

### History

The original Tennessee Office of Minority Health (TOMH) was established in 1994 by the State Commissioner of Health and was codified in 2004. In 2007, the Division of Minority Health and Health Disparities Elimination (DMHHDE) was established by the Commissioner, and it now houses the Office of Minority Health, Office of Health Disparities, Office of Faith-Based Initiatives and the Office of Title VI.

### Health Priorities

The Tennessee Department of Health (TDOH) has identified the following health priorities for the general population of Tennessee 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
Physical activity	HIV/AIDS
Diabetes	Diabetes
Cardiovascular disease	Cardiovascular disease
Obesity	Obesity
Infant mortality	Infant mortality
	Violence
	Cancer
	Teen Pregnancy

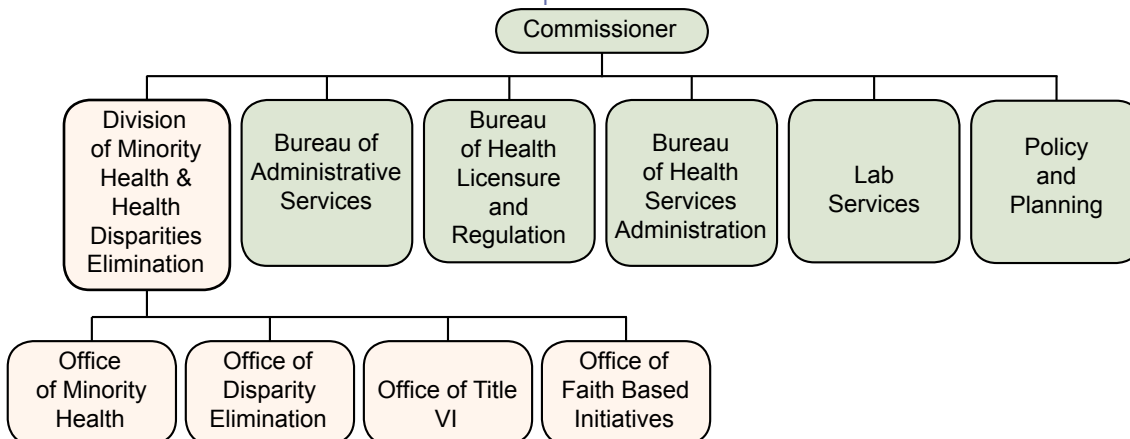
### Overview

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

### Organization, Infrastructure and Resources

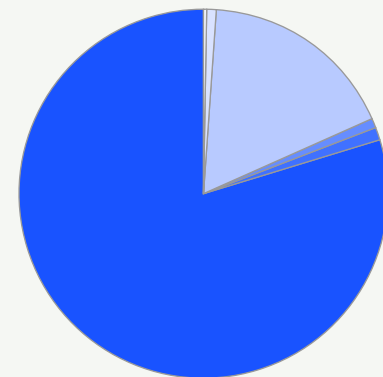
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and other key public health offices:

#### Tennessee Department of Health



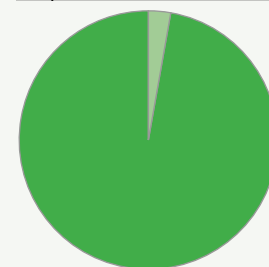
Total State Population:  
6,038,803

#### Racial Distribution



- American Indian/Alaskan Native (0.3%)
- Asian (1%)
- Black/African American (17%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (1%)
- Two or More Races (1%)
- White (79%)

#### 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

### Partnerships

- DMHHDE consults with an external Minority Health Advisory Council that supports and guides the leadership on racial/ethnic minority health and health disparities (MH/HD) issues in the state.
- MH/HD activities are conducted and coordinated across a majority of the TDOH program offices.
- TDOH maintains partnerships with a variety of entities active in MH/HD including: local health departments, local government, tribal government, other state government agencies, health departments in other states, federal government, independent MH/HD advisory bodies, community-based and non-profit and faith-based organizations, schools and universities, professional associations, clinical networks and the media.

### Strategic Planning

The Division of Minority Health and Health Disparity Elimination (DMHHDE) at the Tennessee Department of Health is in the process of developing a strategic plan for eliminating health disparities and promoting minority health, which will include the following goals:

- Goal I:** Advance understanding that elimination of health disparities goes beyond outcomes - it includes health equity and social justice principles, and identification of differences in exposure and opportunity.
  - Goal II:** Create a social movement for related public policies to address social determinants of health that contribute to health inequities by engaging policymakers, community partners, academia and the faith community.
  - Goal III:** Provide capacity building, training, consultation, technical assistance, reference material and resources to entities across Tennessee. Broker partnerships and forge collaborations to coordinate services between organizations that serve minority populations.
  - Goal IV:** Provide cultural competency and linguistically appropriate training, including work force diversification.
  - Goal V:** Expand school-based clinics and primary health care to medically underserved areas, or in schools with a high percentage of low-income or uninsured students.
- Tracking Methods:** Evaluation, monitoring and performance measurements will be developed and implemented to assess the progress in meeting these goals and objectives.

