



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

January 4, 2016

The Honorable Larry Hogan
Governor
State of Maryland
Annapolis, MD 21401-1991

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

Re: Health-General Article § 20-1006(a) - 2015 Annual Report
Office of Minority Health and Health Disparities (MHHD)

Dear Governor Hogan, President Miller and Speaker Busch:

Pursuant to Maryland Health-General Article, Section 20-1006(a), the Department of Health and Mental Hygiene (the Department) submits this 2015 Annual Report. The report describes the projects and services developed and funded by MHHD and the health care problems that the grant funds are intended to ameliorate. Under Health-General Article, Section 20-1004, the Department is required to implement plans and undertake activities to eliminate minority health disparities in Maryland.

Addressing health disparities in Maryland is both essential and demanding. State data show that minorities experience disparities in mortality, health care utilization and social determinants of health. Maryland has made some progress in reducing mortality disparities, but there is much more work necessary to combat health inequalities. Throughout 2015, MHHD staff participated in on-going efforts to enhance the development of Maryland's Health Enterprise Zones; provided trainings on the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare and Cultural Competency; and received funding and began a new initiative aimed at increasing the number of minorities who use primary care services.

If you have any questions concerning this report, please contact Allison Taylor, Director of the Office of Governmental Affairs, at (410) 767-6481.

Sincerely,

A handwritten signature in black ink, appearing to read 'Van T. Mitchell', written over the word 'Sincerely,'.

Van T. Mitchell
Secretary

Enclosure

cc: Alison Taylor
Shawn Cain
Sarah Albert, MSAR#2973

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**MARYLAND OFFICE OF MINORITY HEALTH
AND HEALTH DISPARITIES**

**Health-General Article, § 20-1006
Annotated Code of Maryland**

2015 ANNUAL REPORT

JANUARY 2016

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I. Executive Summary

The Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities (hereafter referred to as "MHHD" or the "Office") was established in 2004 by legislation to promote the reduction of racial and ethnic health disparities in Maryland. This report provides a summary of MHHD activities and accomplishments during the 2015 Calendar Year. The report provides a summary of the Minority Outreach and Technical Assistance (MOTA) and Minority Health Disparities Reduction Demonstration (DEMO) program activities, by their Fiscal Year funding and grant cycle, Fiscal Year 2015 (July 1, 2014 - June 30, 2015).

MHHD program activities are arrayed in five categories: 1) DHMH-Wide Health Equity Initiatives, 2) MHHD Health Equity Initiatives, 3) Minority Outreach and Technical Assistance Statewide Program, 4) Health Disparities Reduction Demonstration Programs, and 5) U.S. Department of Health and Human Services State Partnership Grant. This report describes MHHD's specific activities under each of these categories during 2015.

MHHD has been involved in a variety of activities aimed to eliminate minority health disparities in Maryland. Some of the major efforts, initiatives and accomplishments during 2015 include the following:

- Completed a two-year federal grant and successfully applied for and began a new five-year federal grant from the Department of Health and Human Services, Office of Minority Health.
- Served on the Maryland Health Enterprise Zone (HEZ) Team providing health disparities expertise in implementing the Maryland Health Improvement and Disparities Reduction Act of 2012.
- Funded 12 organizations through the MOTA Program and funded 5 organizations through the DEMO Program.
- Hosted the 12th Annual Statewide Health Disparities Conference *Health is a State of Mind: Addressing Behavioral Health Disparities*, on October 28, 2015 at Martin's West in Baltimore. Approximately 400 attendees participated. The event was co-sponsored by the Maryland Behavioral Health Administration, Office of Workforce Development and Training and Maryland Center for Health Equity, School of Public Health, University of Maryland.

At the end of this report, we have included a Work Plan for the 2016 calendar year to continue MHHD's efforts in eliminating minority health disparities.

II. Health Disparities Progress and Success

According to the 2010 US Census, 45.3% of Maryland's population reported some ancestry from a racial or ethnic minority group (a group other than non-Hispanic White) in 2010.

Current population estimates as of July 1, 2014 put this minority percentage at 47.4%. This characteristic of our population makes minority health and minority health disparities critical issues to the overall health of Maryland. As one example of this minority impact on the State's health, before the insurance expansion under the Affordable Care Act, about two-thirds of Maryland's non-elderly uninsured were members of racial or ethnic minority groups.

MHHD continues to monitor ethnic and racial health disparities in Maryland and finds that disparities continue, but progress toward elimination of some disparities is being made. This progress is most apparent in the area of Black or African American vs. White disparities in death rates from some of the most common causes of death. When Maryland Vital Statistics Annual Report data from 2000 to 2013 are plotted to produce race-specific linear regression trend lines, the gaps between the Black or African American and White age-adjusted death rates (Black or African American rate minus White rate) showed these reductions between 2000 and 2013:

- **For All-Cause Mortality** **the gap was reduced by 64%**
- **For Cancer Mortality** **the gap was reduced by 59%**
- **For Heart Disease Mortality** **the gap was reduced by 44%**
- **For Stroke Mortality** **the gap was reduced by 33%**
- **For Diabetes Mortality** **the gap was reduced by 51%**
- **For HIV/AIDS Mortality** **the gap was reduced by 74%**

For each of these conditions, there was also meaningful reduction in both the Black or African American death rate, and in the White death rate between 2000 and 2013. The details of these findings are presented below:

- **For All-Cause Mortality** **the rate for Blacks fell by 31%**
- **For Cancer Mortality** **the rate for Blacks fell by 28%**
- **For Heart Disease Mortality** **the rate for Blacks fell by 37%**
- **For Stroke Mortality** **the rate for Blacks fell by 45%**
- **For Diabetes Mortality** **the rate for Blacks fell by 47%**
- **For HIV/AIDS Mortality** **the rate for Blacks fell by 73%**

- **For All-Cause Mortality** **the rate for Whites fell by 19%**
- **For Cancer Mortality** **the rate for Whites fell by 21%**
- **For Heart Disease Mortality** **the rate for Whites fell by 35%**
- **For Stroke Mortality** **the rate for Whites fell by 48%**
- **For Diabetes Mortality** **the rate for Whites fell by 42%**
- **For HIV/AIDS Mortality** **the rate for Whites fell by 62%**

These results show that Maryland's investments in minority health improvement and minority health disparity reduction are bearing fruit, and that efforts must continue to complete the work of eliminating minority health disparities.

