

North Carolina Office of Minority Health and Health Disparities

*Purposeful Partnering:
Engaging Minority Communities
in the Programmatic Process*

Cornell P. Wright, MPA
Executive Director

January 21, 2016



Report of the Secretary's Task Force on Black & Minority Health

“The Heckler Report”



Office of Minority Health and Health Disparities History

The original impetus for creating an Office of Minority Health (OMH) came from a 1987 report prepared by the State Center for Health Statistics that highlighted the **disproportionate morbidity and mortality experienced by minority populations.**



Office of Minority Health and Health Disparities History

In response to this report, the 1992 North Carolina General Assembly established the **Office of Minority Health**, and the **Minority Health Advisory Council** (MHAC) in public law H.B. 1340, part 24, sections 165 and 166.

Under the leadership of the Secretary of the Department of Health and Human Services in 2001 the office name was changed to **Office of Minority Health and Health Disparities** (OMHHD).

Office of Minority Health and Health Disparities

Mission

To promote and advocate for the elimination of health disparities among all **racial/ethnic minorities** and other **underserved populations** in North Carolina.



Office of Minority Health and Health Disparities Vision

All North Carolinians will enjoy good health regardless of **race**
and **ethnicity, disability** or **socioeconomic status**.



Office of Minority Health and Health Disparities Organization



North Carolina Department of Health and
Human Services

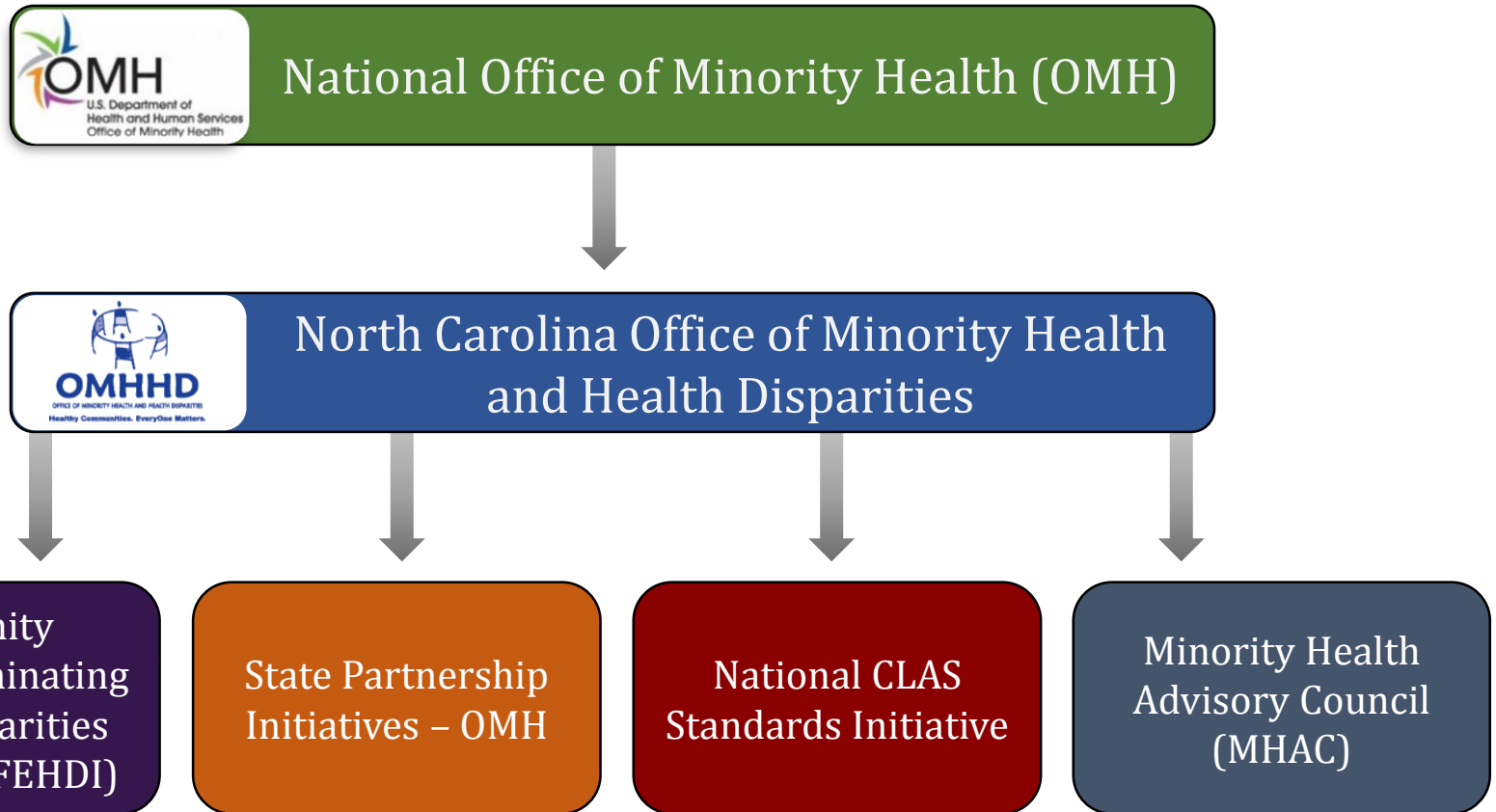


North Carolina Division of Public Health



North Carolina Office of Minority Health and
Health Disparities

Office of Minority Health and Health Disparities Organization



Health Equity Defined

Health equity is the **absence of avoidable or remediable differences**, allowing for attainment of the **highest level of health** for all people.

It is achieved when **everyone has the opportunity** to attain his or her full health potential and **no one is disadvantaged** because of socially determined circumstances.

Achieving health equity requires **focused and ongoing societal efforts** to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.



Health Inequity Defined

Health inequities are types of **unfair health differences** closely linked with social, environmental, or economic disadvantages that adversely affect specific groups of people.

They involve **more than inequality** with respect to health determinants and access to resources; they also entail a **failure to avoid or overcome inequalities that infringe on fairness and human rights norms.**



Equality is a good thing, but...

Equality ≠ Equity

Equality refers to equal inputs, though the outcomes can still be unequal.



With equity, inputs may need to be different to achieve equal outcomes.



Equality refers to **inputs**, equity to **outcomes**.

What Influences Health Equity?

