



Establishing an Office of Health Equity or Minority Health

Key Considerations

Report Summary: ASTHO developed this report as part of ASTHO's technical assistance for CDC-RFA-OT21-2103 territories and freely associated state recipients to address island jurisdictions' priorities and needs. This report explains the typical scope of a health equity/minority health office, including how they are established, structured, and funded, their partnerships, and the lessons they have learned. An office or team devoted to efforts to achieve health equity can provide a focus on cross-cutting efforts and strategies to improve services, outreach, and engagement with the communities that are marginalized. This report aims to assist island areas that are building their new offices or those considering establishing one. In addition, this report could help inform states that want to learn more from other jurisdictions and enhance their existing offices.

Special thanks to the National Association of State Offices of Minority Health (NASOMH) and the following state offices of health equity/minority health: [California](#), [Michigan](#), [Nebraska](#), [Nevada](#), [New Jersey](#), [New York](#), [Ohio](#), [Vermont](#), and [Washington](#). The offices referred to in this report will all be referenced as Health Equity/Minority Health Offices. See the introduction for more information on why these offices were selected.

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Table of Contents

INTRODUCTION	1
SCOPE OF WORK	3
STRUCTURE	3
EMBED HEALTH EQUITY	4
• TRAINING	5
FUNDING	5
LEADERSHIP	6
PARTNERSHIPS	6
• COMMUNITY ENGAGEMENT	7
• ADVISORY COMMITTEES AND GROUPS	7
LESSONS LEARNED	8
CONCLUSION	9
APPENDIX A: ADDITIONAL RESOURCES	11
APPENDIX B: TYPES OF STAFF POSITIONS	14
APPENDIX C: EXAMPLE POSITION DESCRIPTIONS	18
• COMMUNICATIONS COORDINATOR	18
• TRAINER	19
• FINANCIAL ANALYST	20
• GRANT MANAGER	21
• EPIDEMIOLOGIST COORDINATOR	23

Introduction

Generally, health equity/minority health offices are committed to improving people's health within their jurisdictions, with particular emphasis on diverse communities, groups that have been minoritized, and communities that have been historically marginalized and experienced inequitable health outcomes. This work generally encompasses community mobilization, culturally and linguistically appropriate health services, health agency infrastructure, and data and evaluation.

ASTHO, in collaboration with NASOMH, coordinated with nine state health equity/minority health offices to identify best practices and important considerations for setting up and sustaining a health equity/minority health office, especially in a resource-challenged environment (e.g., [lack of island area representation in federal data](#), lack of funding, and workforce challenges). ASTHO and NASOMH selected a variety of state offices to successfully align with island area's needs based on the following factors: geography, Tribal Nations engagement, governance structure, size of health agency, area types (more rural versus urban), population demographics (e.g., states with Pacific Islanders), length of time office has been established (new and well-established), and political affiliation. The selected states shared information about their office's history, scope of work, staff positions, funding, training, leadership involvement, critical partners, community engagement, challenges, successes, and recommendations.

[Health equity/minority health offices](#) help address the needs of their jurisdiction's people who are underserved and disenfranchised, by supporting minority health through education on the importance of health equity and programs on eliminating health disparities and racial/ethnic disparities. The following examples show the great success some jurisdictions have experienced as a result of their health equity/minority health offices (all offices except for Ohio and Washington sit within the health agency):

- **California:** Established a permanent equity infrastructure with a team of dedicated specialists at state and local levels to provide technical assistance to regions with diverse demographic and political affiliations/backgrounds across the state. Provided technical assistance through communities of practice, hiring and staff support, onboarding guides, virtual toolkits, monthly one-to-one sessions, newsletters, site visits, etc. Leveraged health equity leads or teams within local health jurisdictions in California to provide technical assistance.
- **Michigan:** Developed the Equity and Cultural Competency Curriculum Pathway founded in organizational change theory, adopted it as a compass program for education, and expanded it across the department. The program continues to grow, with numerous educational offerings conducted, reaching over 5,000 online training completions and 2,500 synchronous participants in fiscal year 2023. Developed the Ready Curriculum Pathway, adopted it as a compass program for education, and expanded it across the agency. The program continues to grow, with numerous educational offerings conducted, reaching 2,500 participants in fiscal year 2023.
- **Nebraska:** Introduced and adopted the [Pathways to Population Health Equity Framework](#) to gauge equity efforts being tested or used across Nebraska health agencies. This has resulted in a better understanding of health equity for the next round of funding to ensure local health agencies can be more inclusive of minority populations, as well as age, gender, etc.
- **New Jersey:** Increased vaccination rates in high-risk communities by establishing a [COVID Community Corps](#). Developed a vaccine call center with multilingual support to schedule vaccinations, locate vaccine

clinics, and more. Assigned liaisons for high-risk populations, such as people experiencing homelessness, people in domestic violence shelters, people who are incarcerated, and people who are migrant seasonal farmworkers, to provide COVID-related services and other public health resources.

- **Nevada:** The Nevada Office of Minority Health and Equity (NOMHE) was identified by statute as one of the three appointing bodies to the Advisory Committee for Resilient Nevada (the committee responsible for distribution decisions) after Nevada received its opioid settlement funds. NOMHE also created a customizable equity lens that will be employed to ensure the development and implementation of strategies to combat the opioid crisis and directly address the needs of communities disproportionately impacted.
- **New York:** Infused the CLAS Standards, Health Literacy Principles, and requirements of the [New York State Language Access Law](#) into its funding awards. Awardees incorporated these elements into their work plans and performance measures. Published articles on the importance of health literacy, language assistance, and language access in pediatrics with the National Academy of Medicine and JAMA Pediatrics, respectively. Oversaw the [American Indian Health Program](#) initiated in response to New York State Department of Health Public Health Law § 201(1)(s). The program supported access to medical services to members of the nine state-recognized Nations through clinics located on Nation territories throughout New York State. New York State reimbursed for health care services provided at the Nation clinics through contracts not funded by the Federal Indian Health Services (IHS). New York became the first state with minor civil divisions to use sub-county-level and county-level data to produce its [biannual legislatively mandated report](#). The office is the designated Language Access Coordinator for the New York State Department of Health and supports the charge of the New York State Language Access Law.
- **Ohio:** Ohio adopted the framework of the National Partnership for Action's National Stakeholder Strategy for Achieving Health Equity in 2012 and implemented a state-level readiness survey for state agencies. For the first time, through a collaboration with the Department of Health and the Office of Medicaid, the Medicaid managed care contracts included health disparity language, setting a policy precedent. The Ohio Commission on Minority Health (OCMH) provided continual funding for the Local Office of Minority Health housed in city and county health departments, which play a key role in guiding health equity efforts at the local level. Some of them developed statements to identify racism as a public health crisis. The OCMH seed funded the Certified Pathways Community HUB model in the late 90s and replicated the model in Toledo, OH, from 2009 – 2014. This nationally endorsed, best practice, nationally certified, community health worker-led model was presented as one of the key solutions to address African American infant mortality in 2016. Focused efforts across numerous community-based organizations and key policymakers resulted in an increase in funding to scale the infant mortality prevention model across Ohio from three HUBS serving three counties to 12 HUBS covering 30 counties with the capacity to serve 55 counties.
- **Vermont:** Established an office for health equity within the health agency with full-time employees dedicated to implementing equity practices and policies internally and externally in the health agency and conducted a health equity assessment to evaluate understanding of various activities (e.g., recruitment) and examine progress (e.g., culture change) within the agency.
- **Washington:** The Interagency Council on Health Disparities developed a [state action plan](#) to eliminate health inequities and has provided periodic updates to recommended strategies. The Council has convened three task forces that have contributed to the creation of a state Office of Equity and a state Environmental Justice Council, helping expand and embed equity across state government. The Council collaborated with the Washington State Board of Health to conduct [Health Impact Reviews](#) (HIRs), which are objective, non-partisan, evidence-based analyses that provide the Governor and state legislators with information about how proposed legislation may impact health and equity.