III. DHMH-Wide Health Equity Initiatives

A. Community Transformation Grant:

MHHD has expanded its efforts to mobilize grass roots ethnic and racial community-based organizations to improve chronic disease through the Minority Outreach and Technical Assistance (MOTA) Program. Nine previous and current MOTA community based organizations (CBO) accepted the challenge to integrate local activities on chronic diseases in jurisdictions receiving funding through the DHMH's Center for Chronic Disease Prevention and Control Grant from the Centers for Disease Control and Prevention's Community Transformation Grant (CTG). The MOTA CBOs are working at the community level to train staff, and design and implement local intervention programs to reduce health disparities.

B. DHMH Winnable Battles:

Under the guidance of the DHMH Deputy Secretary for Public Health Services, four MHHD staff serve on the DHMH Winnable Battles Initiative. The MHHD Acting Director participated in several brainstorming sessions and projects in an effort to compile a working list of alternative names, focus areas, key strategies, and 2018 targets for each Winnable Battle. In addition to serving on the External Winnable Battles Group, as a whole, they also serve on the *Healthy Communities* sub group to provide expert consultation on health disparities and data related topics.

The Maryland DHMH Winnable Battle Initiative is based on the Centers for Disease Control and Prevention's Winnable Battles framework that was initiated to achieve measurable impact quickly.

C. Maryland's Million Hearts Initiative:

MHHD is committed to partnering with DHMH's Prevention and Health Promotion Administration Center for Chronic Disease Prevention and Control. Through this partnership, MHHD has worked to enhance its partnerships with local ethnic and racial organizations to implement Maryland's Million Hearts Initiative's five core components: 1) improving clinical care, 2) strengthening tobacco control, 3) promoting a healthy diet, 4) encouraging workplace wellness and 5) incentivizing local public health action. As a partner, MHHD supports the overall health reform strategy that aims to expand access to high-quality health care to ethnic and racial populations.

D. Capacity Building of Health Enterprise Zones:

MHHD's continuing role in the HEZ pilot has been focused in three areas: 1) assisting the HEZs with cultural, linguistic, and health literacy competency training for the HEZ providers, 2) assisting in the development of the HEZ data reporting and evaluation metrics and tools, and 3) assisting in the development of high utilizer identification strategies and targeted interventions with those high utilizers to reduce rates of preventable utilization.

- MHHD is focusing on promoting cultural, linguistic, and health literacy competency training within the five HEZ's. MHHD completed 2 cultural competency training sessions with each HEZ in 2014. MHHD has continued to make available to all HEZ personnel, a Cultural Competency Training Resource Kit, Cultural Competency and Health Literacy Primer, and CLAS Toolkits.
- During 2015, MHHD participated in on-site technical assistance meetings with all 5 of the HEZs to investigate the current activities of the HEZ and discuss HEZ staffing, organization and data collection. MHHD continues to participate in refining and finalizing the data reporting and evaluation requirements for the HEZ. These data reporting requirements include population health measures, provider quality measures, and measures of service capacity, productivity, and reach.
- MHHD developed and shared with the HEZs conceptual models of data analysis to identify high utilizers, models of the flow of identified lists of high utilizers that adhere to HIPAA requirements, and models of the potential contributors to high utilization experienced by patients that could be amenable to intervention.

E. Tobacco Program:

On May 8, 2015, MHHD collaborated with the Center for Tobacco Prevention and Control (CTPC) to conduct a "Share and Learn" training for MOTA grantees. Leadership from both MHHD and CTPC presented and engaged grantees. MOTA grantees provided highlights from their experiences providing education on tobacco sales law to tobacco retailers in each of their respective jurisdictions, as well as, educating pregnant women on the dangers of tobacco/nicotine use during pregnancy. This training also provided skill building on developing collaboration and leadership in the field.

The MOTA organizations that were funded are Union Bethel AME, Associated Black Charities, Asian American Center of Frederick, Inner County Outreach, FIRN, Mt. Olive AME Church, Minority Outreach Coalition, Brother's United Who Dare to Care, Inc., and St. James AME Zion Church.

IV. MHHD Health Equity Initiatives

A. Cultural, Linguistic, and Health Literacy Competency:

During 2015, MHHD has continued to expand its activities that address the issue of cultural competency. MHHD conducted technical assistance sessions (including conference calls and in-person meetings) and training sessions with partners and organizations throughout the year on activities related to cultural competency. In addition, MHHD has continued to promote the "National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)" throughout the State, providing training and technical

assistance for hospitals, federally qualified health centers, patient centered medical homes and community health organizations.

MHHD published two CLAS Standards Toolkits. One is the *Toolkit for Health Care Delivery Organizations* and is aimed at assisting health care agencies such as hospitals, clinics, local health departments, and physician's offices in implementing the CLAS standards in their organizations. The second is the *Toolkit for Community-Based Organizations and Outreach Workers* and is aimed at helping community-based organizations and outreach workers to advocate for CLAS implementation for the clients they serve.

MHHD continued to partner with the DHMH Office of Primary Care Access to align cultural competency requirements and documentation for both individual and organizational participants in the State Loan Repayment Program and the HEZs.

MHHD continues to receive new queries regarding CLAS Standards Training being implemented by MHHD under its third cycle of funding through the HHS/OMH State Partnership Grant (2013-2015). The activities conducted under the State Partnership grant are described in section VII of this report.

