The Iowa Department of Public Health's

Office of Multicultural Health

Strategic Plan

FY' 2007 – FY' 2011

TABLE OF CONTENTS

Subject	*Page(s)*
Executive Summary	1
Planning Participants/Key Informants	2-4
Multicultural Iowa and the Office of Multicultural Health	5-7
Its MISSION	8
Its VISION	8
Its TRUTHS	9
An Assessment: the SWOT	10-13
Core Functions	14
Health Disparities	14-15
Strategic Initiatives: Defined	15-17
The Strategic Plan	17-29
Initiative: Health Promotion with and on behalf of Iowa's multicultural communities	*(17-19)*
Initiative: Information on the health status Of Iowa's multicultural communities	*(19-22)*
Initiative: Building the "presence" of and Support for the OMH	*(22-29)*
Initiative: Cultural competency of health care Providers and health care educators	*(26-29)*

1.

EXECUTIVE SUMMARY

The Iowa Department of Public Health's (IDPH) **Office of Multicultural Health** (OMH) invited 21 representatives, key informants throughout the State of Iowa and five state personnel to help chart a strategic map for the OMH staff and its constituents to travel during the next 3 – 5 years, as the office strengthens its infrastructure and continues to meet its mission.

During two days of "strategic thinking" the aforementioned informants:

- Visited, revised and affirmed the **mission** of the Office of Multicultural Health
- Articulated a **vision** for the Office of Multicultural Health
- Analyzed **internal and environmental factors** – both negative and positive - that do or may impact the OMH
- Defined the **core functions** or businesses of the Office of Multicultural Health
- Identified the **strategic initiatives** to be addressed by the OMH and its constituents
- Proposed the **metrics** by which to evaluate the accomplishments of the strategic initiatives
- Considered the diseases or conditions where **health disparities** are most evident in the multicultural communities of Iowa

Following is the report

2.

The Iowa Department of Public Health Office of Multicultural Health

Strategic Planning Invited Participants: Key Informants

Sal Alaniz (Des Moines)
Diversity Action Team
Commissioner, Depart. of Human Rights
Iowa Commission on Latino Affairs

Kim Cheeks (Des Moines)
Program Planner, Department of Human Rights
Iowa Division on the Status of African-Americans

Julius Conner, M.D. (Des Moines)
Retired Physician
Former Medical Director of the Polk Co. Health Department

Cesar DeLeon (Des Moines)
Program Specialist Consultant
Tobacco
Proteus, INC

Vera Kemp (Des Moines)
Retired School Teacher
Des Moines Public School System

Sarah Kitchell (Iowa City)
NCI-CIS and ICCCC (Cancer Programs)

Amelia Lasley (Tama)
Community Health Nurse
Meskwaki Health Clinic

Ray Lewis (Des Moines)
Active Residents Organizer
Making Connections

Shirley McLemore, Board Chair (Davenport)
United Neighbors, INC
Multicultural Health Committee

Adrienne Masuskemo (Tama)
Assistant to the Health Director
Meskwaki Health Clinic

Lashon Moore, ARNP (Davenport)
Clinical Nurse Specialist
Scott County Public Health Department

Judy Morrison (Iowa City)
Executive Director
7 Feathers

Strategic Planning Partners – continued

Tito Parker (Sioux City)
Outreach Worker
Sanford Center

Cecelia Peralta, M.D. (Fort Dodge)
Commissioner, Vice-Chair
Department of Human Rights
Commission on the Status of Iowans of Asian and Pacific Islander Heritage

Judy Seals (Woodward)
Executive Director
Sequel Care of Iowa

Rev. Madai Taylor (Fort Dodge)
Agape Church

A'lisa Walker (Waterloo)
Medicaid Specialist
Allen Memorial Hospital

Gail R. Wallican-Van Arsdale (Waterloo)
Manager, Community Relations
Iowa Region American Cancer Society