See **Appendix A** for additional resources from each state office.

Scope of Work

Overall, health equity/minority health offices have a scope that addresses infrastructure, community mobilization/support, data and evaluation, and health services. They demonstrate this through the following:

- Supporting the agencies' infrastructure by promoting health equity in other program areas (e.g., developing strategic or action plans), participating in interagency councils, advancing equitable policies (e.g., embedding equitable practices in procurement processes), and building more unified, integrative understandings of health equity across state agencies.
- Working with communities or CBOs to directly address community members' health and health priorities (e.g., outreach events, listening to community advocates, partnering with Tribes, local governments, or private agencies in communities, and convening CBOs to discuss health equity).
- Providing relevant data.
- Supporting programs and initiatives that provide equitable health services through sub-grants or other forms of collaboration (e.g., providing community health workers to underserved rural and local health agencies, mobile health resources, vaccine equity programs, or health education services).

Nevada Scope of Work Example: We work to serve, educate, and advocate for marginalized communities and within systems and policies. The way that manifests is in the development of resources, like our statewide Health Equity Action Plan. At times, we are written into laws to provide equitable input or to identify communities or representatives of communities to be a part of initiatives like our opioid settlement fund distributions.

Structure

Often, health equity/minority health offices have a person responsible for overseeing the health equity/minority health office's operations, initiatives, and internal and external partnerships; this person is also responsible for participating in various interdepartmental task forces or work groups. Leadership positions within the office could include, but are not limited to, deputy directors, directors, office chiefs, program officers, and executive directors. See **Appendix B** for more details on examples of dedicated health equity/minority health office positions and responsibilities and **Appendix C** for example position descriptions.

Many offices have implemented liaison roles among their staff and within other divisions, units, or teams to ensure their internal and external work is well-supported. For instance, some offices utilize a community liaison model to connect the health agency to community groups or connect the office to other health agency divisions.

Community liaisons can help ensure that the connection between the community and the government remains strong (e.g., connect the health agency to priority populations in the community). They are particularly important because they provide a bidirectional pathway for health agency guidance to reach the community and a way for the health agency to receive important community feedback (e.g., barriers and successes). For one state, this model was adopted for the COVID-19 pandemic to cover testing and vaccination metrics. It was so successful that plans are underway to replicate it to address other health disparities (i.e., cancer, other chronic diseases, and other communicable diseases). Similarly, another office's liaison program assigns someone from each agency to

be a representative who works directly with the community and is responsible for ensuring that each state agency provides the necessary contact and program information for the liaisons on their websites.

In other jurisdictions, health equity liaisons are embedded in different divisions across the health agency to strengthen relationships with the health equity/minority health office. This has been found to be particularly beneficial in some agencies; their leadership has established a requirement for health equity liaisons to be included in program staffing with full funding for salaries, and the liaisons are empowered by reporting deputy directors instead of supervisors at lower levels.

Embed Health Equity

Health equity/minority health offices often have some role in shaping and implementing policy, both within and external to their departments and agencies. They aim to ensure the way in which their agency works is equitable, as well as the way in which they engage their constituents. Within their agencies, health equity/minority health offices ensure that equity is built into state government by conferring on Little P (department/agency level) and Big P (state/national level) policy changes, implementing strategic assessments of equity, or putting forward reports that propose more equitable and efficient processes. Health equity/minority health offices can also support task forces, ensuring that all relevant parties are present and given the opportunity to share their perspectives.

Health equity/minority health offices are also implementing programs external to their agencies by supporting local health agencies and CBOs. These programs often involve identifying health disparities and the needs of priority populations, presenting data back to state government, and supporting CBO capacity building.

Some other important programs include:

- Working with CBOs, using community-defined evidence practices to meet the needs of priority populations.
- Establishing wellness and screening initiatives for priority populations (e.g., men who are American Indian/Alaska Native, Asian American, Black/African American, Latino/Hispanic, and Native Hawaiian/Other Pacific Islander).
- Promoting health literacy.
- Collecting data on priority populations (e.g., arrival and housing for refugees and immigrants).
- Funding doulas and contracting infant mortality hubs through Medicaid.
- Convening task forces (e.g., focused on environmental justice and the LGBTQIA+ community).
- Utilizing community health workers.

California Collaborative Initiative Example:

When the Child Youth Behavioral Health Initiative was enacted in 2021, the Office of Health Equity received \$100 million...to create a public education and change campaign to reduce stigma and increase behavioral health literacy. It's really about promoting help-seeking behaviors. ...We decided that we wanted to split the funding into several buckets. We created...a social marketing campaign, and then we also created grant opportunities, and we just recently funded 28 community-based organizations so they can also be part [of] the synergy between the state-level campaign and the local level.

Training

Health equity/minority health offices often manage staff health equity training within their agency. Their involvement varies, with some offices directly responsible or involved in overseeing the development and implementation of training plans. They have dedicated training efforts towards topics such as:

- Inclusive recruitment.
- Allyship and cultural humility.
- Culturally and linguistically appropriate services.
- Diversity, equity, and inclusion in the workplace.
- Equity within clinical research.
- Health equity tools and competencies.
- Health literacy.
- Implicit bias.
- Language access.
- Microaggressions and how to respond.
- Statewide health equity action plan.
- Systemic racism.
- Trauma-informed care.

In most cases, the trainings provided are not mandatory for health agency staff. When trainings are mandatory, they are generally higher-level topic areas or introductions to health equity. Even where training is not mandatory, offices will influence individual leaders at various levels to encourage their staff to attend additional trainings and/or offer free training that staff can elect to complete (see [Washington's Culturally and Linguistically Appropriate Services Standards Training example](#)).

Funding

Many jurisdictions are funding the health equity/minority health office with state general revenue, making this a very important source of funding for equity work. Some jurisdictions also receive funding through state funding streams linked to specific legislation, including the Mental Health Services Act, Minority Health Initiatives, Native American Public Health Act, and Tobacco Tax Funds. Offices also support their equity work through federal funding, such as CDC's [Public Health Infrastructure Grant \(PHIG\)](#), [COVID-19 Health Disparities Grant](#) (OT21-2013), and [Preventive Health and Health Services \(PHHS\) Block Grant](#) (see [Guam example](#) to learn more). When available, funding sources, such as the PHIG Grant, provide a crucial resource for flexibility and innovation.