B. MHHD Statewide Annual Conference:

Maryland's Twelfth Annual Health Disparities Conference, *Health is a State of Mind: Addressing Behavioral Health Disparities*, was held on Wednesday, October 28, 2015 at Martin's West in Baltimore and sponsored by the Maryland Office of Minority Health and Health Disparities; Maryland Behavioral Health Administration, Office of Workforce Development and Training; and Maryland Center for Health Equity, School of Public Health, University of Maryland.

Approximately 400 people attended the Conference. Conference participants highlighted issues and initiatives in addressing behavioral health disparities in Maryland and ways to improve health outcomes, address health disparities and promote health equity.

Ms. Arlee Wallace, MHHD Acting Director provided opening remarks. Senator Shirley Nathan-Pulliam, DHMH Secretary Van T. Mitchell, and Dr. Annelle Primm (Conference moderator) provided opening statements. Dr. Brian D. Smedley, delivered the fifth annual address of the Shirley Nathan-Pulliam Health Equity Lecture Series.

The Conference featured sessions on Setting the Stage; Behavioral Health Needs of Service Members, Veterans, and Their Families; Mental Health First Aid / Crisis Services; Recognition and Prevention Strategies in Minority Communities; and Community-Based Behavioral Health Interventions.

C. Maryland Health Disparities Data:

MHHD continued to compile and distribute minority health and health disparities data through various activities. The Office continued to produce annual statewide data updates, and annual updates specific to individual race and ethnic groups.

MHHD was involved in various activities related to health disparities data in 2015:

- Provided data update briefings to the General Assembly's House Minority Health Disparities Subcommittee during the 2015 Legislative Session.
- MHHD data staff served on the HEZ steering committee, assisting in refinement of the HEZ data reporting and evaluation metrics and tools. MHHD data staff developed conceptual models and data flow models related to high utilizer identification strategies and presented these to the HEZs. Data staff attended the five site visits in 2015.
- MHHD data staff continued to participate in HSCRC workgroups related to implementing the new CMS waiver in Maryland. Data staff participated in the *Socio-Demographic Readmissions Adjustment Work Group* during 2015.
- MHHD data staff reviewed and advised on cancer disparity data analysis, target setting and presentation for the Maryland Comprehensive Cancer Control Plan 2016-2020.
- MHHD data staff serves on the department-wide Virtual Data Unit (VDU).
- MHHD data staff, as well as other MHHD staff, serve on the Healthy Communities workgroup of the DHMH initiative "Winnable Battles."
- MHHD data staff prepared brief data talking points for each of the jurisdictions with a MOTA grantee.
- MHHD data staff began production of jurisdiction-level data reports summarizing key social determinants of health and key chronic disease and birth outcome indicators based on data from Maryland State Health Improvement Process, Maryland Vital Statistics Administration, and Maryland Behavioral Risk Factor Surveillance System (BRFSS).
- MHHD data staff have prepared data templates in anticipation of producing the fourth edition of the Maryland Chartbook of Minority Health and Minority Health Disparities Data, as soon as the 2014 Vital Statistics and 2014 BRFSS data become available.

MHHD continues to monitor ethnic and racial health disparities in Maryland and finds that disparities continue, but progress toward elimination of some disparities is being made.

D. Health Disparities-Related Legislation:

MHHD conducted analyses and recommended positions on proposed legislation introduced during the 2015 legislative session. Specifically, MHHD staff reviewed and provided positions on 16 bills related to sickle cell, cultural and linguistic competency, treatment

disorders, overdose, advisory council and minority procurement. MHHD staff testified before the Minority Health Subcommittee regarding program overall activities.

E. Health Disparities Presentations:

MHHD staff presented at numerous events within the State and regions. Requests came from sources including DHMH programs, Maryland elected officials, private sector health care providers, health professional associations, local governments, special interest groups, higher education institutions, and ethnic/racial minorities and advocates. See Section IX for a complete listing of presentations.

F. Internship / Learning Opportunity Initiative:

MHHD offers non-paid learning opportunities to students and professionals interested in health equity-related issues. These opportunities include formal internships and fellowships, informal internships, volunteering, and job shadowing. MHHD has an ongoing relationship with Morgan State University's School of Community Health and Policy and Kennedy Krieger Institute in which Interns are requested to be placed in the Office on a regular and annual basis.

During 2015, MHHD has had:

- 2 volunteer graduate students from Morgan State University
- 2 formal graduate level internship students from Morgan State University, School of Community Health and Policy
- 1 formal fellowship student from Kennedy Krieger Institute (annual program)
- 4 medical students from the University of Maryland School of Medicine

V. Minority Outreach & Technical Assistance Statewide Program

A. Community Outreach & Public Health Linkages:

In fiscal year 2015, the MOTA Program awarded competitive one year grants to 12 jurisdictions in Maryland that contained the largest proportion of minorities. The funding amount ranged from \$19,000 to \$101,675. Throughout the year, local MOTA Programs used various outreach methods and techniques to raise awareness and promote action to reduce minority health disparities. These outreach methods included, but were not limited to, workshops, health fairs, one-on-one and group presentations, and the use of traditional and social media. Several programs used venues such as Facebook, Twitter, billboards, newspapers, and radio shows to provide health messages to a larger audience.

The local MOTA Programs partnered and participated in several state public health initiatives during the fiscal year to include the Community Transformation Grants (CTG), the

Health Enterprise Zones (HEZs), ACA Enrollment, Million Hearts Initiative, and the State Health Improvement Process (SHIP):

- 2 MOTA Programs continued to work closely with the HEZs in their jurisdictions (Dorchester County and St. Mary's County) to encourage minority groups to participate in the services provided by the HEZ.
- Local MOTA Programs encouraged community members, in their respective jurisdictions, to enroll for health coverage in the Health Benefit Exchange. 2 MOTA Programs (Frederick and Baltimore County), serve as assister entities.
- Local MOTA Programs were encouraged to participate in Maryland Million Heart activities and events. All 12 MOTA Programs received the monthly Million Hearts Newsletter, and several MOTA Programs attended the second annual Million Heart Initiative Conference in February, 2015.
- 11 of 12 MOTA Programs continue to have representation on their local SHIP Coalition. Due to the design of the Baltimore City SHIP Coalition, membership was restricted so the Baltimore City MOTA Program was not involved; however the Baltimore City MOTA Program continues to have a presence on other city health department-led coalitions.

