

Supporting State Offices of Minority Health

By Houkje Ross

Closing the Gap, Supporting State Offices of Minority Health • September/October 2000

A large population of aging African American men in South Carolina makes prostate cancer a big problem for the state. A large influx of Asian Americans and Pacific Islanders makes culturally appropriate health care for this population a major issue in California. While each state faces unique challenges with minority health, some barriers are common to all.

One of the largest barriers facing states is a lack of minority health data. "What we really need is a full-time epidemiologist who can collect, analyze and track minority health data for our state," said Christine Patterson, director of Arkansas' Office of Minority Health. But like other state minority health offices, Patterson faces a limited budget and manpower. Health agencies with limited minority data have trouble identifying health disparities and in justifying the need for special initiatives targeted toward minority populations. "We are a small office with a large heart," said Barbara Pullen-Smith, director of North Carolina's Office of Minority Health. "But I can't do my job without the data," she added.

OMH Funds First State Partnership Initiative

In an effort to strengthen the capacity of states to address minority health, the federal Office of Minority Health, U.S. Department of Health and Human Services (HHS), began a state partnership initiative in Fiscal Year 1998.

"We began the state partnership initiative because we wanted states to be able to focus on the minority health issues most important to them," said Gerrie Maccannon, special assistant to the director of OMH. States had the option of undertaking a special project that would address an emerging health-related issue or a project in infrastructure development. Examples of special projects include asthma projects conducted in New York and New Jersey; and cultural competency projects in California, Georgia, and Oregon.

Infrastructure development projects could include improving communication technology, data collection and analysis; or developing partnerships with community-based and grassroots organizations. Many states chose to focus on data collection and analysis. OMH gave \$733,000 to 25 state Offices of Minority Health for the initiative. OMH would have liked to do the initiative earlier, but only recently obtained the necessary funds," said Maccannon.

Initiatives Get Second Go-Around

This year OMH is funding a second round of state initiatives, principally for states that don't yet have established Offices of Minority Health, including Connecticut, Hawaii, Iowa, Mississippi, Montana, New Hampshire, North Carolina, Puerto Rico, the U.S. Virgin Islands, Wisconsin, and Wyoming.

The goal of the FY 2000 State Partnership Initiative is the same as the 1998 initiative: to enable states to develop and implement ways to eliminate minority health disparities.

Connecticut's Department of Public Health will be examining and analyzing its current data collection system's ability to set baseline standards for minority health status. Other states like Iowa and Wisconsin will focus on building networks of minority health coalitions. Puerto Rico and the U.S. Virgin Islands will develop strategies to implement the federal government's Healthy People 2010 goals to eliminate health disparities.

North Carolina, which has an established Office of Minority of Health, will conduct two conferences to address the elimination of health disparities. In September 2000 the state held the first African American Health Summit, and in December 2000 it will hold the first statewide health disparities conference, called by the Secretary of the North Carolina Department of Health and Human Services.

For more information on the state initiatives, contact Gerrie Maccannon, federal Office of Minority Health, (301) 443-5084. ❖

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