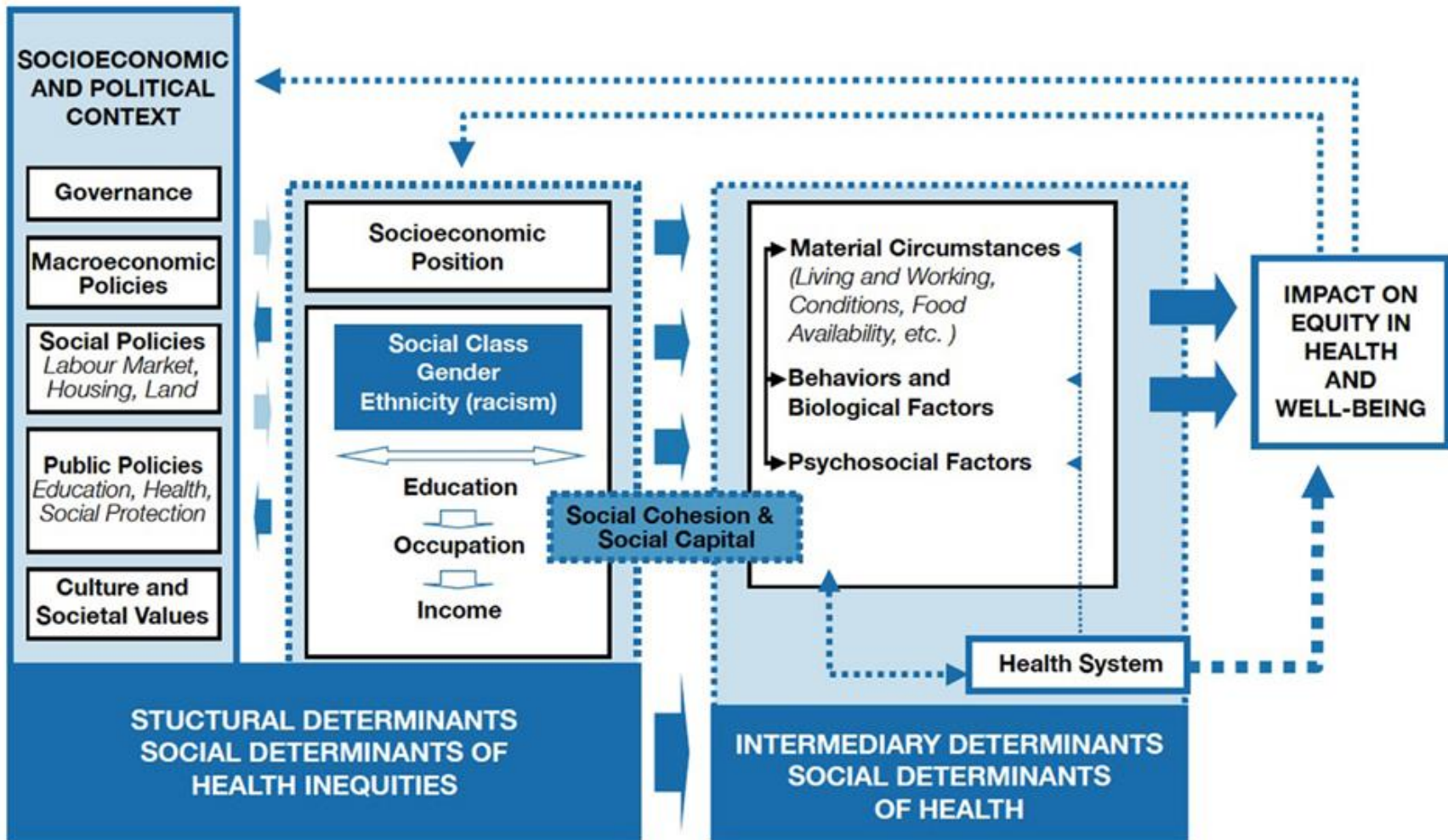
Social Determinants of Health

- Where we **live, learn, work** and **play** has a tremendous impact on health.
- Social factors such as **housing, education, income** and **employment** greatly influence the health and quality of life in neighborhoods and communities.



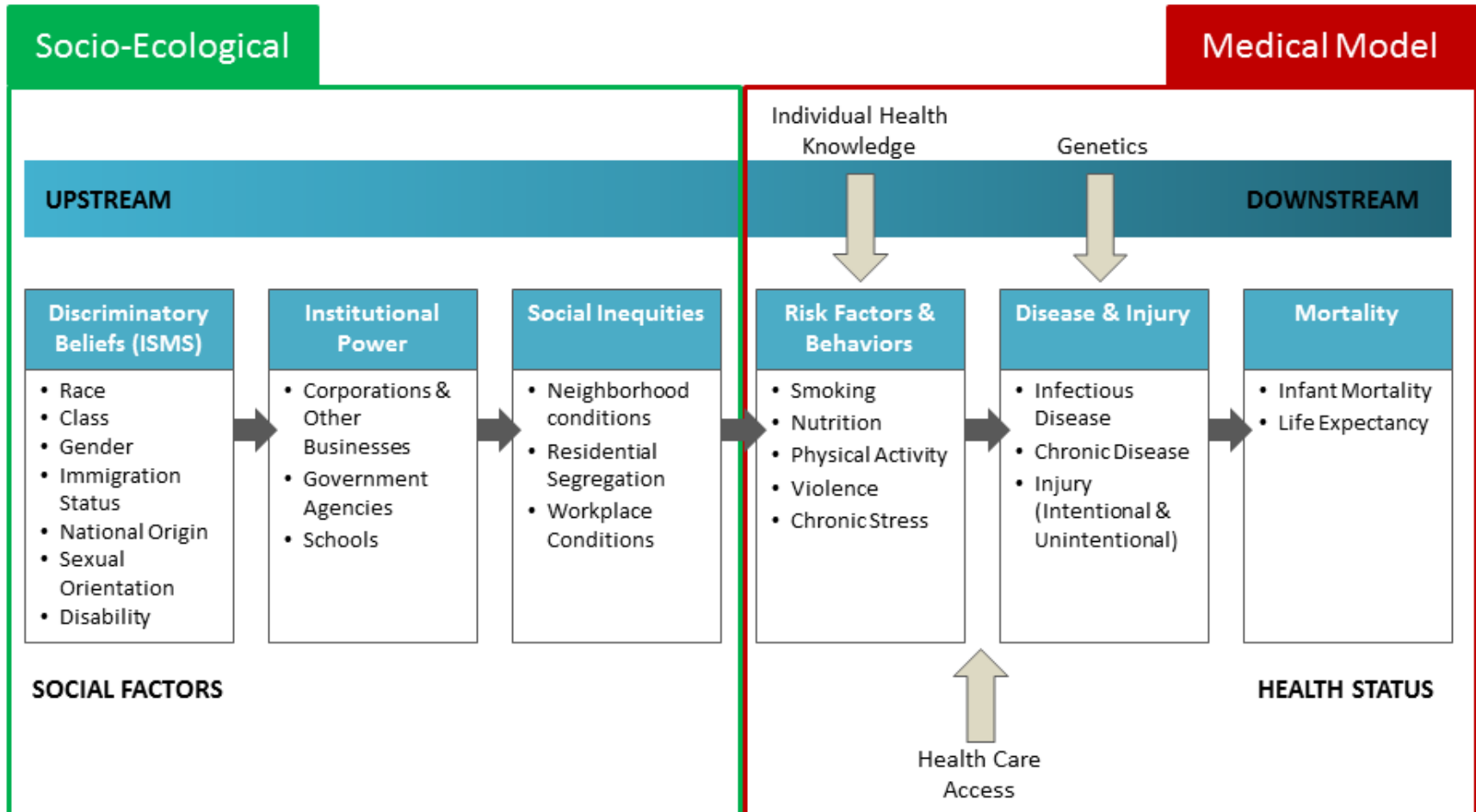
What Influences Health Equity?

Social Determinants of Health



How do we address Health Inequity?