Kim Westerholm (Orange City)
Community Health Partners
Sioux County Public Health

Linda Winterchaser (Tama)
Diabetes Educator
Meskwaki Health Clinic

Michele Yehieli, PhD (Cedar Falls)
Associate Professor, University of Northern Iowa
Executive Director
Project Export and Global Health Corporation

State Personnel

Bobbie Bohnsack, MHA IDPH
Tobacco Use Prevention and Control

Janice Edmunds-Wells, MSW IDPH
Consultant, Office of Multicultural Health

Wayne Johnson IDHS
Bureau of Refugee Services

Strategic Planning Partners – continued

Julie McMahon Division Director Health Promotion and Chronic Disease Prevention	IDPH
Vannavong Phabmixay Refugee Health Specialist	IDPH
Kevin Wooddell Bureau of Health Care Access	IDPH
<u>Facilitator</u> Berlinda Tyler-Jamison, MSW, MA Planning Consultant	(Quad Cities)

5.

An Overview of "Multicultural Iowa" and the IDPH Office of Multicultural Health

Iowa experienced a 97.4 percent increase in its minority population between 1990 and 2000, ranking it eighth among states in minority population growth. Specifically, census data indicates a 47 percent increase in African-Americans, a 46 percent increase in Native-Americans, a 214 percent increase in Asian-Pacific Islanders and a 241 percent increase in the Hispanic-Latino population during that period. By 2000, 7.4 percent of Iowa's population was classified as "minority" and in rural areas of the state, the minority population increased from 32,569 in 1990 to 64,197 in 2000.

Between 1990 and 1999 approximately 2,600 legal immigrants and refugees have taken up Iowa residency each year. Currently, the state's largest refugee groups are Southeast Asians (10,000) and Bosnians (7,000)…

The incidence of chronic disease i.e. diabetes, cardiovascular disease and cancer, in Iowa's minority, immigrant and refugee population is higher than in the majority population. To meet the needs of these expanding populations, IDPH must expand its capacity to address multicultural, immigrant and refugee health issues.

(Source: IDPH 2007 Appropriations request for OMH)

	Population	Completed High School
African-Americans	67,596	77.3%
Asian-Americans/Pacific Islander Heritage	43,119	74.3%
Hispanic-Latino Americans	**108,968**	**52.3%**
Native Americans	*8,989	76.9%

* The population size for Native Americans was disputed by a planning participant who stated that the Native American population is closer to 30,000. It was noted that the U.S. Census may not be the best source of information re: Native Americans

(Source: State Data Center of Iowa, 2006)

	Median Income of Households
State of Iowa	**$39,469**
African-Americans	$24,938
Asian-Americans/Pacific Islander Heritage	**$40,348**
Hispanic-Latino Americans	$32,971
Native Americans	$27,362

(Source: State Data Center of Iowa, 2006)

	Poverty Rate
State of Iowa	**9.1%**
African-Americans	**31.6%**
Asian Americans/Pacific Islander Heritage	19.5%
Hispanic-Latino Americans	20.2%
Native Americans	26.5%

(Source: State Data Center of Iowa, 2006)

The Office of Multicultural Health is located in the Division of Health Promotion and Chronic Disease Prevention and includes the Iowa Refugee Health Program under the direct supervision of the Division Director. Currently IDPH has two staff persons assigned to the Office of Multicultural Health. The Consultant for the office is lead staff and responsible for all program policies, procedures, budgets, technical assistance, training and program implementation. The Consultant also provides some program coordination for the refugee health program. The Consultant serves as part of the division management team and department senior staff. The office has no sustained budget funding. The salary of the consultant staff person is funded 82 percent through the HRSA Title V Block grant funding and 18 percent through the U.S. Department of Health and Human Services, Office of Refugee Resettlement funds. The second staff person, the Refugee Health Specialist is 100 percent salaried through the U.S. Department of Health and Human Services, Administration for Children and Families Office of Refugee Resettlement funding stream. At the present time the office has received one year funding for three special program activities through the U.S. Department of Health and Human Services, Public Health and Science Administration, Office of Minority Health.

