



Task Force on Health Care for People of Color

Mission and Charge: To examine the issue of health care for people of color, determine what the County is doing to resolve existing barriers, and develop proposals for County action.

REPORT AND RECOMMENDATIONS



**Established by
Board Chair Steven Heacock
June 2001**

MISSION & CHARGE

The Task Force on Health Care for People of Color was established by County Board Chair Steven Heacock with the following mission and charge:

To examine the issue of health care for people of color, determine what the County is doing to resolve existing barriers, and to develop proposals for County action.

THE PROCESS

The Task Force met three times during June and July 2001. Two meetings were devoted to hearing presentations and reviewing data relative to the disparity in health outcomes for people of color in the community. The third meeting was a facilitated “brainstorming” on barriers and ideas to address them. At the end of the summer, a smaller committee convened to develop draft recommendations. Barriers and activities to address them were separated into five broad categories: Access to Health Services, Cultural Sensitivity and Healing Racism, Education and Information, Prevention, and Policy. A series of specific recommendations targeting each of the categories was developed, and brought back to the larger group for review and revision in early November.

Individuals who participated in Task Force meetings included:

Nora Barkey	Paul Doyle	Pat Mathis	Chris Shea
Lou Barnes III	Beverly Drake	Walter Mathis, Sr.	Maureen Street, M.D.
Tina Barnikow	Margo Duncan MD	Whitney Mauer	Barbara Terry
Wanda Bierman	Lennox Forrest	Virginia Moralez	Carol VanderWal
Tim Bolen	Barbara Hawkins-Palmer	Khan Nedd, M.D.	Sandy Walls
Julie Bonewell	Debra Holmes-Garrison	Jackie O’Conner	Terri Weekley
Walter Brame	Bonnie Huntley	Roberta Peacock	James Williamson
LaDeidra Brown-Gais	Jesus Jaime	Penny Pestle	Chuck Zech
Rhondo Cooper	Anthony King	Cathy Raevsky	Lody Zwarensteyn
Teresa Cruz	Ruth Lumpkins	Shirley Rapier	Andrew Zylstra
Frances Dalton	Frank Lynn	Khalil Rashid	
Mary Dengerink	Bradford Mathis	Almira Rojas-Barker	

As the recommendations were developed and discussed, it was repeatedly noted that other community groups, healthcare providers, and managed care organizations are already working on initiatives with similar goals. Task Force participants emphasized that the County should use its resources to support or supplement the efforts of others, rather than to create new or duplicative structures. As a result, these recommendations consistently refer to soliciting proposals from organizations within the community and including coordination plans as part of the selection criteria.

The Task Force also encouraged the County to develop evaluation measures for each of the recommendations to allow their effectiveness and impact to be monitored. Finally, Task Force participants stressed that the County should specifically assign the responsibility for overseeing the implementation of the recommendations and reporting on their progress.

RECOMMENDATIONS RELATED TO ACCESS:

1) Challenge the clinics (public and private) to collectively address the various health care system improvement projects identified by the task force and provide a dedicated, system-neutral, professional-level person and required, associated support

Areas to emphasize in implementation:

- Establish as a three-year pilot program
- Require memorandums of understanding with the clinics/health centers to assign appropriate policy-level staff to provide direction and commitment of resources to implementation of specific projects
- Staff would be required to provide an annual report to the Board of Commissioners and others regarding the projects that have been undertaken, progress made in completing the project or achieving its goal, and the level of participation of the clinics/health centers
- Target the following types of projects: improving the efficiency of the medical data collection and management system, sharing of donated pharmaceuticals, improving medical coverage, providing a technology connection among health department and primary care clinics, etc. (others from the issues list developed by the task force)
- As the first project, develop a system of mobile screenings/services with non-traditional hours
 - Identify locations where screenings/services should be offered
 - Identify an appropriate schedule of non-traditional hours and appropriate services to offer
 - Consider pilot sites and phased implementation
 - Identify resources for implementation

2) Design, develop and implement a Health Care Transportation Resource Directory and Coordination Project

Areas to emphasize in implementation:

- Identify/Link all public and private transportation providers used by medical providers
- Use an RFP process to identify a qualified person/organization
- Require that the development process link with existing similar projects focusing on other transportation needs; demonstration of how they will share information with existing activities to be required as part of the RFP response
- Assign a local advisory group to provide input into final document; include groups already working on this issue; ensure client and significant minority involvement
- Create and advertise a single/primary point of access for medical-related transportation information/assistance
- Include a budget and funding plan that maximizes Medicaid and other existing funding (explore the potential of pooling funds to bid out a collaborative service)
- Final plan to include assignment of ownership and responsibility for implementation with identified resources

3) Support community efforts to establish health care coverage for low-income persons

Component parts/areas to emphasize in implementation:

- Expand resources for outreach specifically to minorities
- Target projects to ensure culturally sensitive outreach and service delivery
- Encourage cultural sensitivity/multi-cultural/bilingual/translation capacity of providers and geographically sensitive provider assignments

RECOMMENDATION RELATED TO CULTURAL SENSITIVITY AND HEALING RACISM

4) Develop an educational tool specifically for medical personnel and create a vehicle to disseminate it and engage participation

Areas to emphasize in implementation:

- Link to/build on/coordinate with existing community efforts
- Use an RFP process to identify a qualified person/organization to develop the materials
 - Ensure significant client and minority involvement in the development of the materials
 - Include as one of the products a directory of who is providing translation and resources used to pay for it
- Use a separate RFP process to identify a qualified person/organization to disseminate the materials and engage the medical community in participation
 - Include a train the trainer component
 - Request a tiered response showing what could be achieved for various levels of funding over a specified (e.g. one- or two-year) time period
 - Include mechanism to evaluate effectiveness of the training
- Overtly encourage participation in Institutes for Healing Racism

RECOMMENDATION RELATED TO EDUCATION AND INFORMATION

5) Work with First Call for Help/211 to include preventive and primary health care information within its Information and Referral Program

Component parts/areas to emphasize in implementation

- Develop appropriate information for First Call for Help/211 to make available
- Encourage multilingual capacity
- Ensure information is updated and disseminated to all human service/social service/neighborhood/church organizations
- Promote 211 information as a referral resource for social service/case managers/community workers as well as for individuals seeking services

RECOMMENDATION RELATED TO PREVENTION

6) Design, develop and implement a public information campaign focusing on education about minority health, prevention promotion, and access issues

Areas to emphasize in implementation:

- Include both high profile one-time event(s) and on going, recurring processes (short-term and long-term strategies)
- Require campaign to be multilingual and multi-culturally sensitive
- Use an RFP process to identify a qualified person/organization to develop the campaign
- Assign a local advisory group to provide input to final product to include existing health care marketing people; ensure client and significant minority involvement
- Include a budget and funding plan that maximizes existing and collaborative efforts (incentives to health care providers for participation or support) and considers multiple vehicles. Build on federal and state health campaign calendars
- Consider nontraditional advertising vehicles and co-location where negative health messages are found
- Final plan to include assignment of ownership and responsibility for ongoing activities with identified resources

RECOMMENDATION RELATED TO POLICY

7) Assign ownership/follow up on Task Force recommendations and issues to an individual who will have the responsibility as a priority of their job description, not as an add-on

Areas to emphasize in implementation

- Not just the six major recommendations, but a person(s) within the County structure must be identified and charged with keeping the entire list of issues (including those related to policy) in the forefront and to champion/promote them through the regular course of County operations and interactions