A Framework for Health Equity

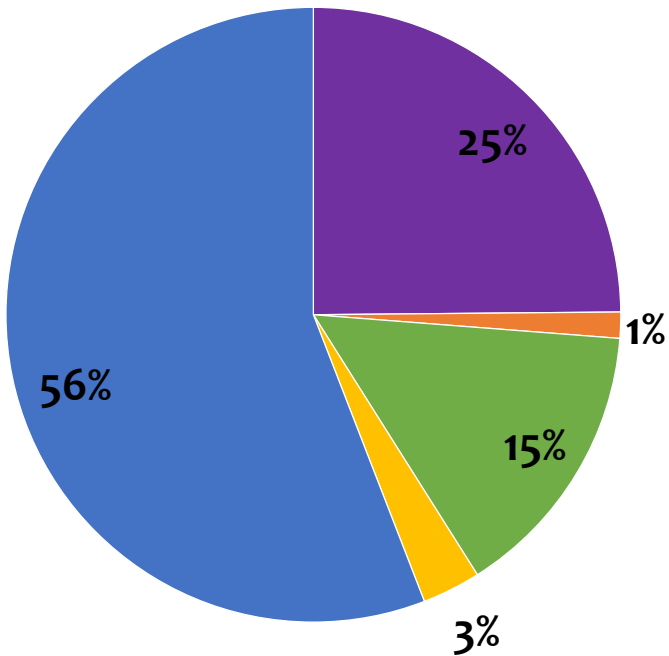


North Carolina's Population

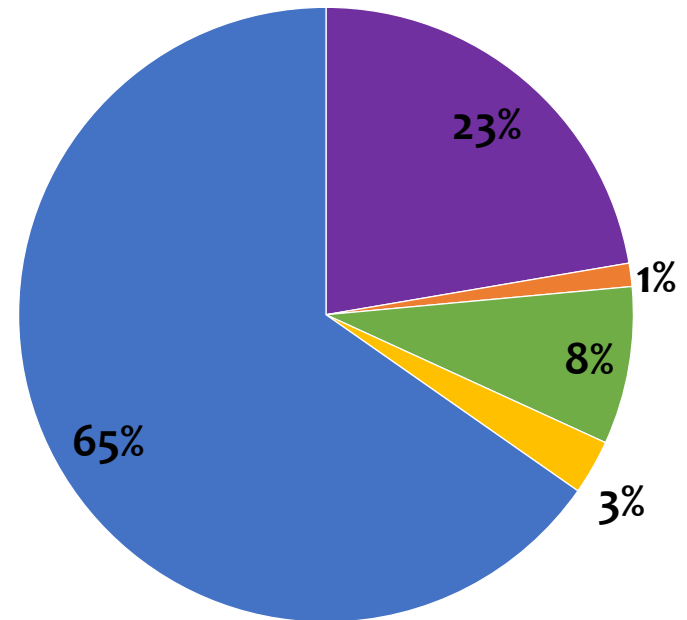


North Carolina Population By Age and Race/Ethnicity

Under 18



18-64



 African American, Non-Hispanic

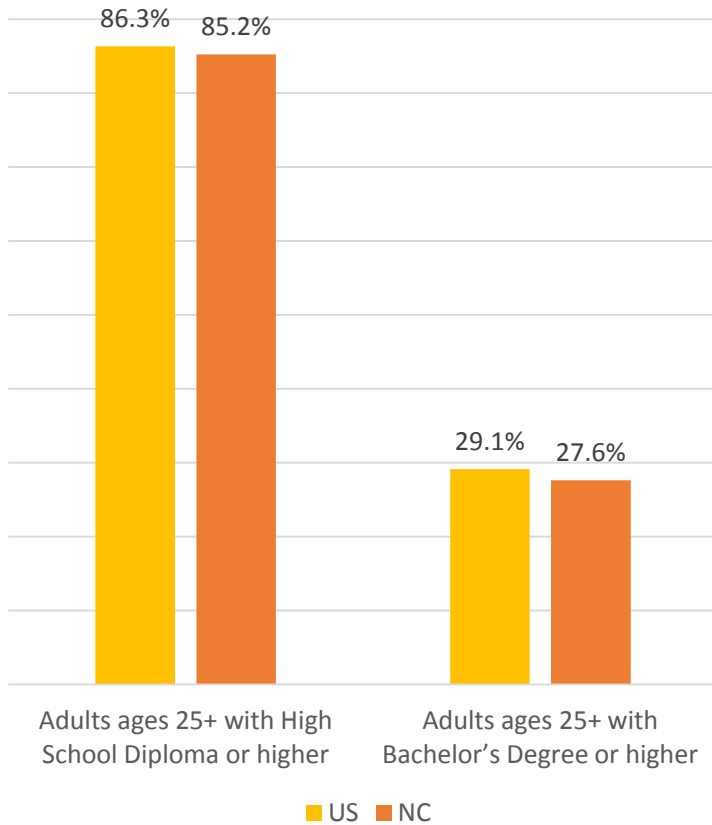
 American Indian, Non-Hispanic

 Hispanic/Latino

 White, Non-Hispanic

 Other Races, Non-Hispanic

North Carolina Population By Education Level



HIGHER EDUCATION is an ECONOMIC DRIVER

26% of North Carolina residents 25 and up have a Bachelor's degree or higher*

*SOURCE: UNC STRATEGIC DIRECTIONS, 2013-14

by 2018

63% of jobs...

...will require post-secondary education**

**SOURCE: GATES FOUNDATION

A graphic featuring a pie chart divided into two sections. The larger, orange section is labeled '63% of jobs... will require post-secondary education**'. The smaller, yellow section is labeled 'JOBS AVAILABLE WITHOUT POST-SECONDARY EDUCATION'. To the right of the pie chart is a circular illustration of a graduate wearing a black cap and gown with a blue tassel, and glasses. Below the illustration is the text '...will require post-secondary education**' and the source 'GATES FOUNDATION'.

Will North Carolina be Ready?

SIGN UP TO RECEIVE THE LATEST NEWS ON NC HIGHER ED
www.HigherEdWorksFoundation.org