It's MISSION and VISION

*The **Mission** of the IDPH Office of Multicultural Health*

The Iowa Department of Public Health Office of Multicultural Health exists to actively promote and facilitate **"health equity"** for Iowa's multicultural communities.

*The **Vision** of the IDPH Office of Multicultural Health*

The Iowa Department of Public Health Office of Multicultural Health envisions the State of Iowa as one where there will be **100 percent health care access** and **zero percent health disparity** for Iowa's multicultural communities.

The mission and vision statements were developed through this strategic planning process.

9.

Its ***"Truths"***

The definition of multicultural is inclusive of communities of racial, ethnic and/or linguistic diversity. The mission, vision and practices of the IDPH Office of Multicultural Health are instructed by the following "truths":

- OMH must be a public health **advocate** for Iowa's multicultural communities, of whom many are disenfranchised or unempowered.

- OMH must provide **public health leadership** regarding existing or potential issues or practices that can or could affect the **health status of multicultural individuals and families, immigrants and refugees** (racial, ethnic and/or linguistic) in the State of Iowa.

- OMH must help create a climate of **"inclusiveness"** in the public health sector on state, regional and local levels by partnering with its multicultural constituents in Iowa to **help them improve** their collective **health status.**

- OMH must actively promote **continuous cultural competency** in health care practice and education throughout Iowa's public health care sector.

- OMH must be allocated **sustained and adequate resources** (financial and human) to **build an infrastructure** that will enable it to meet its current charge and the challenges of the future.

A "SWOT" (Strengths, Weakness, Opportunities and Threats) of the Iowa Office of Multicultural Health

An examination of the internal and external forces that do or might affect the OMH's ability to keep faith with its mission was conducted as a function of planning. Thus, the strengths and weaknesses of the office as well as the windows of opportunity and real and potential threats to it were explored and yielded the following:

STRENGTHS

(Staff)

IDPH is fortunate to have a dedicated and committed Consultant who is very knowledgeable, resourceful and passionate about the mission and work of OMH.

(Administrative)

The OMH is now codified and provides additional opportunities for new governmental funding.

(Network/Connections)

The OMH enjoys collaborative, collegial relationships with nonprofit, grassroots, faith based, educational institutions, healthcare providers and professionals, volunteers, governmental entities, Native American communities, individuals of all ages, AARP and commissions in the State. These relationships have in essence, created an informal source of support, information and linkages to resources for this office.

WEAKNESSES

(Staff)

The OMH is understaffed. There is one “consultant” who cannot be “everything to everyone”.

(Resource Allocation and Infrastructure)

There is no direct stream of funding to the OMH and the indirect funding stream is inadequate, almost non-existent when compared to the issues the office is expected to address. Consequently, there is no real OMH infrastructure.

(“Presence”)

The office’s visibility or “presence” throughout the State of Iowa is limited.

(Information)

There is no efficiently aggregated, accessed, tracked, monitored or distributed data on the health status of multicultural groups in the State of Iowa. Additionally, health information on multicultural populations in Iowa is not integrated throughout IDPH.

(Service)

The Office of Multicultural Health’s linguistic communications and resources are limited.

OPPORTUNITIES

(Values and History)

Iowa’s values of sharing its resources, providing safe harbor, its strong work ethic and faith are values that compliment the OMH’s commitment to “health equity”.

OPPORTUNITIES – continued

(Current and Future Duties)

Due to the enhanced duties, responsibilities and relationships that have been forged by the staff of this office, and to encompass current and future duties the title of the lead staff person should be changed from Consultant to Executive Officer 2.

(Population Shifts)

The multicultural population in Iowa is the fastest growing segment of the State (with the exception of aging Iowans).

