HD training opportunities for local staff, increased community health promotion and education activities

Evaluation Methods

Analyzed monthly grantee activity and expenditure reports

Activities continued...

State Infant Mortality Collaborative

In collaboration with the CDC and the Association of Maternal and Child Health Programs (AMCHP), NCDHHS is participating in a national project that focuses on reducing infant mortality among racial/ethnic minority populations. The AMCHP launched its State Infant Mortality (SIM) Collaborative in 2004 to assist state public health agencies address their increasing, stagnant or high infant mortality rates. The SIM collaborative has convened teams from Delaware, Hawaii, Missouri, North Carolina and Louisiana, along with several national experts, to explore possible explanations for and solutions to these trends, and support states in developing action plans to address infant mortality.

Partners and Funding

Funding and technical assistance is provided by CDC and AMCHP. State partners include: the North Carolina Minority Health Advisory Council, North Carolina Child Fatality Task Force, NCDHHS Center for Health Statistics and Women's Health Branch, Guilford County Board of Health, Pitt County Infant Mortality Coalition and the UNC Maternal and Fetal Medicine Neonatology Case Conference

Activity Outcomes

Input from groups across the state to develop a state infant mortality action plan; comprehensive infant mortality data analysis; publications covering peri-natal periods of risk, maternal health and infant death disparities; focus groups to assess women's use of preventive health services and behaviors; Medicaid waiver expansion to cover family planning services

Evaluation Methods

Surveys, focus groups, departmental data analyses

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

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