The partnerships listed above provided the local MOTA Programs the opportunity to link the minority communities in their jurisdictions to available health services, as well as strengthen the referral system between the MOTA Program and local health and service providers.

B. Program Outcomes:

Local MOTA Programs conducted a variety of activities designed to increase awareness among minority populations, involve minorities in the health decision-making process, increase health screenings, improve health education outreach through ethnic and racial cultural events, and promote and advocate alliances to control chronic disease. The accomplishments of the MOTA Program included:

Component: Enhance minority participation in local public health planning groups

- **32** Local Health Disparities Committee meetings were held throughout the jurisdictions in fiscal year 2015 with **459** individuals in attendance.

Component: Perform Outreach and Health Education to minority populations

- **138,238** minority individuals were reached through MOTA efforts. Minorities reached included those who participated in MOTA activities and events, attended coalition meetings, received health education and social determinants of health materials, and exposure to traditional and social media health messaging.
 - **253,334** pieces of health education materials distributed by MOTA grantees

- 754 cultural fairs or events either participated or sponsored by MOTA grantees
- 64 new minorities recruited and attended local coalition meetings
- 71 partnerships between MOTA and community groups were developed.

C. Individual MOTA Program Highlights:

The local MOTA Programs have engaged the community and have collaborated with the Local Health Departments through several types of events and activities throughout fiscal year 2015. During fiscal year 2015, the MOTA Programs reached 138,238 minority individuals throughout the state. Some of these activities include:

- Anne Arundel County: Restoration Community Development Corporation

In the Fall of FY 2015, Restoration Community Development Corporation (RCDC) participated in the Road to a Healthy Start at the Pip Moyer Community Recreation Center. This was a community event that gave the community access to vital information on raising healthy kids and being healthy. The event provided several different health agencies with direct access to the community and was able to assist with questions or concerns. The MOTA Program provided information on tobacco, breast, cervical, colorectal, and skin cancer prevention. In addition, information was provided about Anne Arundel County Department of Health referral services.

- Baltimore City: New Vision House of Hope

New Vision House of Hope (NVHOH) Community Health Fair was the culminating event for the FY 2015 MOTA year. On June 20, 2015, NVHOH sponsored its Annual Community Health Fair, in partnership with Park West Health System, LifeBridge Health, Moore & Moore Management, Another Chance Recovery, LLC, and Mid Atlantic Gleaning Network. All racial and ethnic groups were targeted for the event. A special focus for the one-on-one health education sessions was Men's Health Month (June 2015 was Men's Health Month). Two Hundred persons attended the health fair and received a health education message. Literature distributed totaled 525 brochures and flyers. Admission was free; a marching band entertained attendees. A DJ provided popular music, which led many attendees to get up and exercise and dance! The children enjoyed a Moon Bounce, fresh popped popcorn, and getting their faces painted. Free healthy food and drinks were provided at no cost to participants. Free groceries were given away.

- Baltimore County: St. Stephens Office Management & Technology

OMT, Inc. sponsored and participated in 37 activities/events in FY 2015. 38 new partnerships were developed from participants at LHDC meetings. OMT, Inc. was recognized by Baltimore County Health Start as a premier partner and invited to participate in monthly Policy Council meetings and Volunteer Recognition luncheon.

- Caroline County: Union Bethel AME Church

On August 15 and 16, 2014 Union Bethel AME Church and Caroline County Recreation and Parks and the Town of Denton held their end of summer, Summer Fest event on Market Street, 1st, 2nd, 3rd and 4th streets. There were a variety of organizations, businesses, churches, etc. that participated in this event. The Caroline County Health Department, the MOTA Program and the Drug Free Caroline Coalition shared a booth displaying educational materials and sharing information with the participants for the two-day event. Over 11,000 people attended this two-day event.

- Dorchester County: Associated Black Charities

During the FY 2015 Grant cycle – ABC Dorchester MOTA sponsored 26 cultural, educational and social community events, participated in 14 cultural, educational and social community events, and issued 38 media messages to the community through radio, electronic billboards, and TV segments including Delmarva Live and WMDT-TV - What's Happening Delmarva. MOTA also partnered with the community and faith based organizations to provide education through the Church Bulletin Campaign monthly, and monthly email blasts through the coalition (LHDC) network of partners. ABC Dorchester MOTA Program has and continues to promote awareness through education, informing the community on the risks and health concerns surrounding Diabetes, Tobacco Cessation, Cardiovascular Disease, Cancer Prevention, Obesity as well as healthier overall living reaching over 100,000 minorities.

- Frederick County: Asian American Center of Frederick

In October 2014, AACF MOTA Program sponsored the Frederick Community Health Fair at Fair Grounds. This event was the “Flagship” event for AACF and the biggest sponsored event for the entire year. Over 50 doctors and 8 nursing students offered direct services, medical counseling and education. 260 volunteers helped with registration, interpretation (in 12 different languages), organization, security, parking, food, etc. Seventy vendors brought participants services, information and support. The Maryland Food Bank gave out 14,000 pounds of food to participants. Over 1,267 participants were serviced during the event, which is an almost 50% increase from the previous year. 565 received Flu shots, 500 oral health exams, 438 BMI, 403 Blood Pressure exams, 400 vision exams, and 232 Glucose and Cholesterol exams. In addition, 196 screenings for Hepatitis B and Hepatitis C and 106 of them were found to be in need of vaccination, with 5 positive for Hepatitis B and another 5 positive for Hepatitis C. There were 20 lung cancer screenings, and 65 breast exams. There were 255 participants who received dental health education. In total 26,000 health-related materials were distributed to over 2,000 attendees.