The COVID-19 Health Disparities Grant, as well as other COVID-related grants, were key funding sources that allowed health equity/minority health offices to expand from relatively few positions to a larger staff, expand programming, and strengthen relationships with communities through subgrant relationships. This type of funding can assist in creating expansive programs with built-in sustainability and permanent equity infrastructure at the local and state levels. These types of grants can also allow CBOs to be lifted up and their work to be highlighted.

Leadership

Leadership within health equity/minority health offices is multifaceted and involves support and guidance from top-level officials, collaboration with community organizations and legislators, strategic decision-making, adaptability to changing needs, and commitment to embedding equity across the levels of operations. This leadership is instrumental in driving forward the mission of health equity and ensuring that initiatives are effective, sustainable, and responsive to communities' diverse needs.

Offices indicate the importance of direct support and involvement from their leadership and the benefits of holding regular strategic guidance and support meetings (e.g., weekly or monthly) with relevant leadership. This level of leadership support helps to enable innovation, guide recommendations, address challenges, provide opportunities for growth, identify resources (e.g., funding staff through the governor's office and task forces), solidify a certain trajectory, and ensure legislative and executive buy-in.

In some cases, lead positions within health equity/minority health offices are strategically placed to offer more autonomy and the ability to drive change within their divisions. The strategic placement of an autonomous state agency can provide more authority and efficacy to its work (see Ohio Leadership Engagement Example). Some offices practice

bidirectional communication, mentorship, and collaboration with various stakeholders, including community organizations, legislators, and other agencies. Other offices work closely with the governor's policy staff to ensure they are aware of strategic priorities and involved in policy development, empowering them to drive change.

Ohio Leadership Engagement Example:

One jurisdiction described the unique set-up of its health equity office. It was intentionally established as a separate state agency, not part of another division or department, likely to emphasize its unique role and approach. Today, it has strong collaborative partnerships with sister state agencies and directly supports local offices of minority health and community-based organizations. Moreover, the agency's leader can lobby directly with the general assembly members, driving a hands-on approach to policymaking and advocacy. Furthermore, the leader identifies champions and allies, educates, and effectively builds partnerships.

Partnerships

Health equity/minority health offices engage with diverse internal and external partners and collaborators to advance their goals. These partnerships span state agencies, local health agencies, CBOs, healthcare, academia, rural health, Tribal Nations, advocacy groups, and more. These offices can leverage resources, expertise, and community connections by working with these partners to create impactful and sustainable solutions for achieving health equity within their states.

Effective health equity work relies heavily on building and nurturing partnerships at various levels. From interagency collaborations to grassroots community engagement, these offices' approaches contribute to a more comprehensive and inclusive strategy for advancing health equity and addressing health disparities within states. One office emphasized how the COVID-19 pandemic drove a significant effort to collaborate with other state

agencies. This collaboration, born out of necessity to save lives, led to strong relationships that continue to benefit the work of health equity/minority health offices. By meeting regularly and working closely with sister agencies, they could respond swiftly to emerging needs and mobilize resources effectively.

Regular communication, transparency, accountability, and setting expectations with partners are critical to the success of these offices. This includes providing updates, sharing progress on initiatives, and educating partners about the complexities of health disparities. Moreover, these offices manage expectations by staying engaged with partners, seeking support, and fostering long-term collaborations. Partner engagement helps to create a space for dialogue, sharing success, and identifying ways to support community-led initiatives. Additionally, relationships built through these engagements benefit broader state assessments and improvement plans. Refer to ASTHO's [How-To Guide: Engaging Island Jurisdiction Partners](#) for more information on steps, tips, and templates for developing and maintaining effective partnerships within island areas health agencies.

Community Engagement

Jurisdictions prioritize building relationships, listening to community voices, collaborating with partners, and ensuring that equity efforts are community-driven and inclusive. These offices prioritize collaboration and partnership with CBOs, community members, and stakeholders to ensure that initiatives are informed by the needs and experiences of the populations they serve.

By actively collaborating and engaging with partners in the community, these offices are better positioned to address health disparities and systemic issues. This goes beyond simply directing individuals to resources; it is essential to work alongside communities to truly understand their needs and challenges. To ensure that community voices are heard, some health equity/minority health offices organize listening sessions. These sessions provide a platform for learning about the community priorities, concerns regarding disparities, systemic racism, and more. This can also help guide the development of recommendations and inform policy changes.

CBOs act as trusted leaders and play a pivotal role in community engagement, serving as gatekeepers and offering valuable insights and feedback. As such, health equity/minority health offices often find ways to fund CBOs to assist with outreach efforts.

Advisory Committees and Groups

Some jurisdictions have established advisory committees consisting of key partners from local government and CBOs. These committees serve as crucial advisors to the health equity/minority health offices, providing insights

New Jersey Community Engagement

Example: There were very diverse community-based organizations across the state that we funded, but we also built relationships with. It's not just 'Here's money. Do what we need to do.' It was definitely on a weekly basis [that] they were giving us feedback on what the community is saying, what other stakeholders we need to involve at the table, who are those gatekeepers. After three years of us doing these relationships with them, we could call on them and say, 'Hey, we're going to have a listening session. Can you invite your community members? Because we need to hear their voices.'

and recommendations and promoting accountability in the offices' initiatives. These committees also facilitate public meetings, ensuring transparency and authentic community engagement.

For example, one office partners with and supports federally recognized Tribes by meeting with their representatives monthly to discuss priority issues and topics, unique challenges, and the needs of Tribal communities within the state. Another office leverages advisory committees to work on discrete health topics and collaborate with additional partners (e.g., community partners and public/private organizations). Finally, one office indicated that it involved its partners in local conversations and ethnic health coalitions and implemented initiatives (e.g., the infant mortality movement) to ensure the community's voices were heard and the recommendations reflected the needs of diverse populations.

Other offices modernize the public health workforce by establishing advisory groups to address topics such as Black health equity, Latinx/Hispanic health equity, rural populations, people living with disabilities, Tribal health equity, youth, people experiencing homelessness, and housing. These advisory groups help focus on disproportionately impacted communities and people who are underserved and marginalized. It's important to note, however, that sometimes advisory groups start to get stretched due to having the same people engaged across multiple advisory groups when taking this population/settings-specific approach.

Health equity/minority health offices tap into a wealth of expertise and perspectives to inform policy recommendations and implementation strategies by establishing advisory committees/advisory groups and inviting diverse stakeholders to participate.

Lessons Learned

Participants shared the need for sustained resources and funding, political support, organizational culture shifts, capacity building, and community engagement to advance health equity goals effectively. Challenges make decision-making and prioritization of programs and projects especially difficult. The funding limitations interfere with recruiting a geographically representative workforce or travel to rural and Tribal areas, hindering efforts to engage and sustain statewide efforts. Balancing internal transformation work, such as policy changes, procedures, and protocols, with external engagement on health disparities and structural drivers poses a challenge. At times, offices struggle to determine which equity change they should prioritize, as the time-consuming nature of internal transformation work contrasts with the perceived urgency of external health disparities.

