

A STATE PLAN TO REDUCE HEALTH DISPARITIES AND PROMOTE HEALTH EQUITY IN NEW HAMPSHIRE

The New Hampshire Department of Health and Human Services (DHHS) Office of Minority Health, the New Hampshire Minority Health Coalition, the Endowment for Health, the Foundation for Healthy Communities, and the New Hampshire Institute for Health Policy and Practice at the University of New Hampshire are collaborating to lead the development of a ***State Plan to Reduce Health Disparities and Promote Health Equity in New Hampshire***. This public-private partnership was formed to identify priorities for action to work towards health equity for racial, ethnic and linguistic minorities in New Hampshire (NH). The plan will serve as a basis for collaboration between diverse stakeholders, public and private, to achieve this goal. The scope and implementation of the plan will not be limited by the resources of state government, nor by the capacity of a single person, agency or organization.

What are Health Disparities?

Not everyone in the United States enjoys the same health opportunities. Studies show that minority populations experience poorer than average health outcomes – they are much more likely to die as infants, have higher rates of diseases and disabilities, and have shorter life spans. This disproportionate burden of disease and mortality is reflected in health disparities. The 2002 Institute of Medicine Report, *Unequal Treatment*, helped to raise awareness nationally about health disparities. Unfortunately, eight years later disparities still persist. For example:

- Infant mortality rates are twice as high for black babies as they are for white babies, and
- Hispanic women are twice as likely to have cervical cancer as white women.¹

Unequal access to health care and differences in the quality of care received certainly contribute to health disparities; and culture and language barriers are critical to people's ability to access high quality health care. However, other factors are now recognized as being equally, if not more, important in determining one's health and health status including income and poverty status, education, employment and working conditions, housing quality, and neighborhood features including whether one has access to healthy food choices and walkable streets. This complex array of social, cultural and environmental factors that impact quality of life are called social determinants of health and they contribute significantly to health disparities. It is the combined differential experiences in access to health care, quality of health care, and social determinants that result in inequalities in health for racial, ethnic and linguistic minority populations.

In NH, there is a growing population of racial, ethnic and linguistic minorities, predominated by immigrants and refugees. Between 2000 and 2008, there has been a 23% growth in the State's foreign-born population.² Despite our demographic changes, our public health data systems do not yet accurately collect race, ethnicity or language information. This system failure limits the ability of practitioners and researchers to identify, evaluate and address health inequities in NH.

Why Does NH Need a Plan?

Every resident in NH is bound by the same concerns for health, housing, education, employment, and the like. Some populations in NH struggle because they do not have a fair chance to be healthy. We succeed as a state when we ensure opportunity for all, including the opportunity for health. By applying our NH ingenuity, we can make better use of our limited resources, progress towards solving health

¹ Racial and Ethnic Disparities in U.S. Health Care: A Chartbook. Mead, et al (2008)

² For individuals 5 years and over. 2000 figure, 54,154 comes from the 2000 US census. 2008 figure, 66,550, is an estimate and the source is the U.S. Census Bureau, 2006-2008 American Community Survey, 3 Year Estimates.

disparities, and develop programs and services fairly distributed and accessible across all communities. Developing a *State Plan to Reduce Health Disparities and Promote Health Equity in New Hampshire* will focus our collective efforts to promote initiatives and policies that can help make our communities healthier places to live, learn, work and play for all.

What is the Process to Develop a Plan?

A State Plan Advisory Group of key stakeholders has been convened to guide the work of creating a state plan.

Phase I Planning Work – Completed July 2010

Funded by the Endowment for Health, the NH Institute for Health Policy and Practice conducted an *Assessment of Race, Ethnicity and Language Data Collection in New Hampshire Public Health Data Sets*. The assessment included identification of priorities and strategies for financing and implementing recommendations for changes in the NH public data collection systems.

Phase II Planning Work – In Process through August 2010

Coordination by Altarum Institute, funded by the NH DHHS Office of Minority Health:

- Conduct a research review of various reports related to the health of minority populations in NH.
- Engage minority community members, key health institutions, public and private entities, and minority health experts to expand the NH State Plan Advisory Group.
- Engage stakeholders in the process to collect qualitative data regarding needs, gaps, priorities and strategies for addressing disparities and promoting health equity.
 - Conduct key informant interviews and focus groups.
- Use the Phase I planning work, Phase II qualitative data, research review of available minority health reports/disparities data, and input from the Advisory Group to identify priority issues (needs, gaps, priorities, and strategies) to address in a NH Health Equity Plan.
- Develop a summary report/presentation for the NH State Plan Advisory Group and other stakeholders.
- Draft an outline of a state plan to address health disparities and promote health equity for NH using a social determinants of health framework.
- Identify funding opportunities for finalizing the Plan.

Next Steps: The New Hampshire Health and Equity Partnership

Coincident with this process, various individuals, organizations, and coalitions concerned with issues of access, quality, cultural competency, and equity have coalesced around a shared vision. The public-private partnership structure of the State Plan Advisory Group has evolved into an umbrella entity, integrating the Diversity Task Force and the Medical Interpretation Advisory Board, to continue this health equity work collaboratively. The work of the **New Hampshire Health and Equity Partnership** will be guided by the *State Plan to Address Health Disparities and Promote Health Equity in New Hampshire* into the implementation, evaluation, monitoring, and improvement phases, and beyond, to promote a more just and equitable future for all people in NH.

For more information please contact the plan development co-chairs:

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