- Howard County: Foreign-Born Information and Referral Network (FIRN)

On June 7, 2015 FIRN participated in the Howard County Family Wellness Day held at Centennial Park. Approximately 2,000 residents attended the event with over half

being minority individuals. Over 700 health and health resource and promotional materials were distributed.

- Kent County: Mt. Olive AME Church

On March 21, 2015, Mt. Olive AME Church MOTA Program participated in the Kent County Community Center Family Feud Community event. This was a game show with health education survey questions. Two teams that included teachers and staff in the middle school versus the teachers and staff of the high school participated with four commercial breaks with health information. The information during the commercial breaks were: Colorectal and Skin Cancer, Smoking During Pregnancy, Tips for Heart-Healthy Living with Diabetes—Keeping Control of Your ABC's, and Teen Smokers-Reasons to Quit.

- Montgomery County: Holy Cross Hospital

In October 2014, Holy Cross Health, Inc. held its 10th *Annual Cancer Education and Screening Day*. This annual event provided underserved community members an opportunity to receive free health education on cancer and other chronic illnesses and free clinical screenings for breast and cervical cancers. Approximately 150 community members attended; 85 women received a pap smear, clinical breast examination, oral cancer, body fat, and/or blood pressure screenings; 756 pieces of health literature on women's health, men's health, nutrition, cervical cancer, breast cancer, oral health, colon cancer, life insurance, cardiovascular health, Affordable Care Act (ACA), flu shots, and hand washing were distributed.

- Prince George's County: The Maryland Center at Bowie State University

The Maryland Center MOTA Program participated in the 6th Annual American Indian Festival in Upper Marlboro, MD. Approximately 3000 people participated and over 500 health related materials were distributed (*Reading Food Labels; Getting Active Together; 10 Healthy Foods to Eat and 5 to Avoid; Healthy Eating and Pregnancy; Tips for Teens-Alcohol; Tips for Teens-Tobacco; Tips for Teens-Club Drugs; 9 Ways to Lower Your Risk of Stroke; My Plate-Do It Your Way; 30 Things Everyone Should Know about High Blood Pressure; Workday Fitness; Reducing Screen Time; Help Your Child Gain Control Over Asthma; Helping Your Child Eat Right and Be Fit; Promoting Physical Activity in Our Community; 21 Easy Ways to Add Physical Activity to Your Day; 30 Things about Cholesterol; 50 Things you can do to Keep Your Baby Safe and Healthy, HIV Quiz, HIV Facts, HIV and Drugs and Alcohol*).

- Saint Mary's County: Minority Outreach Coalition

Minority Outreach Coalition (MOC) sponsored/participated in 86 community activities for FY 2015. These activities consisted of outreach in health education of ethnic/racial minorities in the field of Cancer/Tobacco Related-Illness, Health Education

of Ethnic/Racial Minorities in Chronic Disease Management to include Diabetes, Obesity, Asthma, Infant Mortality, Immunizations and Cardiovascular Disease. Other outreach efforts included Health Education of Ethnic/Racial Minorities in accessing preventive health care, cancer screenings referral, tobacco cessation program awareness and referrals, blood pressure and diabetes screening, plus nutrition and fitness awareness. They achieved outreach in all 24 county districts and the federal facilities of the Naval Air Warfare Center, Patuxent River, implementing their action plan and requested needs of the LHD and community leaders. MOC was able to contact 13,358 individuals of which 9,264 were minorities.

- Talbot County: Chesapeake Multicultural Resource Center

Chesapeake Multicultural Resource Center (CMRC) MOTA Program participated/sponsored a total of 65 events targeting ethnic/racial groups to promote health education and health disparity awareness in FY 2015. Of those events, 45 were sponsored by Talbot MOTA which also represented the Local Health Disparities Committee (LHDC) of Talbot County and 20 were organized events in Talbot County. A total of 10,151 attended all events at which 4,839 health education/social determinants of health materials were distributed. Twenty three women's health classes – Classes developed for pregnant Hispanic women formed in partnership with the Judy Center, Talbot Health Department, Planned Parenthood, Choices Pregnancy Center, Chop Tank Community Health, and the Department of Social Services. Over 50 women participated in the classes that focused on women's health issues such as breast cancer, diabetes, infant mortality, prenatal care, and post-natal care.

VI. Health Disparities Reduction Demonstration Programs

In FY 2015, MHHD awarded the 5 previous Minority Health Disparities Reduction Demonstration Grants (DEMO) to 3 health departments and 2 community based organizations. The jurisdictions were Anne Arundel, Charles, and Montgomery County for minority infant mortality reduction, and Baltimore City and Worcester County for minority adult cardiovascular mortality reduction. The jurisdictions were selected based on the high rates of minority infant mortality or minority adult cardiovascular disease.

MHHD encouraged the use of trained community health workers to interact with the minority populations in each jurisdiction. The DEMO Program sites must have the ability of linkage to services. The minority infant mortality sites must have the ability to link women to prenatal and postnatal care and the minority adult cardiovascular disease sites must have the ability to link minority adults to cardiovascular disease management and care. This may be done through partnerships or agreements that existed between the community-based organization/local health department and a health care or service provider (i.e. physician practices, health systems, local health department, etc.). All DEMO Program sites are expected to provide referrals to social and other services as needed.

The DEMO Program utilized the following strategies to improve local minority health outcomes depending on community needs and available resources:

- Minority community health workers;
- Community coalitions and taskforces;
- Minority community outreach and education;
- Enhancement of clinical services; and
- Infrastructure for Program Sustainability.