North Carolina Population

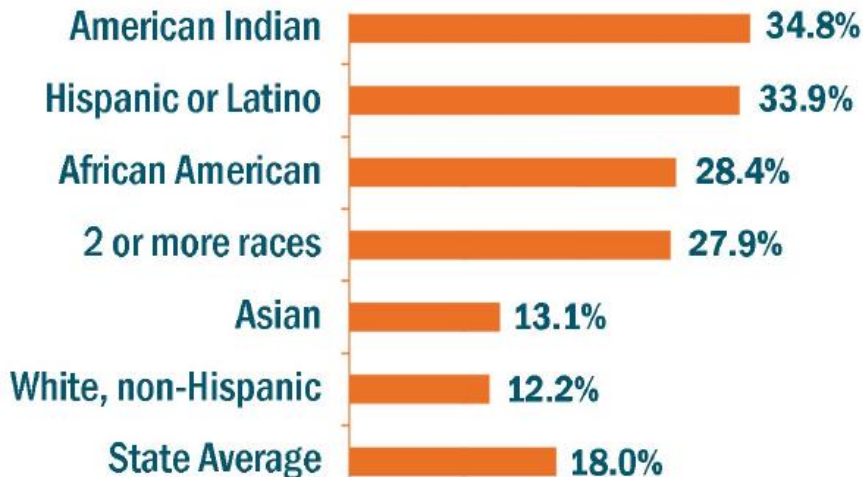
State Poverty Rate



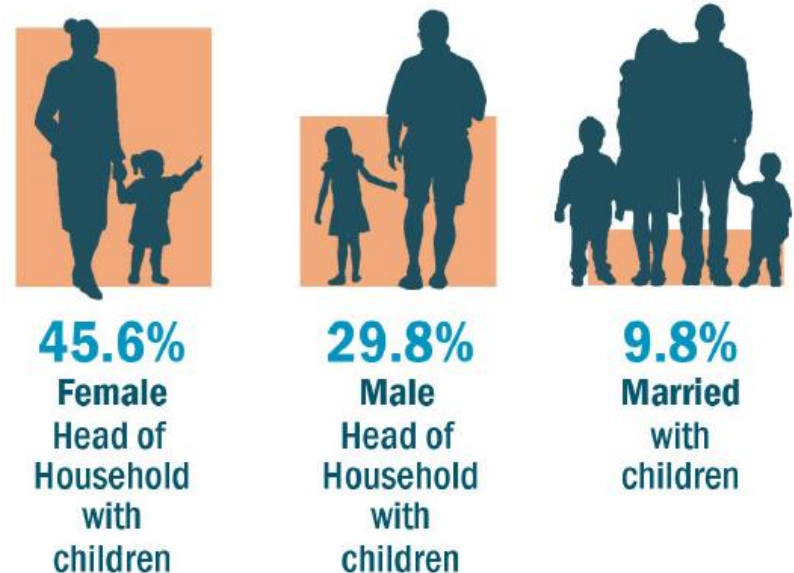
1 in 5

North Carolinians live in poverty
(\$23,492 per year for a family of four)

Poverty by Race, All Ages



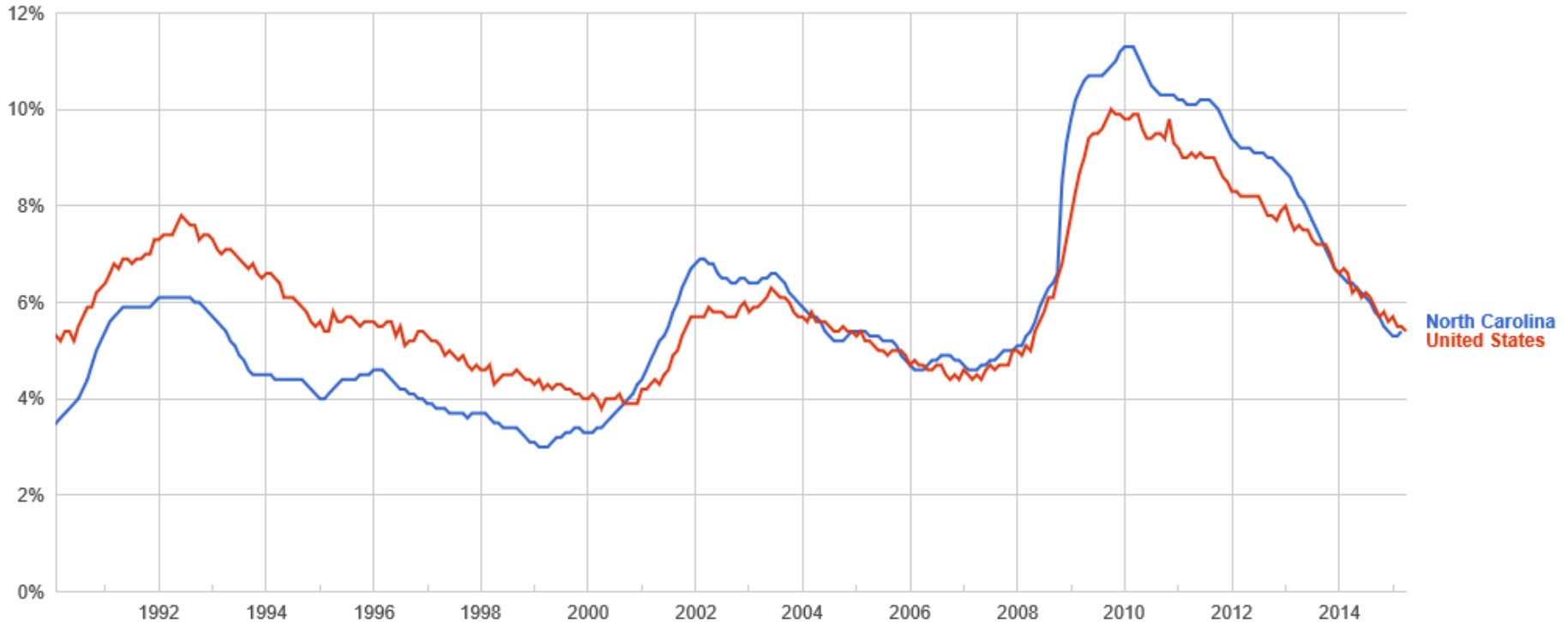
Poverty by Family Type



North Carolina Population

State Unemployment Rate

Trends in Rate of Unemployment in the US and NC, 1990-2015



North Carolina Unemployment (2015): 5.5%

Community Engagement



Purposeful Partnering: What does that mean?

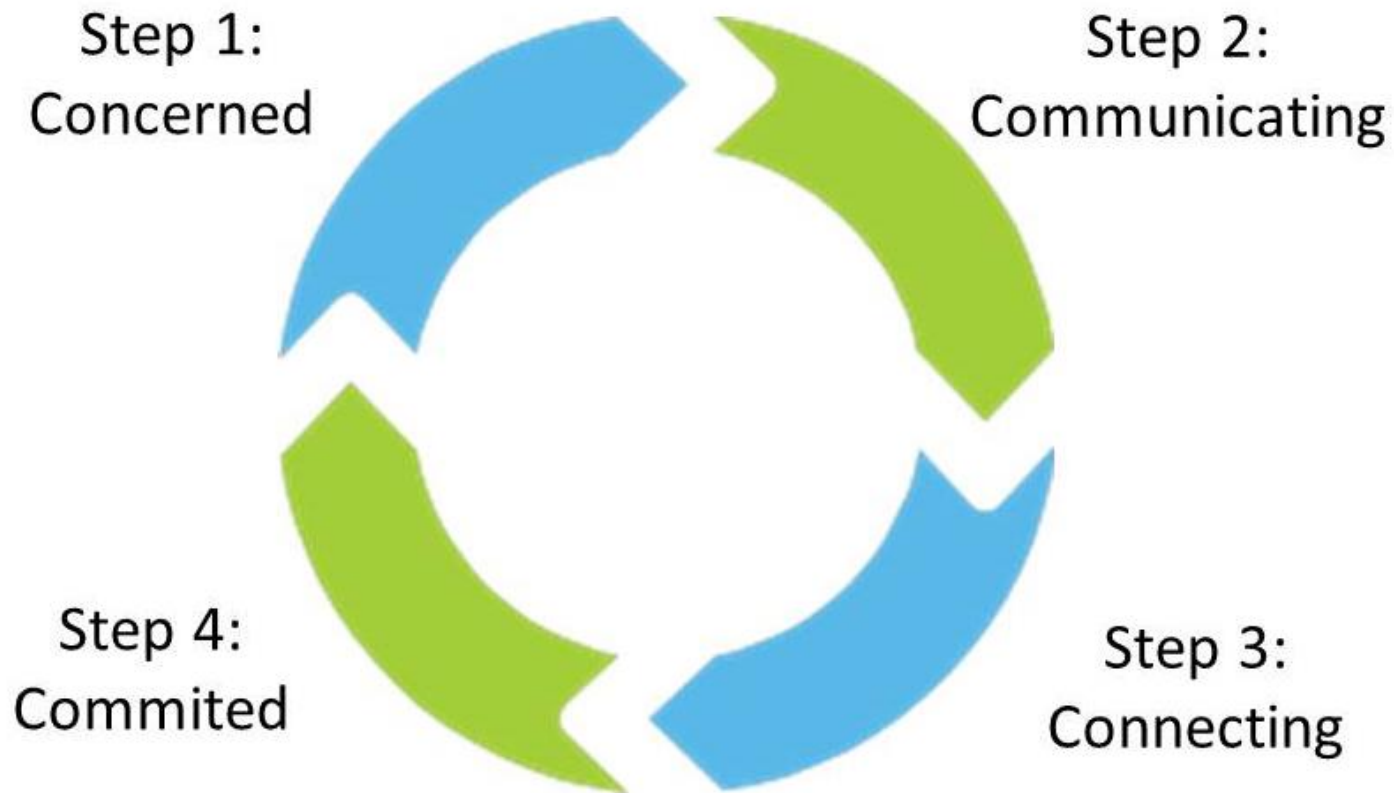
The intentional relationship between two or more people or organizations with shared/common interests to achieve a specific goal or aim



Purposeful Partnering: What does that mean?