(State Needs)

The phrase, "timing is everything" has never been more appropriate. Currently the workforce needs and economic development issues for the State are public agenda items with considerable visibility. The growing multicultural community is a resource to increase the State's workforce and can positively impact Iowa's economic development.

(Governmental Shifts)

The Federal earmark request for FFY07, if approved, could help increase the capacity of local public health to address the development of regional coalitions.

(Grassroots Support)

As the OMH becomes a "public health voice" that promotes positive health status changes by working with grassroots organizations in communities throughout the

State, its position within the public health system and broader public may be strengthened.

THREATS

(Resources)

There is the threat that adequate, sustained funding will **not** be secured for OMH which could result in the loss of staff and the ultimate dismantling of the office.

(Service and Presence)

There is a threat that regional coalitions may not become a reality.

Consequently, the value of OMH might not be recognized because it would have no real extension throughout the State.

Quite simply, without the Iowa Department of Public Health Office of Multicultural Health, the health status of our communities will decline.

THE STRATEGIC PLAN

(The Window)

The window for implementation of the strategic plan for Iowa's OMH spans five years: FY 2007 through FY– 2011. Given the fluidity of the health and social environment, it is reasonable to assume that some future adjustments to the plan may be required but said adjustments are not anticipated to be materially substantive *unless* adequate financial resources for OMH are **not** awarded.

(**Core Functions**)

The core functions i.e. the "businesses" of IDPH Office of Multicultural Health are the processes by which the office's strategic initiatives will be actualized. These functions will help build the infrastructure of the OMH and have been determined to be the following (They are **not** listed in order of priority).

- **Education**
- **Advocacy**
- **Data Management**
- **Training and Development**

(The Health Disparities)

The strategic initiatives, outlined in the following section of this document have been structured to help positively move the "multicultural health status needle" for the following conditions or diseases in which the health

Strategic Plan – continued

(The Health Disparities – continued)

disparities i.e. prevalence rates and poor outcomes are disproportionately higher in Iowa's multicultural communities.

-Cancer, particularly prostate cancer

-Heart Disease and Stroke

-Diabetes

-HIV

-Pulmonary Disease, particularly Asthma

-Obesity

-Oral Health and more specifically access to oral health care

-Substance abuse

The Strategic Initiatives – defined

Strategic Initiative 1: Health Promotion with and on behalf of Iowa's multicultural communities

According to an article published by Michael O'Donnell in the American Journal of Health Promotion (Vol. 3, No. 3), "health promotion" is **"the science and art of helping people change their lifestyles to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual and intellectual health".** The IDPH Office of Multicultural

Health will engage in the science and art of promoting health in Iowa's racial, ethnic and linguistic multicultural communities.

Strategic Initiative 2: Information on the Health Status of Iowa's multicultural communities

This strategic initiative focuses on the process of gathering and disseminating uniform health indicator data regarding the collective health status of multicultural populations in Iowa. It is designed to create a "knowledge bridge" where data becomes "information" and information becomes "knowledge".

Strategic Initiative 3: Building the "presence" of and support for the IDPH Office of Multicultural Health

This strategic initiative is one that will create a statewide network of support and resources for the IDPH OMH and its constituents.

Strategic Initiative 4: Fostering continuous cultural competency among Iowa's health care providers

Perhaps one of the best definitions of "cultural competency" can be found in an article published in the Family Practice Management Journal in October, 2000 wherein it is defined as *"a set of congruent behaviors, attitudes and policies that come together as a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural*

situations. The word 'culture' is used because it implies the integrated pattern of human thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word 'competence' is used because it implies having a capacity to function effectively."

The Strategic Initiatives: Goals, Objectives, Tactics and Metrics

THE META GOAL:

To reduce the incidence and prevalence of diseases and health conditions and environment that impact Iowa's multicultural communities disproportionately.