### Human Capital Investments

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

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	7	100%
Policy or Program Officer	1	100%
Program Specialist	2	100%
Epidemiologist	1	25%
Public Health Educator	3	100%
Consultant	1	10%
Administrative/Clerical Staff	4	100%

### Financial Investments

Less than 5% of the budget for the TDOH's Division of Minority Health and Health Disparities Elimination is drawn from State Partnership Grant funds from the Federal Office of Minority Health. The remainder of its operating budget is derived from State appropriations, CDC grant funding, TDOH program bureaus and offices. Total annual funding was not reported.

## Activities

### Minority Health Initiative

A “Minority Health Initiative” RFA was developed and was scheduled to be released in February 2008, encouraging applicants to address health disparity and health equity issues to the extent possible in all submissions. This Initiative was developed to: identify the root causes of racial health inequities in seven priority health areas (Obesity, Diabetes, Cardiovascular Disease, Teen Pregnancy, Violence, Cancer, and Infant Mortality); increase efforts to address policies and social determinants that affect these areas; improve coordination, collaboration and linkages among public and private entities that specifically address the health of minority populations; increase community participation in program planning and implementation; evaluate effectiveness of programs that address health disparities; and disseminate promising practices for the reduction of health disparities.

### Partners and Funding

State Legislators; TDOH Division of Maternal and Child Health; Q-Source; community- and faith-based organizations; local, regional and state health departments.

### Activity Outcomes

Reduce health disparities and promote health equity

### Evaluation Methods

Analyses of grantee quarterly progress report data which include quality goals and indicators, standard limits and performance measurements

### Curriculum Development and Community Health Training

Efforts to reduce and ultimately eliminate health disparities require prevention and intervention programs that incorporate ideas from research, clinical, and lay communities. The public health workforce can play a vital role in this enterprise because it can be linked to all phases of program/project activity ranging from problem specification, implementation, evaluation, and policy formulation. DMHHED has contacted entities requesting proposed outlines for development of a continuing education curriculum. This curriculum will be a public health competency training program for public health educators which would prepare them for certification as health education specialists. An additional curriculum will be developed to train lay educators.

### Partners and Funding

Meharry Medical College, Vanderbilt University, Matthew Walker Health Center, State Legislators and TDOH

### Activity Outcomes

Increase number of CHES in Tennessee, train lay workers and public health educators

### Evaluation Methods

Conduct validity assessments, feasibility studies, and full-scale implementation and evaluation of the training program

### Men’s Health Initiative

The Initiative supports the physical, mental and emotional wellness of men of color, focusing on the identification and definition of indicators for “slow motion suicide” that exists among this population. These indicators include but are not limited to: alcoholism, drug addiction, high-risk sexual behavior, smoking, lack of education, incarceration, homicide, gang activity and low usage of primary care or preventive services.

### Partners and Funding

Men’s Health Network, faith-based organizations, TDOH

### Activity Outcomes

Improve the health status and well-being of minority men in Tennessee

### Evaluation Methods

To be determined

## Activities continued...

### School-Based Clinic Expansion Project

This project provides for comprehensive medical care, including preventive, acute, chronic and emergency services, to students who attend school in medically underserved areas, or schools with a high percentage of low-income and/or uninsured students. Many children who attend these schools are from racial/ethnic minority communities. Other services may be provided as resources allow and include: social, mental health and oral health services.

#### Partners and Funding

Knox County and Memphis City School Districts, United Neighborhood Health Centers and Tennessee State Legislators

#### Activity Outcomes

Fewer school absences, fewer hospitalizations, reduced teen pregnancy, smoking and alcohol use rates among youth, increased immunization rates, increase preventive measures and reduce harm of engaging in risky behaviors

#### Evaluation Methods

Clinic visitation logs, attendance rosters and longitudinal measures

### HIV/AIDS Social Marketing Campaign

An RFA will be released February 15, 2008 encouraging applicants to initiate outreach and social marketing efforts in communities of color in Shelby and Davidson Counties. This campaign is designed to raise awareness about the HIV/AIDS epidemic and other health conditions disproportionately affecting communities of color via various media sources. This Campaign was carried out in partnership with a variety of state and local organizations.

#### Partners and Funding

Centers for Disease Control and Prevention; TDOH HIV/AIDS/STD Section, community- and faith- based organizations; local, regional and state health departments; community members and social marketing agencies

#### Activity Outcomes

Increase knowledge and awareness about the HIV/AIDS epidemic in communities of color, increase HIV/AIDS testing among racial/ethnic communities, promote HIV testing as a routine part of preventive care

#### Evaluation Methods

To be determined

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

#### **Darlene M. Jenkins, DrPH, RD, CHES**

Deputy Director

Division of Minority Health and Health Disparities Elimination

Tennessee Department of Health

<http://health.state.tn.us/dmhde/>

Phone: (615) 741-9443