Purposeful Partnering: What does that mean?

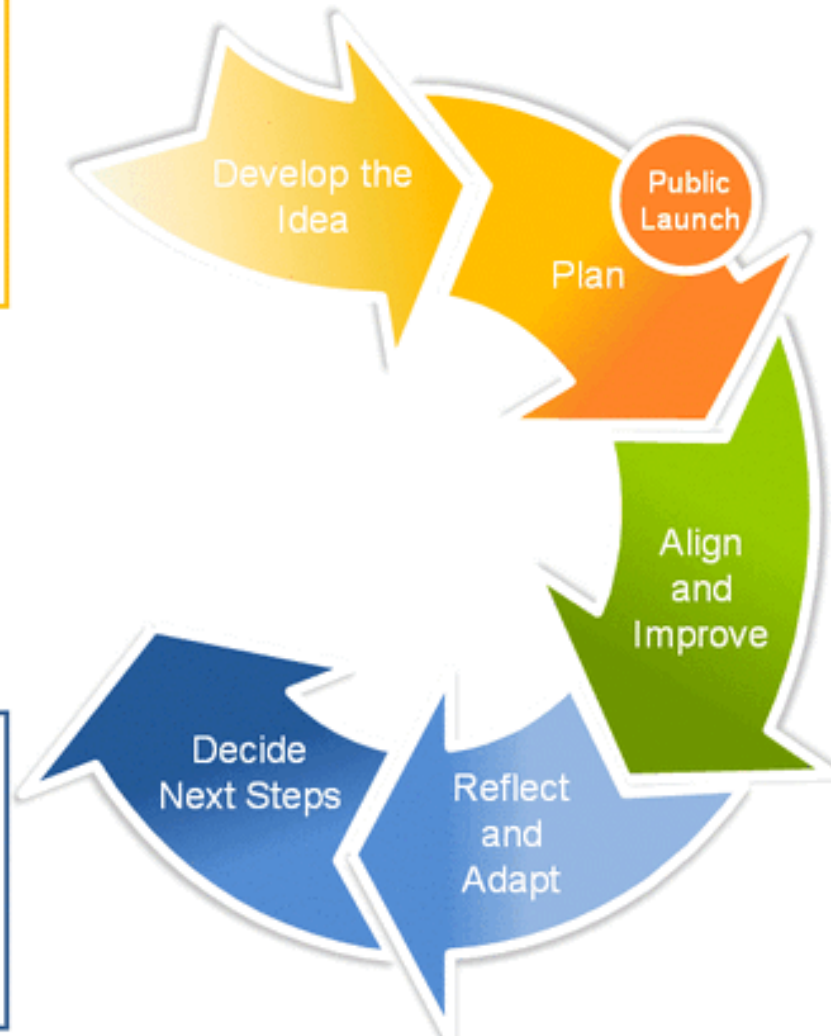


Purposeful Partnering: The Process



Purposeful Partnering: The Process

- **Who** should be involved and what is the goal of our engagement?
- What is our engagement **philosophy**?
- What are our community's **assets**?



- What does our **community want**?
- What are **formal ways to partner** with the community?
- What is our **plan for engagement**?

- What **formal roles** can community members play?
- What are our **road blocks** and how can we work with the community to overcome them?

- What is the **community's vision** for the future?
- How will the **community take over** this work?
- How can our work be **institutionalized** in the community?

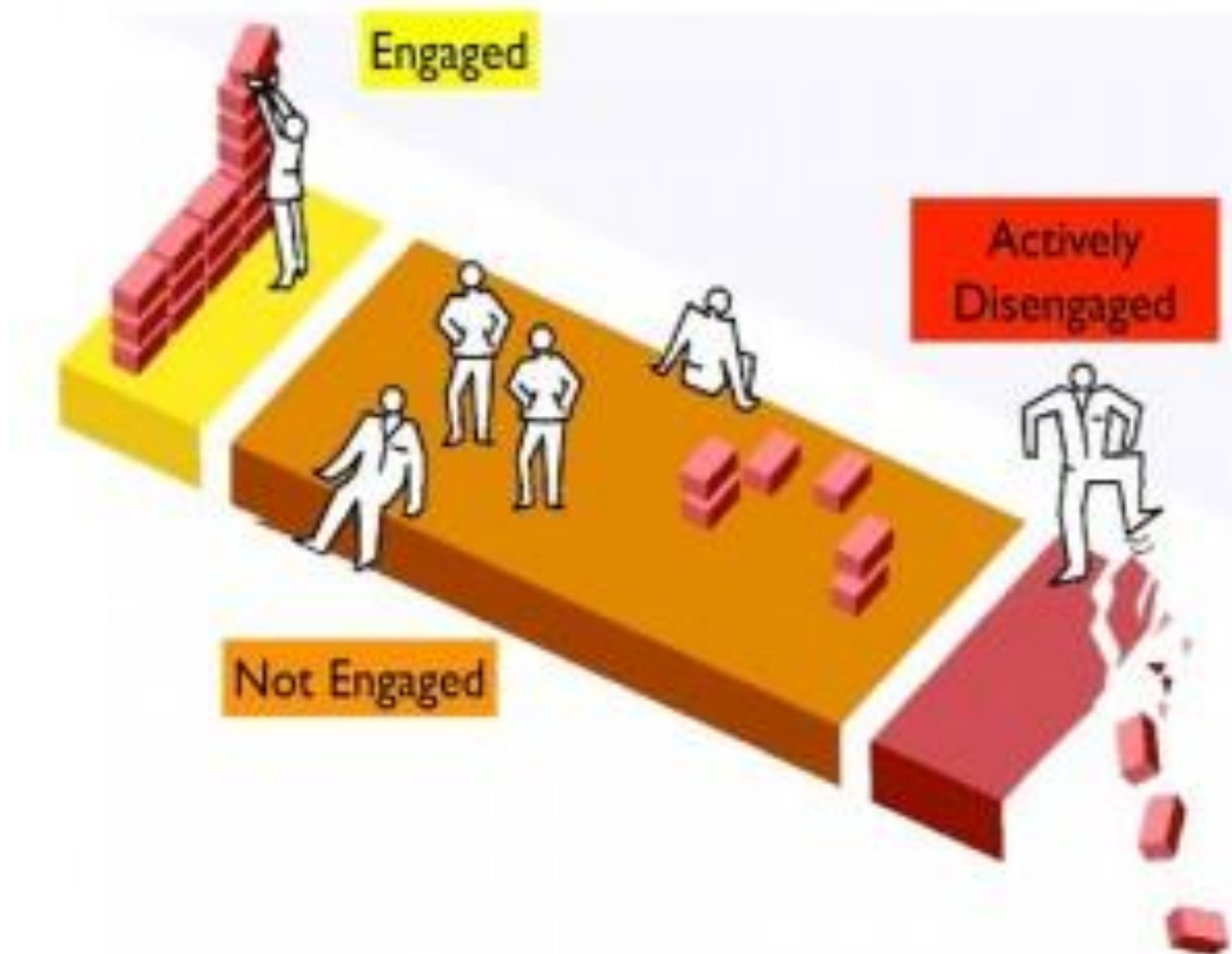
- In addition to ongoing roles, how can the community **help us improve**?
- How can we **maintain** the partnership?