Core Function: **EDUCATION**

Strategic Initiative: **Health promotion with and on behalf of Iowa's multicultural communities**

Goal 1: To increase the health literacy of Iowa's multicultural communities

Objective 1.1. To assure that continuous culture competency standards are applied to all health information that emanates from the Iowa Department of Public Health

Objective 1.2 To create an effective mechanism for the dissemination

Core Function: Education – continued

of culturally competent information to Iowa's multicultural communities and to the health care providers who serve them

Tactics/Strategies: A. Create and conduct a social marketing campaign re: Health care issues and practices affecting multicultural, immigrant, and refugee communities in Iowa that is culturally competent, socially appropriate and culturally accessible.

Tactics/Strategies: B. Establish a "continuous cultural competency" review mechanism through which all of IDPH's health information must be screened and approved before distribution.

C. Establish and maintain an internet site where a current inventory of professionally translated materials in all formats (ex. audio-visual, print) may be easily accessed

Objective 1.3 To be a multicultural health resource to the general public

Tactics/Strategies D. Register OMH with the statewide information and referral human service hotline 2-1-1.

Metrics	
	Total number of materials accessed in the library Total number of visits to the on-line library Outcome of media survey re: the impact of the social marketing campaign on the targeted audience Amount of "approved" IDPH health information materials Feedback from regional coalitions Improved health status of targeted multicultural populations in Iowa

Core Function: **DATA MANAGEMENT**

Strategic Initiative: **Information on the health status of Iowa's multicultural communities**

Goal 2: To understand the health status of Iowa's multicultural communities, i.e. to create a "knowledge bridge" whereby data becomes information and information becomes knowledge

Data Management – continued

Objective 2.1 To collect and provide valid empirical information on the health status of multicultural groups in Iowa

Tactics/Strategies:

A. To conduct an assessment of current available data on the health status of Iowa's multicultural communities to determine gaps and other data difficulties

B. To develop a data management plan that addresses data aggregation, analysis, monitoring, dissemination, policy and staffing

C. To establish a centralized, integrated database that contains uniform, valid health status data on multicultural, immigrant and refugee communities that can be segmented by numerous variables (ex. geographic location, age, gender etc.)

D. Collaborate with other entities to access and share multicultural health status data

E. Secure the services within or external to IDPH of an

Data Management – continued

information technology specialist, and assure that data on the health status of Iowa's multicultural communities is available to the OMH and constituents.

Metrics	Compilation and release of an annual report on multicultural health disparities in Iowa Number of health projects implemented in the state in response to the health status issues revealed in the annual health disparities report (see above) The establishment of the centralized database on the health status of multicultural communities in Iowa Number of health status reports requested and distributed to organizations and individuals throughout the State Change in health status indicators for the multicultural communities in Iowa

Core Function: **ADVOCACY**

Strategic Initiative: **Building the "presence" of and support for the IDPH Office of Multicultural Health**

Goal 3: To foster an active, influential and statewide climate of support for IDPH OMH and its constituents

Objective 3.1: To advocate for statewide policies and practices that support the mission and vision of the OMH

Tactics/Strategies: A. Establish a multicultural health advisory council in the administrative rules.

Function:

-To inform and advise IDPH, OMH, and policy makers on issues relevant to multicultural health

-To advocate for or against public policies and practices that affect multicultural communities

-To advocate for funding that supports the activities of OMH

Composition:

No more than 15 voting members would be on the council.

