The Office of Minority and Multicultural Health (OMMH) is the lead state agency in providing technical assistance, and statewide partnerships on CLAS standards trainings, in-service professional education regarding the social determinates of health, health equity and health disparities. The OMMH Advisory council continues to use its 2017 strategic plan for council and program activities and in May 2017 developed its 2018 – 2020 strategic plan. To date, trainings have been provided to over 550 health professionals by OMMH staff. Trainings enhanced education and outreach strategies on issues related to health equity/health disparities and the impact on diverse populations. The OMMH also serves on the Region VII Health Equity “Heartland” Advisory Council. In October 2016, OMMH staff was voted to co-chair this council, serving with the Nebraska OMH officer. We continue to serve as a board member of the National Association of State Offices of Minority Health. Communities continue to increase the engagement of the OMMH Advisory Council in strategic planning and program activities, regional multicultural coalitions, and service delivery. We continue to provide preceptorships and internships for the Des Moines University College of Osteopathic Medicine, Masters of Public Health Program and partner with other Iowa academic institutions in accordance with our goal to provide internships for students of diverse ancestry heritage.

Did you know?

- In 2005, IDPH established the Office of Multicultural Health (OMH), which became Iowa law in 2006. OMMH has worked diligently to actively promote and facilitate health equity for Iowa’s multicultural communities.
- In 2010, OMMH received its first federal DHHS OMH State Partnership Grant. In 2011, OMMH, in contractual agreement with the University of Northern Iowa, completed a 3-phase goal of establishing the opportunity for six regional public health minority health coalitions. In 2012, OMMH received a DHS, OMH National Plan for Action award to increase education and awareness efforts to end health disparities. Free materials and toolkit resources can be found at http://minorityhealth.hhs.gov/npa. An additional resource is www.thinkculturalhealth.hhs.gov.
- In 2014, OMMH entered into its first collaboration with DHS and U of I for CLAS standards training and continues to provide this training to any organization free of charge. In 2015, OMMH staff received two certificates of commendation from the Deputy Assistant Secretary of DHHS OMH in recognition for their contribution to regional health equity initiatives within Iowa. 2017 saw an increase of CLAS standards trainings from 10 to 20 trainings.

Why is Minority & Multicultural Health important to protecting and improving the health of Iowans?

- According to recent national and state data, Iowa demographics continue to change. In 2016, the diverse population is estimated at 3.4% African American, 0.4% Native American, -- 2.2% Asian alone, 5.6% Hispanic/Latino, 1.9-% two or more races, 0.1% Native Hawaiian and other Pacific Islander alone.
- Chronic diseases such as diabetes, cardiovascular disease, and cancer are more common in Iowa’s minority and immigrant/refugee populations. IDPH must assist local public health agencies and health care providers to address the health concerns, awareness of health disparities and health equity of all Iowans.

What do we do?

- Work with companies, communities, faith-based groups, and others across Iowa to develop strategies for providing culturally and linguistically appropriate services.
- Coordinate and provide education and training in culturally and linguistically appropriate health care and service delivery to any state, local, or regional agency, program, or institution.
- Assure access to networks, contacts, and resources necessary to apply for local, regional, and federal grants and awards.
- Provide information to the public about health disparities.
- Ensure a comprehensive health assessment for newly arriving refugees. Work with partnering agencies to assure appropriate health services are received.
- Plan, evaluate, assess, and research health disparities.
- Develop legislation, rules, and policies related to health disparities.
- Work with and provide links to communities, local agencies and programs, and regional and federal entities to address the health issues that affect Iowa’s minorities, immigrants, and refugees.
How do we measure our progress?

- Number of state and local programs and organizations that have received technical assistance, resources, or training about multicultural health issues and services.
  
  Data Source: OMMH records. Data are available annually.

How are we doing? The OMMH consists of the Executive Director of OMMH, its advisory council, and a multitude of partnerships throughout Iowa that provide education and professional expertise in the area of health disparities and health equity.

From 2012 to 2015, OMMH continues to increase partnerships, technical assistance, and the facilitation of workshops and professional development for more than 1,500 public health, faith and community based organizations. We continue to provide internships, capstone and special projects for students attending Des Moines University, UNI, DMACC, U of I and Iowa State in their undergrad and graduate studies programming. OMMH continues to work in partnership with the Iowa Comprehensive Cancer Consortium, IDPH tobacco programming and health promotion and chronic disease prevention programming to address the needs of Native Americans, African Americans, and Latinos living with cancer. In partnership with Community Health Partners of Sioux County Public Health, we continue to provide assistance to the Latino Women’s Support Services Coalition (SALUD).

What can Iowans do to help?

1. All Iowans can become more aware of the health care and access needs of Iowa’s minority, immigrant, and refugee residents.
2. All Iowans can build public, professional, and policymaker support for programs and policies to improve the health of minorities, immigrants, refugees, and their families.
3. Iowa organizations can do more to recruit and retain racial and ethnic minorities as health and human service providers.

Expenditures

Federal funds: 0153-0404/0948/0952

<table>
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<tr>
<th>State Fiscal Year</th>
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<td>2015 Actual</td>
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Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.