Aligning grant-funded programs with effective evaluation mechanisms and national goals provides an avenue to demonstrate a return on investment. Funded efforts should result in improved health outcomes and cost savings, which can lead to opportunities for policymakers to invest in equity efforts.

Short funding timelines (e.g., two-year grants) create pressure to enact substantial change in health equity outcomes within constrained timeframes. This challenge hinders staff retention and detracts from institutional memory/muscle, relationship building (e.g., between communities and government), and momentum for a

movement. Short funding timelines also require navigating multiple tasks simultaneously, from reviewing reports and developing fiscal plans to awaiting budget approvals, which consume valuable project timelines. This urgency often clashes with the need to strategically plan and implement interventions that have lasting impacts on health disparities. Keeping in mind that it can take time to see desired changes and results, short timeframes are often deemed unsuccessful and unrealistic.

Another challenge involves institutional hesitancy around health equity work that impedes the efficacy of health equity/minority health offices. For instance, when the work of addressing health equity, racial equity, and equity is seen as additional rather than integral to the agency's core work, it can result in budget cuts. This involves a crucial shift in organizational culture, which requires the engagement and understanding of all staff members and the support of leadership. This lack of awareness is compounded by political hurdles and silos within the organization.

To alleviate some of these challenges, consider the following:

- Explore flexibility in federal funds spending (e.g., braiding and layering), allowing for adapting and pivoting to evolving needs.
- Seek additional funding, including considering PHIG to bolster workforce infrastructure by building a robust and diverse team to handle workload effectively.
- Establish clear criteria to prioritize tasks and projects based on urgency and potential impact, ensuring efficient use of limited resources and allocation of time and effort.
- Maintain partnerships and educate about the importance of stable health equity initiatives across different administrations to alleviate some of the challenges that arise from legislative shifts and conflict between internal and external priorities. Work with partners outside the agency to amplify the impact and garner broader support.
- Direct efforts towards initiatives that result in sustainable and lasting policy changes, such as embedding equity considerations into allocation formulas.

Conclusion

As jurisdictions work to establish or enhance their health equity/minority health office, it's important to consider funding, policy, staff expertise/training, data, and partnerships (see detailed considerations below). In addition, island areas have an opportunity to align these considerations with the [Islands Health Equity Framework](#) to ensure there is a shared understanding of how to move towards health equity, specifically noting the facilitating factors that support the island areas in their health equity efforts, including data for decision-making, policy development/advocacy, and community partnerships/engagement.

- 1) **Budget and Sustainable Funding:** Starting a new office requires considerable resources to assess policies and operations. While grants may serve as an excellent funding source, they should not be the sole source due to the heavy burden of accountability, time limitations, and reporting they bring. Review and plan the fiscal aspect by clearly understanding current needs, projecting future requirements, and considering challenges that may hinder the fiscal plan. Effective health equity efforts aim to improve the health of the communities that have been most marginalized and can help programs better meet their goals. Program funding contributions to these efforts are essential, along with the health equity/minority health office staff overseeing them or strategizing activities. Explore opportunities to braid and layer funding to successfully

navigate establishing sustainable funding to support health equity efforts.

- 2) **Legislative Support and Accountability:** Establish a defined organizational structure through [policy](#) (e.g., organizational policy) so that the health equity/minority health office is not buried within other departments and is involved in health equity-related policy development. Appoint leadership dedicated to understanding health equity issues and establishing clear lines of accountability between leaders and the health equity/minority health office.
- 3) **Team Building and Expertise:** Build a knowledgeable and diverse team to fill key roles in a health equity/minority health office, including but not limited to staff skilled in fiscal, policy, data, and community engagement/relationship building. In addition, assemble a diverse group of professionals with expertise in public health, healthcare policy, cultural competence/humility, and community engagement. Structure and support the decision-making team to prevent isolation and vulnerability and empower the office to influence policy and practice developments.
- 4) **Training, Education, and Support:** Continuous engagement in coaching, listening sessions, and actively participating in communities of practice are beneficial sources for health equity/minority health offices to share lessons learned and best practices from other states and offices. Addressing racism as a public health issue and advancing equity are crucial but require anti-racism support. However, when elevating the topic of structural racism, the participants highlighted the likelihood of facing resistance. Nevertheless, they indicated it is essential to challenge this resistance. Mentor office directors/leadership by offering guidance and support when pushback is encountered. Such mentors are crucial in ensuring that directors/leaders can handle challenging situations effectively. Finally, assess and discuss performance on an ongoing basis. This provides an opportunity to evaluate leadership style and behavior, make improvements where necessary, and discuss any issues or concerns along the way to ensure clear communication.
- 5) **Data Collection and Assessment:** Collect data and administer assessments to understand the organization's current state regarding equity, identify improvement areas, [measure the impact of the work in communities](#), align strategies with the mission, inform policy decisions, connect with communities, and ensure efficient use of resources towards health equity goals. For example, having data to measure the impact of the office's work is important, as data can be used to demonstrate the impact of the programs and initiatives, especially when applying for grants. It is also essential for the organization to gather data about specific communities or populations to create prevention strategies. Based on the data, offices can form partnerships on the social determinants of health and collaborate with community members to develop effective strategies. Finally, consider strategic planning and the use of [data visualization and data dashboards](#) to present public health data and promote health equity.
- 6) **Partnerships and Collaboration:** Establish internal and [external partnerships](#), including community partnerships. Coordinate with partners who can complement each other's strengths and weaknesses, share responsibilities, and support each other by sharing successes and challenges – only then can they ensure sustainability in their work, especially within the communities. Develop relationships with communities and their trusted leaders, respecting their perspectives and priorities, respecting Tribal sovereignty in Indigenous communities, and collaborating with Tribal sectors to examine and address disparities and tap into existing community dynamics and leaders for support and advocacy. Engage with Tribes and Indigenous communities and recognize the unique considerations and engagement strategies required to advance health equity effectively. Finally, leverage community experience, involve the community in meaningful ways, and work with community-based organizations that are already engaged in health equity work, recognizing and supporting the efforts of the communities that understand their needs best.

Appendix A: Additional Resources

The below list features relevant resources shared by the state offices that helped inform this report, including office overviews, policies, statewide/strategic plans, reports, briefs, etc.