Core Function: **ADVOCACY –** continued

Tactics/Strategies: A. Create statewide…council – continued

Representation

-Representation from each regional coalition or each local public health service region

-Public sector representative i.e. legislators, state commissioners

-Service sector representative i.e. DHS and other entities, local council representative, representative from education; representative from health care

-Private sector representative i.e. business leader, grassroots, nonprofits, faith based, volunteers, community leader

B. Determine critical policies and areas of advocacy in which the council must engage in FY 2008

C. Determine practical operation of the council i.e. logistics

Core Function: **ADVOCACY** - continued

Metrics	"State Advisory Council" provision written into administrative rules State Advisory Council is organized and conducts business Adequate and sustainable funding is secured for OMH # of legislative items supporting OMH's mission and vision passed (ex. legislation on continuous cultural competency)

Objective 3.2: To create a regional OMH presence and service delivery system in each of the Iowa Department of Public Health local public health services regions

Tactics/Strategies:

A. To establish an OMH coalition in each local public health service region

B. To monitor and analyze the health status indicators of the multicultural communities in each council's region

C. To help implement the OMH strategic initiatives (as outlined in this plan) for the coalition's individual region

Tactics/Strategies: continued

D. To communicate/inform the OMH and the public in the coalition's region of any unique, unanticipated developments in the health status of the multicultural communities in the respective region

Metrics	Establishment of a coalition in each of the public health regions Employment of additional staff to support regional coalitions, OMH Specialists Develop and implementation of the Coalition's Work Plan (Please refer to the metrics for the plan's other strategic initiatives. Most will apply to this objective, *regionally)*

Core Function: **ADVOCACY**

Objective 3.3: To develop a sustainable infrastructure for the Office of Multicultural Health

Note: While all of the strategic initiatives will help develop a

Core Function: Advocacy: tactics/strategies – continued

sustainable infrastructure for the OMH, key informants stressed the importance of this objective and thus, the critical strategies re: infrastructure are articulated and follow

Tactics/Strategies: A. Advocate for reclassification of lead staff recognizing a change in the scope of role and responsibilities

B. Secure adequate, sustainable funding for OMH

. C. Establish regional coalitions

D. Secure additional OMH staff

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Metrics	The administrative rules for OMH are adopted Funding for OMH is approved/appropriated

Core Function: **TRAINING AND DEVELOPMENT**

Strategic Initiative: **Continuous Cultural competency of health care providers and health care educators.**

Goal 4: To institutionalize “continuous cultural competency “in the provision of health care and in the education of health care providers throughout the State of Iowa. (Health care providers are defined as Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited health

Strategic Initiative: Cultural competency of health care providers and health care educators (continued).

facilities, physicians, nurses, behavioral health providers, allied health personnel and health care support staff. Health care educators are defined as accredited colleges and universities that offer degree programs in any field of health care)

Objective 4.1: To establish Standards of Best Practice re: continuous cultural competency for health care providers (institutions and individual practitioners) and for health care educators (institutions and individuals)

Objective 4.2 To assist in the provision of " continuous cultural competency" training throughout the State of Iowa

Tactics/Strategies: A. OMH staff develops and distributes the "Best Practices in Continuous Cultural Competency" module (included in said module will be a section on the "spiritual dimensions of care")

Core Function: TRAINING AND DEVELOPMENT – continued

Tactics/Strategies:

B. OMH's State Advisory Council will propose and advocate for legislation and JCAHO requirements that health care providers be certified in "continuous cultural competency" (Please refer to the definition of "health care provider" in the goal 4 statement)

C. IDPH Multicultural Health Advisory Council will propose and advocate for legislation requiring accredited colleges and universities in Iowa where degreed health education programs are offered, to provide instruction on continuous cultural competency

D. Facilitate the use of culturally competent, certified interpreters in the mental health and substance abuse fields. (Note: It is reasonably assumed that "Best Practice" standards will give some attention to the diversity of the personnel of the health care providers not referenced in strategy D)

Core Function: Training and Development - continued

Metrics	Passage of legislation on “continuous cultural competency practice requirements” for health care providers Passage of legislation on “continuous cultural competency education requirements” for universities and colleges Addition of “continuous cultural competency” provision to JCAHO requirements for health organizations (which includes hospitals) Number of “cultural competency” trainings provided by OMH Percent increase of health care providers, allied health and support staff who practice in Iowa and are from diverse cultures Training participants’ evaluation