JULY-SEPTEMBER 2015 QUARTERLY NEWSLETTER

Why Minority Health?

The Oklahoma Office of Minority Health (OMH) is focused on improving the health status and condition of America's racial and ethnic populations including African Americans, Native Americans, Asian/Pacific Islanders and Hispanics. Studies have shown that currently and historically, the health of these populations are at critical stages of premature death (infant mortality), of higher incidence of disease and injury (cancer, diabetes, cardiovascular disease, homicides, suicides, etc.), and of overall poorer quality of health compared to the general population. These conditions, generally described as health disparities, directly impact the overall health status of America and its states, including Oklahoma. Oklahoma's annual low health ranking (40th or above nationally) is tied to the health status of its minority populations. Below, the *2015 OMH "Minority Health at a Glance"* summary illustrates Oklahoma's health disparity conditions among populations, inclusive of socio-economic factors:

African Americans

- Diabetes
- Heart Disease
- Cancer (Breast and Prostate)
- Obesity
- Infant Mortality/Low Birth Weight

Hispanics

- Obesity
- Lack of Insurance Coverage
- High School Dropouts

Native Americans

- Tobacco Use
- Unintentional Injury Deaths
- Diabetes
- Poor Mental Health Days

The Social Implications of Health

With the U.S. and Oklahoma populations trending to a higher proportion of persons of color, led by the fast growing population of Hispanics, improving the health of all populations is more critical than ever. The unequal health condition of these culturally diverse populations (health disparities and health inequities) is directly tied to a mixture of social and economic issues including economic development, social status, education, income, poverty, housing, transportation, employment, workforce development, mental health, public safety, and an individual's (or community's) ongoing living conditions and overall life choices (social determinants of health). Achieving health equity (or equal health status for all populations) and eliminating health disparities represents the goals of minority health.

Health Disparities

- Unequal health status among populations.
- Results in higher instances of disease, injury and death.
- Prominent among racial and ethnic minorities.
- May impact other populations including women, elderly, children and disabled.

Health Inequities

- Differences in health status that is unfair, unequal and systematic.
- Intentially creates and sustains disadvantages (or advantages) for affected populations.
- Exists through laws, policies, behaviors, economics, regulations, etc.
- Affected populations may not have access to certain resources and opportunities provided to other population groups.
- Oppurtunities for improved health and quality of life are greatly diminshed.

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Health Equity

- Equal health status for all populations without regard to socio-economic status, race/ethnicty and social standing.
- All populations have equal access to resources and opportunities for improved health and quality of life.
- No pre-determined advantages or disadvantages for certain population groups.

Social Determinants of Health

- Socio-economic conditions that impact health individually or community-wide.
- May be situational or generational.
- Impacts choices or circumstances on health decisions and conditions.
- Conditions include poverty, income, education, housing, transportation, environment, employment, public safety, incarceration, etc.

A Healthy Baby Begins With You

An OMH initiative that prioritizes infant health in minority populations is "*A Healthy Baby Begins With You*", a community-supported baby shower program. From a public health perspective, an infant mortality rate (IMR) is an indicator of the health status of infants. By definition, the IMR is the number of deaths during the first year of life per thousand live births. In Oklahoma, the infant mortality rate from 2011-2013 was 6.8 per 1,000 live births, ranking it in the top ten for the worst rates in the U.S. *(Oklahoma Infant Mortality Data Fact Sheet, 2013)*

When analyzed by race and ethnicity, the IMR in Oklahoma reveals health disparities for minority populations. In particular, the IMR for African Americans (15.4) and Native Americans (8.1) is highest among racial and ethnic minorities. *(Oklahoma Infant Mortality Data Fact Sheet, 2013)*

The Healthy Baby program is a way for the OMH to impact and engage minority communities around the state to improve their infant mortality rates. By creating partnerships with county health departments, local initiatives, Tribal Nations, community groups, and/or federal offices, the OMH is able to host and support community baby shower events across the state that specifically target minority populations. The showers involve significant planning (*Healthy Baby Toolkit*) and funding through community donations and other resources that offer local communities ownership in the baby shower/infant mortality initiative. Participants include persons who are considering pregnancy, currently pregnant, or caring for a child under the age of two. Participants may also include fathers and extended family members.