A. Minority Infant Mortality Reduction:

The Minority Infant Mortality Reduction (MIMR) DEMO Programs collaborated with local community serving organizations and providers and engaged the community through several types of events and activities throughout fiscal year 2015. In fiscal year 2015, the MIMR DEMO Programs delivered health messages to 5,026 minorities throughout the state. Some of the activities included:

- Anne Arundel County – Anne Arundel County Department of Health FY 2015 Annual Accomplishment Summary

The Anne Arundel County Minority Infant Mortality Reduction Demonstration Program, known as the Healthy Babies Program, utilized funds from MHHD to create education materials, conduct home visits and telephone contact with pregnant mothers, and engage teens and young adults on contraception and family planning. During fiscal year 2015, Anne Arundel County DEMO Program accomplished the following:

- Enrolled 139 women into prenatal care through the DEMO Program;
 - Distributed 50,447 health education materials to 1803 minorities through one-on-one outreach, group presentations, health fairs, and education materials;
 - Held 6 coalition meetings;
 - Developed 26 partnerships with community groups, health care providers, and service providers; and
 - Participated in 37 community events.
- Montgomery County – Holy Cross Health, Inc. FY 2015 Annual Accomplishment Summary

The Montgomery County Minority Infant Mortality Reduction Demonstration Program, known as the Community United for at Term Infants and Education (CUTIE), is a high impact program designed to address racial and ethnic infant mortality disparities in Montgomery County. Through community collaboration and navigation along the perinatal care continuum, CUTIE provides a multi-pronged approach that includes wrap around services for women before conception, during their pregnancy and up to one year after delivery. This integrated approach addresses prenatal and provider education, outreach, referrals to prenatal and medical care, and social determinants of health to reduce infant mortality disparities. During fiscal year 2015, the Montgomery County DEMO Program accomplished the following:

- Enrolled 69 women into prenatal care through the DEMO Program;
 - Distributed 21,150 health education materials to 1,645 minorities through one-on-one outreach, group presentations, health fairs, and education materials;
 - Held 16 coalition meetings;
 - Developed 11 partnerships with community groups, health care and service providers;
 - Participated in 60 community events; and
 - Provided 1,948 referrals to service providers or social services.
- Charles County – Charles County Department of Health FY 2015 Annual Accomplishment Summary

The Charles County Minority Infant Mortality Reduction Demonstration Program utilized funds from MHHD to conduct several activities and programs such as pre-conceptual health workshops for minority women, collaborated with local Family Planning clinics to identify pregnant minority women and coordinate early prenatal care services, and used social and traditional media such as the local newspaper, Facebook, and electronic billboards to raise awareness about the importance of maternal and child health. During fiscal year 2015, the Charles County DEMO Program accomplished the following:

- Enrolled 59 women into prenatal care through the DEMO Program;
- Distributed 6,674 health education materials to 12,357 minorities through movie theater ads, one-on-one outreach, group presentations, health fairs, and education materials;
- Held 13 coalition meetings;

- Developed 12 partnerships with community groups, health care and service providers; and
- Participated in 27 community events.

B. Minority Adult Cardiovascular Disease Reduction:

The Minority Adult Cardiovascular Disease (CVD) DEMO Programs have engaged the community and have collaborated with the Local Health Department through several types of events and activities throughout fiscal year 2015. In fiscal year 2015, 704 minority adults were enrolled in the DEMO Minority CVD Program.

- Baltimore City – The Faith Center for Advancement and Wellness FY 2015 Annual Accomplishment Summary

The Baltimore City Minority Adult Cardiovascular Disease Mortality Demonstration Program addressed the issues that existed within the minority populations in the City by working with established community partners and health service providers to provide a linkage to health and social services, refining and expanding the Community Health Worker Program initiated under their Healthy Heartbeats Program, and raised awareness about the issue through social media campaigns, community newsletters and forums. During the fiscal year 2015, the Baltimore City DEMO Program accomplished the following:

- Enrolled 623 minority adults into the DEMO Program;
 - Provided 114 referrals to service providers or social services;
 - Conducted 323 education classes;
 - Distributed 44,752 health education materials to 9238 minorities; and
 - Participated in 26 community events.
- Worcester County - Worcester County Health Department FY 2015 Annual Accomplishment Summary

The Worcester County Minority Adult Cardiovascular Disease Mortality Demonstration Program utilized funds from MHHD to conduct several community outreach initiatives such as to promote physical activity participation among minority men and women through the “Just Walk” and “Lifestyle Balance” programs, collaborating with local organizations to provide an annual cultural diversity and minority health summit, and work with faith-based partners to raise awareness about healthy food choices. During the fiscal year 2015, the Worcester County DEMO Program accomplished the following:

- Enrolled 81 minority adults into the DEMO Program;
- Provided 25 referrals to service providers or social services;
- Conducted 94 health education classes;
- Distributed 20,268 health education materials to 2,630 minorities; and
- Participated in 108 community events.

VII. Department of Health and Human Services (DHHS) State Partnership Grant

A. CLAS Standards Training Project:

Under a two-year State Partnership Grant (September 1, 2013 through August 31, 2015) for \$300,000 (\$150,000 per year) from the DHHS Office of Minority Health, MHHD continued to promote increased cultural competency of health professionals in the state.

During the 2 year funding cycle of the State Partnership Grant, MHHD implemented the CLAS Standards Training Project. The purpose of the project was to promote adoption and implementation of the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) which were re-launched by the DHHS Office of Minority Health in April 2013. The project encompassed the following two goals:

- Goal 1: Increase the cultural competency of selected health care delivery organizations in Maryland through training and promoting the adoption of CLAS Standards.
- Goal 2: Increase the capacity of health care delivery organizations to educate consumers and minority communities regarding how CLAS Standards improve access and use of health services.

MHHD provided training on and promoted the adoption of the CLAS Standards for a select group of 16 targeted health care delivery organizations in Maryland, including hospitals, patient-centered medical homes, Federally-qualified health centers, and facilities located within the Health Enterprise Zones (HEZs). The project also provided training for the MOTA and DEMO Program grantees in order to increase their capacity to improve consumer awareness and knowledge about practical expectations for delivery of culturally-competent health care services.