California

- [California Health and Safety Code Section 131019.5 | California Department of Public Health](#)
- [Advancing Community Equity | California Department of Public Health](#)
- [Office of Health Equity | California Department of Public Health](#)
- [California Reducing Disparities Project](#)
- [The California Statewide Plan to Promote Health and Mental Health Equity | California Department of Public Health](#)
- [Demographic Report on Health and Mental Health Equity in California | California Department of Public Health](#)

Michigan

- [Establishment of the Office of Minority Health Within the Department of Public Health Executive Order | State of Michigan](#)
- [Office of Equity and Minority Health | Michigan Department of Health and Human Services](#)
- [Addressing Health Disparities in Diverse Communities: A Systematic Review of the Literature | Michigan Department of Health and Human Services](#)
- [Race and Ethnicity Data Collection Standards | Michigan Department of Health and Human Services](#)
- [Minority Health BRFSS Surveys | Michigan Department of Health and Human Services](#)
- [Regional Health Equity Councils Overview | Michigan Department of Health and Human Services](#)
- [Regional Health Equity Council Backbone Organizations | Michigan Department of Health and Human Services](#)

Nebraska

- [Office of Health Disparities | Nebraska Department of Health and Human Services](#)
- [ASSESS Compass | Pathways to Population Health Equity](#)

Nevada

- [Nevada Revised Statutes 232.482-484 Advisory Committee | State of Nevada](#)
- [Organizational Charts | Nevada Department of Health and Human Services](#)
- [Nevada Revised Statutes 232.478 Manager Duties | State of Nevada](#)
- [Senate Bill No.424 Committee on Finance | Nevada Legislature](#)
- [Minority Health Report 2023 | Nevada Department of Health and Human Services](#)
- [Nevada Health Equity Action Plan | Nevada State Division of Public and Behavioral Health](#)
- [Choice Point Thinking: A Guide to Applying Nevada's Health Equity Lens | Nevada Office of Minority Health and Equity](#)
- [Impact Summit | Nevada Minority Health and Equity Coalition](#)
- [Senate Bill No. 222 Senator Scheible | Nevada Legislature](#)
- [About Nevada Office of Minority Health and Equity | Nevada Department of Health and Human Services](#)
- [Nevada Office of Minority Health and Equity Advisory Committee and Subcommittee Meetings | The Official State of Nevada Website](#)

New Jersey

- [Minority and Multicultural Health About Us | New Jersey Department of Health](#)
- [COVID-19 Information Hub COVID Community Corps | State of New Jersey](#)
- [COVID-19 Task Force on Racial and Health Disparities | New Jersey Department of Health](#)

New York

- [Office of Minority Health and Health Disparities Prevention | New York State Department of Health](#)
- [Health Equity Report 2023 | New York State Department of Health](#)
- [2021 Senate Bill S2987A Declaring Racism as a Public Health Crisis | The New York State Senate](#)
- [2024 Senate Bill S8923 Establishes the Sickle Cell Disease Education and Mapping Program | The New York State Senate](#)
- [New York State Executive Law §170-e, Collection of Demographic Information | The New York State Senate](#)
- [New York State Language Access Law | New York State Office of General Services](#)

Ohio

- [History | Ohio Commission on Minority Health](#)
- [About | Ohio Commission on Minority Health](#)
- [2020-2025 Strategic Plan | Ohio Commission on Minority Health](#)
- [Economic Impact Analysis Brief | Health Policy Institute of Ohio](#)
- [Social Drivers of Infant Mortality: Recommendations for Action and Accountability in Ohio | Health Policy Institute of Ohio](#)
- [Medical Expert Panel: Achieving Equity and Eliminating Infant Mortality Disparities within Racial and Ethnic Populations From Data to Action | Ohio Commission on Minority Health](#)
- [Medical Expert Panel: Achieving Equity and Eliminating Diabetes and Obesity Disparities within Racial and Ethnic Populations | Ohio Commission on Minority Health](#)

Vermont

- [Organizational Chart | Vermont Department of Health](#)
- [Office of Health Equity Vision and Mission | Vermont Department of Health](#)
- [2024-2029 Strategic Plan | Vermont Department of Health](#)

Washington

- [Senate Bill 6197 Creating Governor's Interagency Coordinating Council on Health Disparities | Washington State Legislature](#)
- [Joint Select Committee on Health Disparities | Washington State Legislature](#)
- [RCW 43.20.270 Governor's interagency coordinating council on health disparities—Action plan—Statewide policy | Washington State Legislature](#)
- [RCW 43.20.275 Council created—Membership—Duties—Advisory committees | Washington State Legislature](#)
- [RCW 43.20.280 Action plan for eliminating health disparities—Council meetings—Reports to the legislature | Washington State Legislature](#)
- [Advisory Committees | Washington Governor's Interagency Council on Health Disparities](#)

- [Health Impact Reviews | Washington State Board of Health](#)
- [Section 43. 20.285 Health Impact Reviews | Washington State Legislature](#)
- [The Council's Work | Washington Governor's Interagency Council on Health Disparities](#)
- [Who We Are | Washington Governor's Interagency Council on Health Disparities](#)
- [Vision Statement | Washington Governor's Interagency Council on Health Disparities](#)
- [Operating Principles | Washington Governor's Interagency Council on Health Disparities](#)
- [Council Reports | Washington Governor's Interagency Council on Health Disparities](#)
- [June 2016 State Action Plan to Eliminate Health Disparities | Washington Governor's Interagency Council on Health Disparities](#)
- [January 2020 State Policy Action Plan to Eliminate Health Disparities | Washington Governor's Interagency Council on Health Disparities](#)
- [January 2024 State Policy Action Plan to Eliminate Health Disparities | Washington Governor's Interagency Council on Health Disparities](#)

Appendix B: Types of Staff Positions

The following table provides a high-level overview of the types of staff positions within some state offices.

Table 1: Overview of staff positions within certain state offices.

Title	Funding	Responsibilities
Michigan		
State Administrative Manager	State-funded	<ul style="list-style-type: none"> • Not provided.
Departmental Specialist	State-funded	<ul style="list-style-type: none"> • Manages statewide minority health programs, providing information and assistance to racial/ethnic populations. Serves as a department-wide expert in the specialized area of minority health. • Serves as leader of Equity Grant Program and is responsible for leading, developing, and managing staff to administer Office of Equity and Minority Health (OEMH) grant-funded equity program, projects, and other relevant programs. Plans, implements, administers, and evaluates programs, develops grant activity needs and objectives, and recommends program policies and procedures. Evaluates contracts for compliance with minority health policies and procedures related to the local grant plans and budgets. Recommends needed revisions. • Utilizes knowledge of public health programs to advance the purpose, goals, and mission of the office through public programs, activities, and events. Represents the office at meetings and conferences and through interaction with both the public and private sectors as a consultant advocate. Assists in the development of program goals, policies, and procedures as they relate to the OEMH.
Public Health Consultant	State-funded	<ul style="list-style-type: none"> • Functions as a senior worker monitoring federal and state grant implementation to foster relationships and provides statewide collaboration and consultation in the implementation of state and local-level public health programs, including overall fiscal analysis and budget development for the OEMH program initiatives. • Serves as the lead point of contact for the OEMH, providing consultation and technical assistance to public health entities implementing strategies to improve health equity, including the development of requests for proposals, program agreements, and related materials for soliciting and establishing state and federal-supported health programs at the local level, monitoring, oversight, and evaluation of program, financial and other resources needed to effectively carry out goals, objectives, and activities of OEMH supported public health initiatives.