Purposeful Partnering: Levels of Engagement



Adapted From: Hashagen 2002 and Sydney Department of Planning 2003.

Purposeful Partnering: Levels of Engagement



Purposeful Partnering: Collective Impact



Purposeful Partnering: Collective Impact

Achieving Large-Scale Change through Collective Impact Involves 5 Key Conditions for Shared Success

Common Agenda

All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions

Shared Measurement

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable

Mutually Reinforcing Activities

Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action

Continuous Communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation

Backbone Support

Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies**

Purposeful Partnering: Collaboration vs Collective Impact

Collaboration

Convene around
Programs/Initiatives

Prove

Addition to
What You Do

Advocate for Ideas



Collective Impact

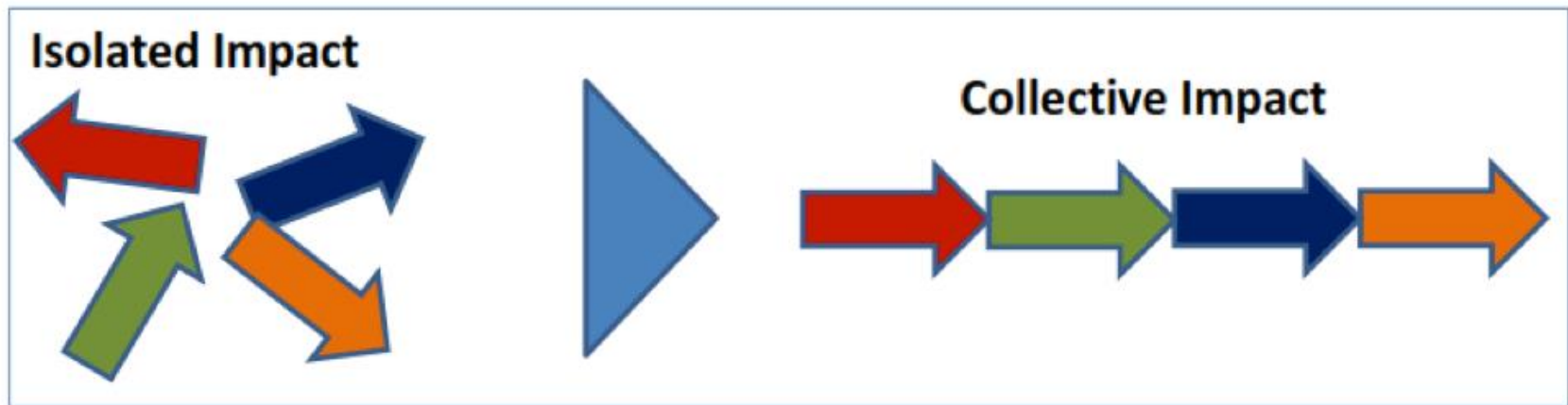
Work Together to
Move Outcomes

Improve

Is What You Do

Advocate for What Works

Purposeful Partnering: Isolated Impact vs Collective Impact



Purposeful Partnering: Isolated Impact vs Collective Impact

Isolated Impact vs. Collective Impact

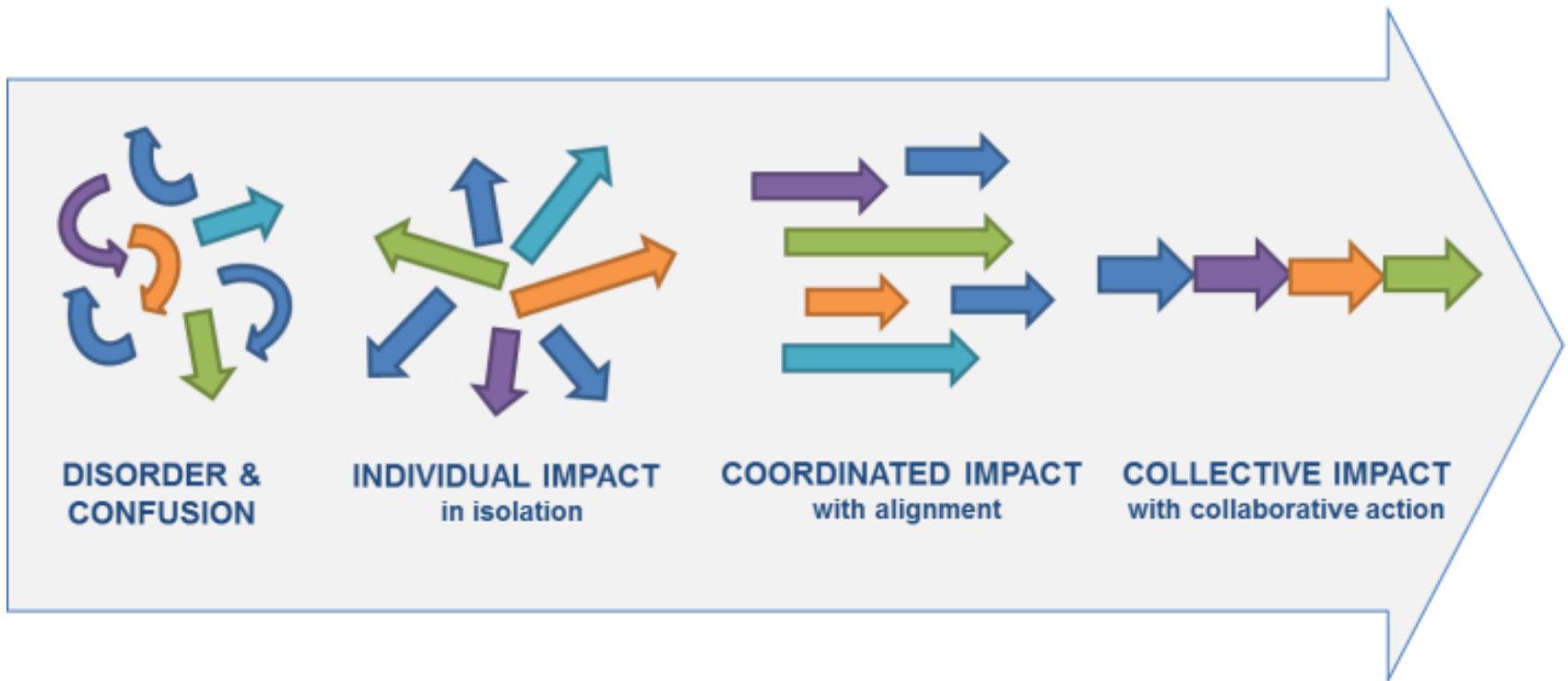
Isolated Impact

- ◆ Funders select individual grantees that offer the most promising solutions.
- ◆ Nonprofits work separately and compete to produce the greatest independent impact.
- ◆ Evaluation attempts to isolate a particular organization's impact.
- ◆ Large scale change is assumed to depend on scaling a single organization.
- ◆ Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits.