Specific project activities included: (1) Conducting an introductory leadership presentation and planning session for each participating health delivery organization leadership; (2) Conducting an assessment of current use of the CLAS Standards within the organizations; (3)

Consulting with the organizations to develop a tailored training workshop and toolkit; (4) Conducting a training session for staff and managers at the target health delivery organizations; (5) Providing follow-up and ongoing technical assistance; (6) Conducting a re-assessment of CLAS Standards implementation 3-6 months after training and; (7) Refining and disseminating the training toolkit to additional health care delivery organizations. The following are some key project highlights:

- During the program period, four hospitals, four PCMH's, eight FQHC's, and four HEZs received training.
- Organizational assessment surveys were sent to Maryland Hospital Association member Hospitals (January 2015) and to MOTA Programs.
- CLAS standards toolkits were developed and used to train each of the health care delivery organizations. The toolkits contained assessment tools, training materials and additional resources to help organizations with their CLAS implementation. The toolkit was made available to all health care delivery organizations throughout the state on the MHHD website (August 2015), and information about its availability was disseminated through the MHHD newsletter (August 2015). The Toolkits can be located at <http://dhmh.maryland.gov/mhhd/SitePages/CLAS-Standards-Toolkits.aspx>.
- During the program period, MHHD implemented the training toolkit to 21 health care delivery organizations. The implementation reached a total of 613 staff.
 - A total of 493 staff received a pretest prior to the training and posttest immediately following the training. At HEZ sites, trainees were only given a post training survey.

B. Educating Minorities of Benefits Received After Consumer Enrollment (EMBRACE):

On August 15, 2015, MHHD was awarded a new five-year award from the DHHS Office of Minority Health that has as its goal increasing rates of health insurance, increasing use of primary care services, and reducing rates of emergency department visits and hospital readmissions in six zip codes in Prince George's County that had high rates of un-insurance prior to implementation of the insurance expansion under the Affordable Care Act.

The new grant activities to date include assembling additional baseline data on the target community, completing a competitive procurement for funding community-based sub-grantee, identifying available primary care resources in the community, and working with the Medicaid program to begin to identify high utilizers in those zip codes who also are not using primary care, for specific individual-level outreach by the sub-grantee.

VIII. MHHD Work Plan for 2016

A. Statewide Health Disparities Initiatives:

- MHHD staff will serve on the Center for Chronic Disease Prevention and Control's Planning Team to heighten awareness of chronic disease and their risk factors that impact minorities and other populations locally and nationally.
- MHHD is committed to partnering with DHMH's Prevention and Health Promotion Administration Center for Chronic Disease Prevention and Control. Through this partnership, MHHD has worked to enhance its partnerships with local ethnic and racial organizations to implement Maryland's Million Hearts Initiative's five core components: 1) improving clinical care, strengthening tobacco control, 2) promoting a healthy diet, 3) encouraging workplace wellness and 4) incentivizing local public health action. MHHD encourages MOTA grant applicants to align their cardiovascular disease efforts with the Million Hearts components.

B. DHMH Winnable Battles:

- Under the guidance of DHMH Deputy Secretary for Public Health, four MHHD staff serve on the DHMH Winnable Battles Initiative.
- Staff will participate on the External Winnable Battles Group *Healthy Communities* to provide expert consultation on health disparities and data related topics.
- MHHD will be involved in the roll-out and outreach campaign during 2016 and continue to serve on the Team and Workgroup.

C. Federal-State Partnership Grant Project (EMBRACE):

- During August 2015 through December 2015, MHHD will collect baseline data and produce a health disparities profile.
- Develop educational toolkit in English and Spanish for the non-insured.
- Develop high user identification protocols for Medicaid.
- Work with the Medicaid MCOs to incorporate high user targeting into their case management and care coordination programs.
- Develop high user targeting protocols that are useful for hospitals.
- Identify two or three hospitals in Maryland that have the largest ED visit and hospital admission utilization from the target ZIP codes.

- Work with the identified hospitals to incorporate high user targeting into their case management and care coordination programs.
- The sub-grantee will conduct general community outreach in the target ZIP codes with the following anticipated annual reach:
 - Over 4000 attendees at educational sessions.
 - Over 700 one-on-one individual education/navigation encounters.
 - 300 referrals to health insurance enrollment.
 - 200 completed health insurance enrollments.
 - Over 400 referrals to primary care.
 - Over 300 of those referred actually have at least one primary care visit.

D. Minority Outreach and Technical Assistance (MOTA):

- Reach approximately 401,000 minorities before the end of the fiscal year. This will be accomplished through one-on-one outreach, group presentations, health fairs, workshops, health education materials, traditional and social media, etc.
- Offer and refer local MOTA Program staff to trainings to enhance their knowledge in specific areas of chronic disease, social determinants, grant writing, and other important issues that are commonly encountered in local minority communities in Maryland; and to inform program staff about resources and services that are available statewide.
- Encourage and support the participation of local MOTA Programs on the DHMH Community Health Worker Workgroup.
- Continue to encourage local MOTA Programs to participate and work collaboratively with other state initiatives such as the Maryland Million Hearts Initiative and the Maryland Diabetes Coalition.
- Connect local MOTA Programs to representatives from the Governor’s Ethnic and Racial Commissions to assist with outreach to minority populations.

E. Implementing State Health Disparities Plan:

- During 2016 MHHD will undertake the research and publication of their 3rd Maryland Health Disparities Plan.

F. Capacity Building of Health Enterprise Zones:

- MHHD will continue to support the data reporting and evaluation functions of the HEZ program by participating in the internal HEZ data workgroup and the larger

HEZ oversight workgroup. MHHD will participate in one-on-one meetings and work sessions with individual HEZs.

- MHHD will continue to support cultural, linguistic, and health literacy competency of the HEZs by offering further training and technical assistance to organizations associated with the HEZs.
- MHHD will continue to assist the HEZs with development of high utilizer identification strategies and targeted interventions to those high utilizers in order to reduce rates of preventable utilization.

G. Cultural Competency:

- Maintain existing partnerships and identify avenues to incorporate partners into new and ongoing MHHD activities focused on increasing cultural competency and promoting the CLAS Standards.
- Continue to disseminate the Cultural Competency and Health Literacy Primer and Toolkits to health professionals, health professional educators, and other interested stakeholders, as a reference tool for cultural competency-related trainings.
- Conduct Cultural Competency training and technical assistance for local health departments and other health and health care organizations, as needed.