Equity Training Manager	State-funded	<ul style="list-style-type: none"> Leads the operations of the equity training and technical assistance unit, including fiscal analysis/budget development and the Equity Impact Assessment (EIA) Process at the State of Michigan. Directs, designs, and implements evaluations, policies, procedures, rules, and regulations for programs and services. Provides coaching and technical assistance to numerous state-wide and community partners to problem-solve challenges impeding the advancement of health equity and race equity.
Equity Trainers (x4)	State-funded	<ul style="list-style-type: none"> Provides program support related to equity, diversity, and cultural/linguistic competency training. Primary responsibilities include developing curricula, conducting training, and assessing training impact.
Health Disparities Epidemiologist	Grant-funded/contractual	<ul style="list-style-type: none"> Not provided.
Grant Manager	Grant-funded/contractual	<ul style="list-style-type: none"> Leads and manages staff responsible for grant activities, coordinates overall project evaluation/reporting, and oversees programmatic and fiscal monitoring of funded contractors. Develops reports as required by funders and/or leadership.
Grant Assistant	Grant-funded/contractual	<ul style="list-style-type: none"> Provides administrative assistance and financial monitoring to the OEMH Leader and COVID Grant Manager. Supports daily operations and helps coordinate the OEMH COVID Health Equity grants. Assists in developing reports as required by the funder, OEMH Leader, or COVID Grants Manager. Supports grantee development of budgets and scopes of work. Performs administrative duties, such as preparing correspondence, mailing, filing, word processing, preparing project reports, and formatting routine letters, memoranda, scientific or technical materials, numerical data, charts, and forms. Participates in the establishment and administration of programs or services. Serves as liaison for stakeholders.
Communications Coordinator	Grant-funded/contractual	<ul style="list-style-type: none"> Oversees office communication needs and manages day-to-day communications operations.
Health Equity Coordinators (.5 FTE, x2)	Grant-funded/contractual	<ul style="list-style-type: none"> Not provided.
Financial Analyst	Grant-funded/contractual	<ul style="list-style-type: none"> Provides support related to fiscal reporting and monitoring.
Epidemiologist Coordinator	Grant-funded/contractual	<ul style="list-style-type: none"> Provides epidemiological expertise on matters concerning minority health, health disparity, and health equity. Initiates and plans epidemiological studies and provides epidemiological training.

Program Coordinator	Grant-funded/contractual	<ul style="list-style-type: none"> ● Not provided.
Nevada		
Program Manager	State-funded/FTE	<ul style="list-style-type: none"> ● Supervises the Office and its Strategic Efforts. ● Supports the Advisory Committee. ● Serves as a contracting officer for the Office. ● Serves as liaison between department leadership, state legislature, and public and private entities.
Public Health Resource Officer	State-funded/FTE	<ul style="list-style-type: none"> ● Analyzes the existing infrastructure to meet the public health needs of the state and makes recommendations for improvement.
Health Equity Planner	State-funded/contractual	<ul style="list-style-type: none"> ● Plans initiatives, such as the statewide health equity action plan and office strategic planning. ● Supports statewide initiatives, such as the State Health Improvement Plan. ● Topical areas such as community outreach and rural and tribal equity initiatives.
Management Analyst	Grant-funded/contractual	<ul style="list-style-type: none"> ● Conducts data collection, analytics, and reporting.
Policy Coordinator and Training Support (x2)	Grant-funded/contractual	<ul style="list-style-type: none"> ● Supports diversity, equity, inclusion, and belonging initiatives. ● Conducts policy tracking. ● Co-facilitates BIPOC + Allies Support Group. ● Assists with Diversity and Inclusion Liaison activities.
Community Engagement Liaison	State-funded/contractual	<ul style="list-style-type: none"> ● Serves as principal liaison between NOMHE and the community. ● Plans outreach events and provides program support.
Minority Health and Equity Specialist	Grant-funded/contractual	<ul style="list-style-type: none"> ● Supports alliance groups and activities. ● Serves as point of contact for awareness/educational information. ● Provides legislative and program support.
Collegiate/Graduate Interns	Unpaid	<ul style="list-style-type: none"> ● Assists with community outreach. ● Provides program support. ● Assists with office research activities.
Ohio		
Director	State-funded	<ul style="list-style-type: none"> ● Develops and administers the agency's strategic plan. ● Works directly with the board, policymakers, funders, healthcare systems and payors, universities, and collaborative partners. ● Oversees day-to-day operations.
Program Coordinator	State-funded	<ul style="list-style-type: none"> ● Implements grant-funded programs, overseeing program staff, and implementation of office operations.
Program Specialist	State-funded	<ul style="list-style-type: none"> ● Monitors funded organizations, including site visits, and oversees evaluation efforts. ● Provides input to external grant writing efforts, annual review, and analysis of grant program outcomes.
Program Specialist	Federal-funded	<ul style="list-style-type: none"> ● Same as above.

Senior Fiscal Analyst	State-funded	<ul style="list-style-type: none"> Supervises all fiscal operations and adherence to fiscal procedures and the approved biannual budget. Provides technical assistance and fiscal site visits to ensure fiscal accountability for grant-funded organizations.
Executive Secretary	State-funded	<ul style="list-style-type: none"> Responsible for office operations; serves as administrative assistant to the director.
Interns	Unpaid	<ul style="list-style-type: none"> High school, college, and graduate level.
Vermont		
Health Equity Director	Grant-funded	<ul style="list-style-type: none"> Leads department strategy for integrating equity internally and in external relationships. Sits on the State Health Equity Advisory Commission and liaises with the State Office of Racial Equity.
Health Equity Lead	Grant-funded	<ul style="list-style-type: none"> Supports the enhancement of internal organizational culture to advance health equity and ensures coordination and synergy among divisions.
Equity Manager-Community Engagement and Grants	Grant-funded	<ul style="list-style-type: none"> Supports and builds relationships with health equity priority populations, manages grant agreements with community partners, and oversees all granting activities.
Health Equity and Integration Team Leads and Liaisons (part-time x10)	Grant and State-funded	<ul style="list-style-type: none"> Leads and liaisons representing each division, unit, and office in the department. Provides leadership, educates, and consults with colleagues on how to improve equity and health equity in the department.
Washington		
Health Disparities Council Manager	State-funded	<ul style="list-style-type: none"> Manages all aspects of the council's operations. Serves as technical and strategic advisor to the council chair and vice chair, its members, and its advisory committees. Performs research, relationship building, public meeting organization, policy development, legislative coordination, etc. Provides oversight for the Washington State Board of Health's Health Impact Review Program.

Appendix C: Example Position Descriptions

The following position descriptions provide a starting place for health agencies to consider as they decide on their ideal staffing structure and begin hiring. Note: Some health agencies are working to remove educational requirements as the only path to qualify.