Collective Impact

- ◆ Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations within a larger system.
- ◆ Progress depends on working toward the same goal and measuring the same things.
- ◆ Large scale impact depends on increasing cross-sector alignment and learning among many organizations.
- ◆ Corporate and government sectors are essential partners.
- ◆ Organizations actively coordinate their action and share lessons learned.

Purposeful Partnering: Types of Impact Strategies



Purposeful Partnering: Examples of Successful Partnerships

BUCKING THE MEDICAL & MENTAL BULL

A one-woman show highlighting the health
and health care experiences of African-
American men in Durham



Written and performed
by Anita Woodley

Tuesday
October 28, 2014

Doors open - 6:30 pm

Show starts - 7:30 pm

Fletcher Hall at

The Carolina Theatre of Durham
309 WEST MORGAN STREET • DURHAM, NC 27701

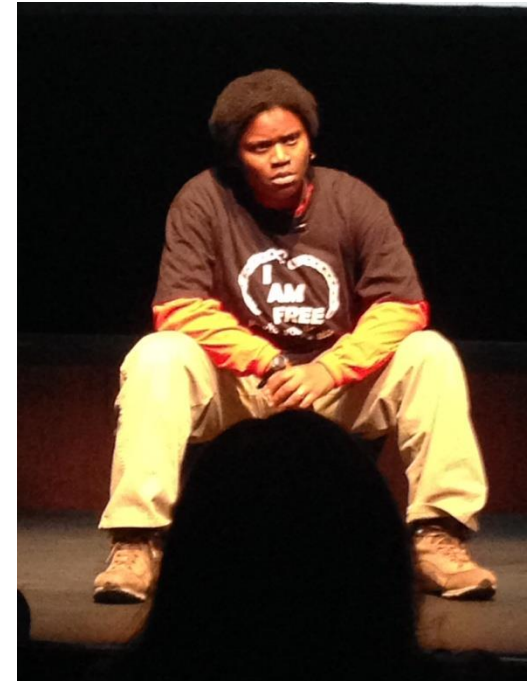
FREE and open to the public.

Free popcorn for the first 100 attendees!

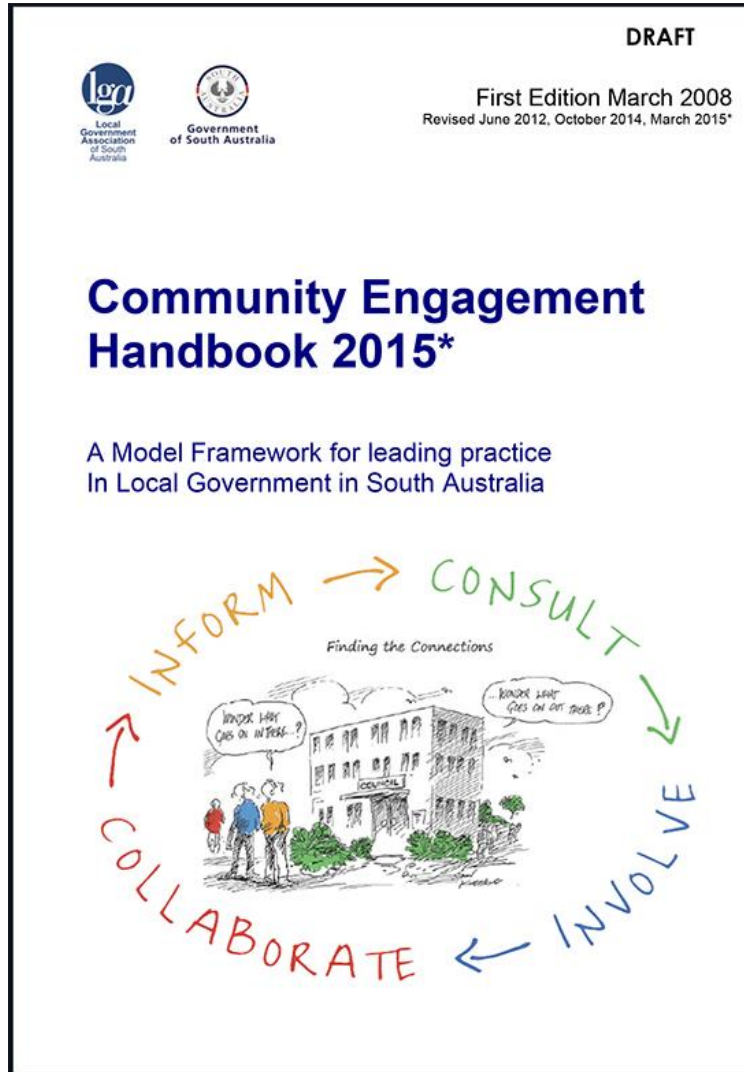
fhi

360

THE SCIENCE OF IMPROVING LIVES



Purposeful Partnering: Examples of Successful Partnerships



A group of people, mostly men, are seated in a conference room, viewed from behind. They are sitting in rows of chairs, facing a speaker who is standing at a podium at the front of the room. A presentation screen is visible on the right side of the room. The room has a chandelier on the wall and a large window. The text "OMHHD Programs & Services" is overlaid on the image in a large, bold, black font.

OMHHD Programs & Services

OMHHD Programs: Community Focused Eliminating Health Disparities Initiative

2015-2017 Grantees



BUNCOMBE COUNTY
HEALTH & HUMAN
SERVICES



WAYNE COUNTY
THE GOOD LIFE. GROWN HERE.



Southern Piedmont
COMMUNITY CARE PLAN
a Community Care of North Carolina network & Beacon Community



OMHHD Programs: Cultural Competence Initiatives

U.S. Department of Health & Human Services
Office of Minority Health


THINK CULTURAL HEALTH
Advancing Health Equity at Every Point of Contact

Home | About TCH | CLAS & the CLAS Standards | E-learning Programs | Communi




A New Communication and Language Guide!


TCH's Language Guide is now the *Guide to Providing Effective Communication and Language Assistance Services!* It will help you and your organization communicate effectively with your patients and their families, taking into consideration their cultural, health literacy, and language needs.

 Office of Minority Health

 National CLAS Standards

 Legislation

 Webinar Catalog

 Ways to Connect

 Contact Us

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North Carolina Department of Health and Human Services Office of Minority Health and Health Disparities

Are you interested in implementing the National CLAS Standards at your local health department?

Health inequities in our nation are well documented, and the provision of culturally and linguistically appropriate services (CLAS) is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preference, health professionals can help bring about positive health outcomes for diverse populations.



Does your local health department need assistance during the implementation process?