H. Maryland Health Disparities Data:

- The MHHD data program will focus in 2016 on developing minority health and health disparity trend data reports at the statewide and jurisdictional level, for the key indicators of mortality, hospital utilization and cost, and prevalence of diseases and risk factors. Completion of the jurisdiction-level data reports summarizing key social determinants of health and key chronic disease and birth outcome indicators based on data from SHIP, BRFSS, Vital Statistics and Census data in user-friendly formats will be the initial focus of this effort.
- The MHHD data program will also continue to update its usual data products, including a fourth edition of the Maryland Chartbook of Minority Health and Minority Health Disparities Data.
- The MHHD data program will continue its work with various other elements of DHMH, which include:
 - The Health Enterprise Zone (HEZ) team.
 - HSCRC's *Socio-Demographic Readmissions Adjustment Work Group*.
 - The Department-wide Virtual Data Unit (VDU).

- The Healthy Communities workgroup of the DHMH initiative “Winnable Battles.”

IX. Publications, Presentations, and Resources

A. Publications:

- *Culturally and Linguistically Appropriate Services (CLAS) Standards Training Toolkits, Toolkit for Health Care Delivery Organizations*, January 2015
<http://dhmh.maryland.gov/mhhd/SitePages/CLAS-Standards-Toolkits.aspx>
- *Culturally and Linguistically Appropriate Services (CLAS) Standards Training Toolkits, Toolkit for Community-Based Organizations and Outreach Workers*, June 2015 <http://dhmh.maryland.gov/mhhd/SitePages/CLAS-Standards-Toolkits.aspx>
- *Minority Health and Health Disparities Guidelines for Traditional and Social Media Use for Local Minority Health Disparities Programs*, June 2015
<http://dhmh.maryland.gov/mhhd/mota/Documents/Traditional-and-Social-Media-Guidelines-June-2015.pdf>

B. Presentations:

- Morgan State University, School of Community Health and Policy. *Black/African Americans Health Disparities, Kick-off Black History Month* (February 2, 2015)
- House Health and Government Operations, Public Health and Minority Health Disparities Subcommittee. *Briefing Overview* (February 25, 2015)
- Kaiser Permanente, African-American Professional Association Employee Resource Group (KPAAPA-ERG). *Addressing Health Disparities* (March 26, 2015)
- Maryland Community Health Resources Commission April 2015 Meeting. *Defining HEZ Success: Expectations, Logic Model, and Deliverables* (April 2, 2015)
- Minority Communities Empowerment Project Diversity in Action Conference. *Understanding Health Disparities Data in Maryland* (April 11, 2015)
- Access to Wholistic and Productive Living Institute, Inc., First Annual Symposium “Empowering Women in Making Healthy Decisions.” *Impact of Social Determinants of Health on Women’s Health* (April 11, 2015)
- Maryland Health Enterprise Zones Data and Evaluation All-Zone Meeting. *Using Population Health Data Tools to Target Care Coordination Interventions* (May 11, 2015)

- Anne Arundel County Health Department, Achieving Health Equity Summit. *Guidelines for Traditional and Social Media Use for Local Minority Health Disparities Programs* (June 12, 2015)
- MOTA Orientation Meeting. *Minority Data Highlights for MOTA Jurisdictions* (June 18, 2015)
- HSHPS Professional Development Workshop: Catapult Your Research Career Using Public Data Sets. *Practical Use of BRFSS for Understanding Hispanic/Latino Health: What It Is, What It Says, and Where to Get the Data* (June 28, 2015)
- Legislative Black Caucus of Maryland, 21st Annual Legislative Weekend: Exploring Behavioral Health: A State of Crisis, A State of Change. *Minorities and Behavioral Health: Data, Challenges, and Path Forward* (November 6, 2015)
- Health Occupations Boards, DHMH. *Core Principles and Business Case for Cultural and Linguistic Competency: An Overview for New Board Member Orientation* (November 16, 2015)
- Maryland State Launch of the Medi Community Resource Center: The Role of Community in Effecting Change in Population Health. *Clinical-Community Coordination for Individually-Targeted Interventions* (December 2, 2015)

C. Resources:

- *2014 National Healthcare Quality and Disparities Reports*. Agency for Healthcare Research and Quality (AHRQ). U.S. Department of Health and Human Services, June 2015.
<http://www.ahrq.gov/research/findings/nhqrd/index.html>
- *2015 Kelly Report on Health Disparities in America*. Congressional Black Caucus Health Braintrust, September, 2015
<http://robinkelly.house.gov/sites/robinkelly.house.gov/files/2015%20Kelly%20Report.pdf>
- *CMS Equity Plan for Improving Quality in Medicare*. Centers for Medicare & Medicaid Services Office of Minority Health, September 2015
https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH_Dwnld-CMS_EquityPlanforMedicare_090615.pdf
- *Guide to Providing Effective Communication and Language Assistance Services*. U.S. Department of Health and Human Services, Office of Minority Health, 2015
http://www.thinkculturalhealth.hhs.gov/Content/communication_tools.asp

- ***Health Literacy Universal Precautions Toolkit, 2nd Edition.*** Agency for Healthcare Research and Quality, 2015
<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html>
- ***Infant Mortality in Maryland, 2014.*** Maryland Department of Health and Mental Hygiene Vital Statistics Administration, September 2015
http://dhmh.maryland.gov/vsa/Documents/imirrep14_draft%201.pdf
- ***Racial/Ethnic Differences in Mental Health Service Use among Adults.*** Substance Abuse and Mental Health Services Administration, 2015
<http://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServiceUseAmongAdults.pdf>
- ***Report to Congress on Minority Health Activities.*** U.S. Department of Health and Human Services (HHS), Office of Minority Health, 2015
<http://www.minorityhealth.hhs.gov/omh/content.aspx?id=10135&lvl=1&lvlid=2>

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