The showers provide particpants with valuable information and incentives including interaction with doctors, nurses, games, prizes/gifts (clothing, formula, car seats, diapers, etc.) and methods to improve the health of the mother and baby. Surveys are used to test health knowledge before and after the shower. The overall intent of the shower is to provide a comfortable and fun learning experience for the participants that will provide crtical tools and resources to mothers, expecting mothers, fathers and extended family on how to properly plan for the care of the mother and child. Strengthening the health of minority families strenghtens opportunities to reduce infant mortality in Oklahoma's minority communities.

Limited English Proficiency

The OMH provides language assistance services (medical interpretation and translation) to persons with Limited English Proficiency (LEP), or those persons who don't speak or fully understand the English language. While the OMH provides language assistance services to all LEP populations, most of its activities are focused on the Spanish language that reflects the state's rising Hispanic population. Statistics indicate that 9.4% (364,537) of Oklahoma's 3.8 million population speak the Spanish language *(Source: U.S. Census, Oklahoma Quick Facts, 2015).* Also, between 2010 and 2013, Oklahoma ranked second nationally in the percentage rise in persons who spoke a foreign language (11 percent), behind North Dakota (13 percent). *(Source: Center for Immigration Policy, 2014).* Finally, 2011 Oklahoma households who did not speak English "very well" represented 17.1% of the state population and those who did not speak it all was 6.8%. This compares to the U.S. rates of 15.5% and 7% respectively. *(U.S. Census Bureau, Language Use in the United States, 2013*).

Limited English Proficiency

- Describes persons with difficulty in speaking and understanding the English language.
- LEP population includes many languages and populations both foreign born and U.S. born.
- Significant proportion of LEP population are Hispanic and growing.
- OMH services reflects evolving demographics and health needs.

Reports indicate that those who are identified as LEP tend to be less educated and more likely to live below the federal poverty line *(Source: Migration Policy Institute, LEP Population of the U.S., July, 2013).* The communication barriers faced by Oklahoma's LEP populations in seeking access to critical health care point to the need for culturally sensitive and appropriate language assistance services.

OMH Language Assistance Services

OMH Spanish language services range from translating written documents (English to Spanish or Spanish to English), to verbal interpreting for patients that use public health services across the state. Written requests for translation services may be accessed via email, fax or hand delivery. Verbal interpretation may involve face-to-face contact or via phone. For other languages, the OMH provides a telephone language line in various locations across the state where available. Over 250 additional languages are accessed through these lines that help communities, families and individuals access much needed health services where communication barriers may exist. For further information about OMH language assistance services, please contact the OMH at 405-271-1337 or *minorityhealth@health.ok.gov*.

Medical Interpretation

- Utilizes spoken language only.
- Enhances ability for LEP persons to communicate with provider.
- Interpreter must meet training and cultural competency standards to provide effective care and information.

Medical Translation

- Utilizes written documents only.
- Translator must have strong writing skills and must understand medical terminology in both target and source languages.

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OMH Mission

The mission of the OMH is to improve the health of racial and ethnic populations across the state for the purpose of eliminating health disparities. The OMH provides support to minority communities and partners statewide through policy development, special events, programs, services, technical assistance and information. This allows for relationship building with minority communities with the intent of improving health opportunities and health outcomes for those who have significant need for assistance in accessing critical health resources. The OMH always welcomes partnership opportunities with local communities and minority health advocates for the common goal of improving Oklahoma's health.

OMH Community Baby Showers

Having Fun

Donations

Information & Resources

Shower Activities

Upcoming Health Observances

July 2015

- Juvenile Arthritis Awareness Month
- World Hepatitis Day (28th)
- Eye Injury Prevention Month

August 2015

- National Immunization Awareness Month
- National Breastfeeding Month

September 2015

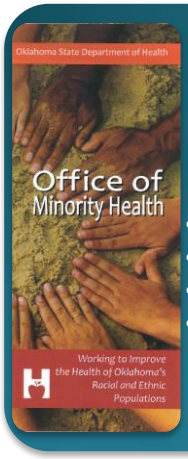
- Hispanic/Latino Heritage Month
- National Childhood Cancer Month
- National Childhood Obesity Month
- National HIV/AIDS & Awareness Day (18th)
- National Sickle Cell Month

September 2015

- National Women's Health & Fitness Day (30th)
- Newborn Screening Awreness Month
- Ovarian Cancer Awareness Month
- Prostate Cancer Awareness Month

OMH Contact Information

For further information on activities, resources and partnership opportunities, please contact:



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