Communications Coordinator

Purpose: The communications coordinator will oversee the health equity/minority health office communication needs and manage day-to-day communications operations. This position will directly assist the health equity/minority health office in conducting a wide range of professional communications, including writing, designing, and editing content. This position will provide subject-matter expertise on culturally and linguistically appropriate communication strategies to internal stakeholders and contracted organizations. This position will work with the grant manager to develop and maintain a mechanism for the creation and execution of paid, earned, digital, and social media campaigns, racial disparities efforts, and other equity communications needs. This position is responsible for social media planning, measurement of communications reach analytics, and reports as required by the funder and/or health equity/minority health office leader upon request.

Duties and Responsibilities:

- Develop strategic advertising and marketing plans for the health equity/minority health office that integrates digital communications, social media, and other advertising, direct mail, and more.
- Provide training and technical assistance to relevant councils, task forces, and/or other stakeholders related to developing and implementing communications and advertising with an emphasis on addressing health equity and cultural competency.
- Oversee appropriate approvals prior to implementing campaigns for the health equity/minority health office, councils, and other stakeholders and assist with the implementation process.
- Assist in executing and evaluating health equity/minority health office outreach and communication strategies to inform and educate the public and other targeted audiences.
- Prepare reports, PowerPoints, newsletters, and deliverables and compose correspondence relative to relevant councils, task forces, and/or other stakeholders as applicable.
- Establish and maintain positive, strong, credible, professional, and interpersonal relationships with all parties relevant to health equity/minority health office projects.
- Maintain knowledge of industry best practices and trends through research, external networking, and membership/participation in key organizations.
- Remain current on literature in communications, advertising, project management, and other areas as applicable.
- Always represent the best interests of the state health agency and health equity/minority health office.
- Other duties as assigned.

Qualifications/Requirements:

- Education: Possession of a bachelor's degree in English, journalism, communications, broadcasting, telecommunications, advertising, communication arts, public relations, or a related field of public health and health promotion. Master's degree preferred.
- Experience: Three years of professional experience after a bachelor's degree in an equivalent position of this type is preferred. Two years of content creation, social media management, health communications, or content expertise around equity and cultural competency are also preferred.

Important Skills and Characteristics:

- Experience using social media to distribute messages and reach the communication goals of programs/projects.
- Familiarity with the development of press releases and earned media pitches regarding marketing initiatives.
- Ability to work at the community level with diverse groups of people concerning often sensitive topics.
- Experience providing consultation across multiple sectors, e.g., health systems, confidential businesses, non-profit social service organizations, and faith-based organizations.
- Commitment to equity and serving under-resourced populations.
- Requires independent judgment and an elevated level of initiative and accountability.
- Excellent oral and written communication.
- Ability to complete work in a timely manner and manage multiple tasks at one time with minimal or no supervision.
- Ability to organize, evaluate, and present information effectively.
- Ability to maintain favorable public relations.
- Proficiency in Microsoft Office applications and familiarity with email/ internet browser software.

Trainer

Purpose: This position provides program support to the health equity/minority health office related to equity, diversity, and cultural and linguistic competency training. Primary responsibilities include developing curricula, conducting training and assessing training impact. The position leads initiatives related to organizational change, equity, diversity, and cultural and linguistic competency. This position also works with other office staff to provide consultation on best practices for organization/systems-level implementation of cultural competency, diversity, equity, and inclusion practices. Special projects might involve working more intensively with certain programs.

Duties and Responsibilities:

- Research and identify best practices (i.e., evidence-based and wise practices) for diversity, equity, inclusion, and cultural/linguistic competency.
- Develop Equity and Cultural Competency training and lead a development team.
- Deliver training to diverse public health and human services staff and community partners using adult learning principles in a coherent, comprehensible, and empowering manner.
- Manage and facilitate difficult and complex conversations/subject matters.
- Conduct ongoing quality improvement efforts and use evaluation results to adjust content and delivery.
- Provide technical assistance and consultation utilizing an equity lens to evaluate short and long-term diversity, equity, inclusion, and cultural competency goals and outcomes.
- Provide technical assistance to health equity/minority health office staff, managers, and leaders for effective training delivery and methods of facilitation and structural/systemic change.
- Apply theories and practices of organizational change management and equitable decision-making.
- Serves on internal and external coalitions, task forces, and committees as assigned.
- Establish and maintain positive, strong, credible, professional, and interpersonal relationships with all parties relevant to the health equity/minority health office and health agency projects.
- Other duties as assigned.

Qualifications/Requirements:

- Education: Possession of a bachelor's degree in any major.
 - *Preferred:* Possession of master's degree in public health, social work, training and education,

community health, public or business administration, or relevant health or social-related field.

- **Experience:** 2-3 years of work experience developing and facilitating equity, diversity, inclusion, and/or cultural and linguistic competency training.

Important Skills and Characteristics:

- At least intermediate-level knowledge of social justice, race, racism, sociology, and historical oppression.
- Excellent oral and written communication skills.
- Excellent presentation skills.
- Ability to develop new curricula.
- Ability to deliver training and facilitate dialogue in a coherent and comprehensible manner.
- Ability to effectively collaborate with others and lead a team.
- Experience using multifaceted approaches to convey subject matter topics.
- Experience using multimedia for experiential learning.
- Demonstrated experience in public health and social justice.
- Ability to passionately empower and inspire self and others.
- Experience as an educator/trainer/facilitator with demonstrated knowledge and proficiency in equitable and culturally relevant delivery.
- Excellent organization, planning, and time management skills.

Financial Analyst

Purpose: This position will serve as the Financial Analyst for the [Insert Names of Grants] and additional grants awarded to the health equity/minority health office.

Duties and Responsibilities:

- Assist in the preparation of budgets and financial reports and make recommendations to management for revisions as appropriate.
- Execute budget development, management, and monitoring techniques.
- Compile and analyze financial and budget information and develop Standard Operating Procedures.
- Conduct analysis of spending trends and request amendments as appropriate.
- Responsible for maintaining the health equity/minority health office budget by fund source and tracking expenditures to ensure adherence to the spending plan.
- Consult with grantees related to reporting requirements and timelines.
- Assist in developing reports as required by funders, health equity/minority health office leaders, and the Grants Manager.
- Perform fiscal analysis of sub-recipient expenditures.
- Work with existing grants and contracts staff to assist sub-recipients with proper budget development and compliance with other fiscal policies, such as those issued by federal and state agencies.
- Track and monitor expenditures to align with authorized spending plans.
- Prepare monthly program budget summaries and develop fiscal projections of federal funding.
- Provide technical assistance to sub-recipients/grantees in developing and managing program budgets and implementing relevant state and federal fiscal policies.
- Develop and implement fiscal and budgetary policies and procedures for program staff and grantees.
- Perform and assist with technical enhancements to reporting tools and other budget templates used for financial management to enhance quality and functionality.
- Ensure proper accounting coding in the Grants Monitoring system quarterly and request changes as needed from the budget office.

- Act as a liaison between the health equity/minority health office and the health agency budget and accounting offices.
- Provide recommendations to management on the implementation of fiscal policies.
- Provide relevant staff with accounting templates for expenditures as requested.
- Support grantee development of budgets and scopes of work.
- Always represent the best interests of the health agency.
- Other duties as assigned.