The Office of Minority Health and Health Disparities is available to help you and your staff implement the National CLAS Standards by providing the following services:

- Technical Assistance
- Strategic Coaching
- Workshops
- Links to Other Available Resources



For more information, please contact:

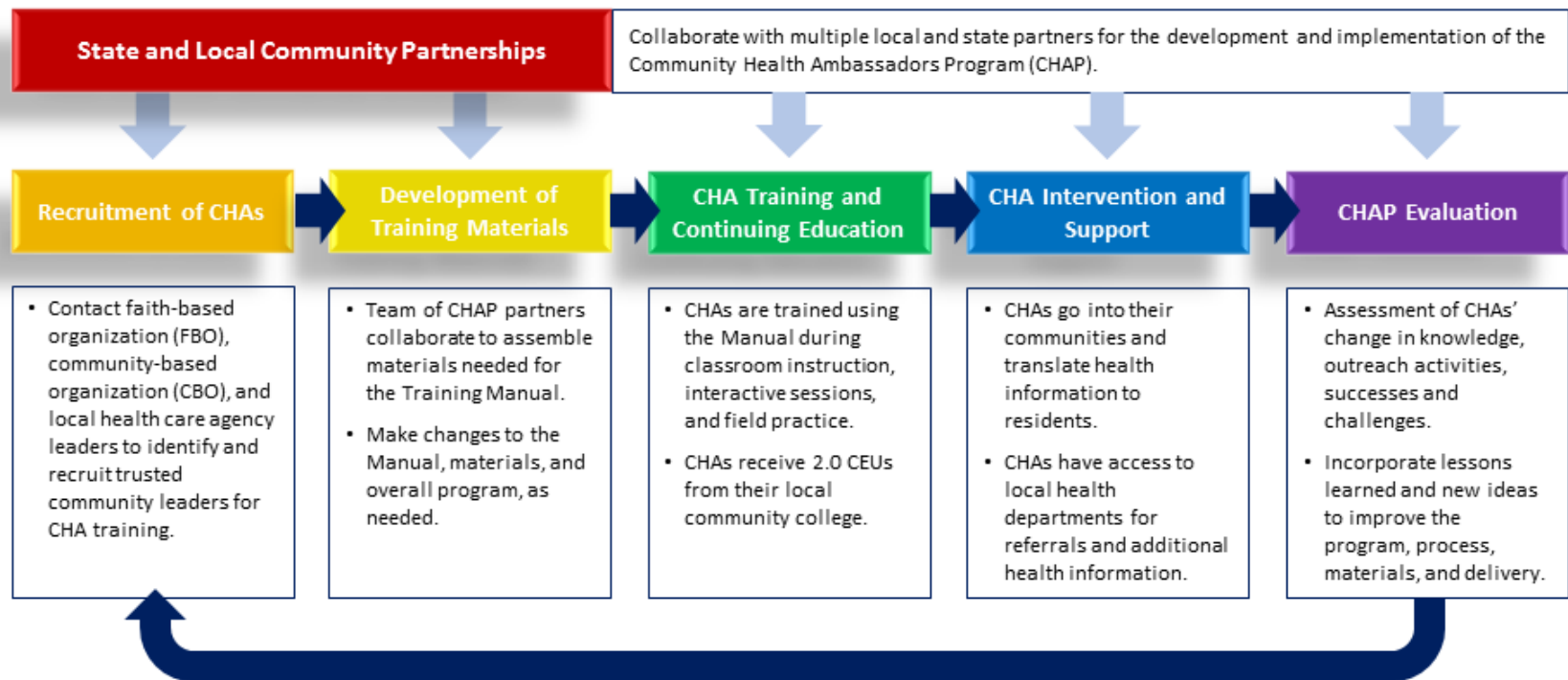
- **Cornell Wright**, Executive Director
(919) 707-5034 or cornell.wright@dhhs.nc.gov
- **Lucretia Hoffman**, Public Health Program Consultant II
(919) 707-5043 or lucretia.hoffman@dhhs.nc.gov



OMHHD Programs: Community Health Ambassador Program

Community Health Ambassadors Program (CHAP) Conceptual Framework

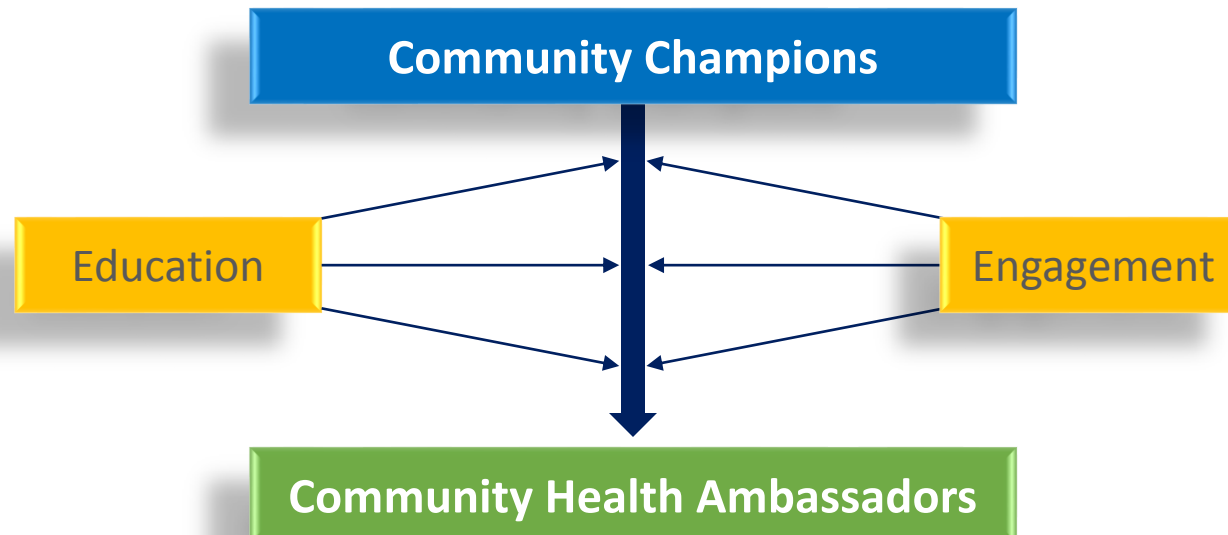
A statewide training and education project designed to engage leaders from diverse populations and communities to help eliminate health disparities in North Carolina.



OMHHD Programs: Community Health Ambassador Program

Community Health Ambassadors Program (CHAP) Tier System of Engagement

CHAP has a tiered system of engagement that is designed to distinguish program participants who have continued their education and service after initial training and have continually connected communities, individuals and organizations through health messages and programs.



OMHHD Programs: Health Equity Lunch and Learn Series



**NC Office of Minority Health
and Health Disparities**



Health Equity Lunch & Learn

Dates:

December 1, 2015
January 12, 2016
February 16, 2016
March 15, 2016
April 5, 2016
May 10, 2016
June 14, 2016
July 12, 2016
August 16, 2016
September 6, 2016
October 25, 2016
November 15, 2016
December 6, 2016

Bring your lunch and join the NC Office of Minority Health and Health Disparities for a **FREE** Lunch & Learn series on Health Equity.

*

12 pm—1:30 pm

Cardinal Room

**5605 Six Forks Road, Bldg 3
Raleigh, NC 27609**


COME for the lively discussions and guest speakers; **STAY** to find out what you can do to help all North Carolinians enjoy good health, regardless of race and ethnicity, disability, or socioeconomic status.

Space is limited, so RVSP to:

919-707-5040 or

Claudia.joseph-todman@dhhs.nc.gov

www.ncminorityhealth.org



"Tell me and I forget,
Teach me and I may
remember,
Involve me and I learn"

– Benjamin Franklin

Contact Information

Cornell P. Wright, MPA

- Executive Director
- NC Office of Minority Health and Health Disparities
- Email: Cornell.Wright@dhhs.nc.gov
- Phone: (919) 707-5034
- Website: www.ncminorityhealth.org