Qualifications/Requirements:

- Education: Possession of a bachelor's degree in any major with at least 24 semester (36 term) credits in accounting, finance, and/or economics.
- Experience: Two years of office experience in fiscal reporting and monitoring.

Important Skills and Characteristics:

- Knowledge of accounting principles, state budgeting, and accounting processes is required.
- Extensive experience in Microsoft Excel.
- Ability to work collaboratively with managers, administrators, program and support staff, external partners, and the public in a state government environment.
- Proven ability to communicate well verbally and in writing with teams to compile, monitor, and report financial information effectively.
- Self-motivated, able to complete work in a timely manner, and handle multiple tasks at one time with minimal supervision.
- Knowledge of the principles of administrative management, including budgeting techniques, office procedures, and reporting.
- Ability to maintain favorable public relations.
- Ability to work at the community level with diverse groups of people concerning often sensitive topics.
- Commitment to equity and serving under-resourced populations.

Grant Manager

Purpose: Manage the [Insert Name of Grants]. Lead and manage up to five staff assigned to the project and who are responsible for grant activities. Oversee day-to-day operations and will be responsible for the coordination of overall project evaluation and reporting. Develop and maintain a mechanism for programmatic and fiscal monitoring of funded contractors, including evaluation of Federal and State contractual funding compliance, performance, and evaluation outcomes. Provide recommendations for corrective action(s) related to programmatic and fiscal monitoring, where necessary. Develop reports as required by the funder and/or the health equity/minority health office leader, including consultation with grantees related to reporting requirements and timelines; ensuring timely receipt of grantee reports; review of grantee reports; and providing grant-related updates to the health equity/minority health office leaders and health agency administration, upon request.

Duties and Responsibilities:

- Oversee the day-to-day work and operations of the health equity/minority health office grants team.
- Develop budgets and scopes of work and identify staffing needs.
- Support the development of team members and provide mentorship as needed.
- Evaluate and verify employee performance through the review of completed work assignments and work techniques.
- Assigns, coordinates, and outlines the work methods of subordinate employees.

- Directs and participates in the establishment, administration, and evaluation of programs or services.
- Directs and participates in the development, interpretation, evaluation, and recommendation of policies, procedures, rules, and regulations for the effective operation of programs.
- Maintain a database of all grant submissions and pre-award requirements from funders.
- Maintains records, prepares reports, and composes correspondence relative to the [Insert Name of Grants].
- Serve as liaison/primary contact for customers and clients.
- Serve on task forces, committees, etc., as necessary to achieve the desired outcomes of specific projects and facilitate the development of linkages between the health equity/minority health office and health agency and other organizations engaged in similar activities.
- Establish and maintain positive, strong, credible, professional, and interpersonal relationships with all parties relevant to the health equity/minority health office and health agency projects.
- Maintain knowledge of industry best practices and trends through research, external networking, and membership/participation in key organizations.
- Remain current on literature in key programmatic areas.
- As assigned by the health equity/minority health office Leader/Project Director, deliver keynote addresses and speeches and present in webinars related to health equity in a range of settings and sectors.
- Represent the best interests of the health agency at all times.
- Other duties as assigned.

Qualifications/Requirements:

- Education: A bachelor's degree in any major is required. A master's degree in public health, social work, public or business administration, or a relevant health or social-related field is highly preferred.
- Experience: Five or more years of professional experience post-bachelor's degree in an equivalent position of this type. Two years of effective management and supervisory experience are required. Two years of content expertise in equity and cultural competency are required.

Important Skills and Characteristics:

- Ability to work at the community level with diverse groups of people concerning often sensitive topics.
- Experience providing consultation across multiple sectors – e.g., education, health systems, private business, non-profit social service organizations, faith-based organizations.
- Established record as an effective manager of teams and/or direct report staff.
- Commitment to equity and serving the under-resourced populations.
- Requires considerable independent judgment and a high level of initiative and accountability.
- Excellent oral and written communication.
- Self-motivated, able to conceptualize changing systems, and effectively and efficiently implement new program direction.
- Complete work in a timely manner and handle multiple tasks at one time with minimal or no supervision.
- Knowledge of the principles of administrative management, including budgeting techniques, office procedures, and reporting.
- Knowledge of the initiation, development, accomplishment, and evaluation of public programs or services.
- Ability to organize, evaluate, and present information effectively.
- Ability to motivate, instruct, direct, and evaluate employees.
- Ability to maintain favorable public relations.
- Ability to communicate effectively.
- Ability to organize and coordinate the work of others.
- Proficiency in Microsoft Office applications and familiarity with email/internet browser software.

Epidemiologist Coordinator

Purpose: This position provides epidemiological expertise to the health agency and health equity/minority health office, working on matters concerning minority health, health disparity, and health equity. This person will engage internally and externally to build strategies incorporating equity into surveillance, analysis, report development, and dissemination of epidemiological efforts statewide. This person will initiate and plan epidemiological studies and provide epidemiological expertise and training to other epidemiologists for racial and minority populations. This position will provide consultation and technical assistance to the [Insert Name of Relevant Councils, Task Forces, etc.]. This person also coordinates with the work of existing epidemiologists in the [Insert Names of Other Offices, Bureaus, Divisions, etc.], participating in studies, data development, and visualization.

Duties and Responsibilities:

- Work with the health equity/minority health office staff to identify existing health equity-related data collected in the health agency and other external surveillance systems.
- Identify, compile, and evaluate access to data sources to be used for surveillance and epidemiological analysis related to health disparities and health equity.
- Disseminate results of health disparities surveillance and special studies to the health agency and other local, state, and national audiences through oral and written presentations, factsheets, briefs, and other deliverables as appropriate.
- Provide technical assistance to health agency staff and the [Insert Name of Relevant Councils, Task Forces, etc.] related to epidemiology, data collection, and management.
- Provide evaluation and technical assistance for capacity-building data projects.
- Coordinate the efforts of other relevant epidemiologists.
- Provide consultation for statewide epidemiological efforts on health equity concepts and measurements.
- Aid other epidemiologists in characterizing health equity for high-priority sites with identified contaminants using available data.
- Collaborate with other epidemiologists to create data collection instruments/questions measuring health equity that will be used in exposure assessments and health studies for sites under investigation and provide analytic support for data collected.

General Duties:

- Meet regularly with other members of the [Insert Names of Other Offices, Bureaus, Divisions, etc.] for planning, exchange of technical methods, and participation in common epidemiologic tasks for the Bureau.
- Maintain a positive, strong, credible, professional, and interpersonal relationship with all parties relevant to health agency projects and represent the health agency's best interests at all times.
- Other duties as assigned.

Qualifications/Requirements:

- Education: Master's degree in epidemiology or public health-related fields such as biostatistics with course preparation in epidemiology, biostatistics, and chronic disease.
- Experience: Preference will be given to candidates with three or more years of professional experience carrying out a variety of surveys, investigations, tests, and analyses of human disease and health conditions, but is not required.

Important Skills and Characteristics:

- Knowledge of principles of health equity and its application to epidemiology, control, and prevention issues.
- Ability to present data and research results as information useful to decision-makers.