



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

JAN 20 2012

The Honorable Martin O'Malley  
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 – 2011 Annual Report  
for the Office of Minority Health and Health Disparities (MHHD)

Dear Governor O'Malley, 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 2011 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 critical and challenging. Research shows that minorities experience a lower quality of health care services and are less likely to access even routine medical procedures relative to Caucasian Americans. This gap between minority and non-minority Marylanders has been long standing and persists today. The overarching accomplishment of MHHD has been to make the issue of minority health disparities a priority goal for health systems throughout Maryland. Notably in 2011, MHHD provided data and new strategies to plan and implement the Federal Patient Protection and Affordable Care Act of 2010. Throughout this past year, MHHD Staff participated in numerous meetings and planning sessions to assist the Maryland Health Care Reform Coordinating Council in the Health Care Reform planning process. A summary of the Department's efforts in 2011 is set forth in the attached report.

If you have questions concerning this report, please contact Marie Grant, Director of Governmental Affairs, at (410) 767-6481.

Sincerely,

Joshua M. Sharfstein, M.D.  
Secretary

Enclosure

cc: Patrick Dooley  
Marie Grant  
Carlessia A. Hussein, R.N., Dr. P.H.  
Sarah Albert, MSAR#2973

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258  
Web Site: [www.dhmh.state.md.us](http://www.dhmh.state.md.us)





**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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

**Health-General Article, § 20-1001 to § 20-1007  
Annotated Code of Maryland**

**2011 ANNUAL REPORT**

**JANUARY 2012**



**Martin O'Malley**  
Governor

**Anthony G. Brown**  
Lt. Governor

**Joshua M. Sharfstein, M.D.**  
Secretary



## Table of Contents

<b>I.</b>	<b>Executive Summary</b>	<b>3</b>
<b>II.</b>	<b>Health Disparities Progress and Success</b>	<b>4</b>
<b>III.</b>	<b>Department-Wide Health Disparities Initiatives and Activities</b>	<b>4</b>
	<b>A. Health Disparities Workgroup of the Health Quality and Cost Council</b>	<b>4</b>
	<b>B. Maryland Health Care Reform Initiative</b>	<b>5</b>
	<b>C. DHMH Hispanic Workgroup</b>	<b>5</b>
	<b>D. Social Media Initiative</b>	<b>5</b>
	<b>E. State Health Improvement Process (SHIP)</b>	<b>5</b>
	<b>F. Minority Infant Mortality Projects</b>	<b>6</b>
	<b>G. Virtual Data Unit</b>	<b>6</b>
<b>IV.</b>	<b>Statewide Health Disparities Initiatives and Activities</b>	<b>6</b>
	<b>A. Maryland Plan to Eliminate Minority Health Disparities</b>	<b>6</b>
	<b>B. Promoting Awareness of Health Disparities and Cultural Competency</b>	<b>7</b>
	<b>C. MHHD Statewide Annual Conference</b>	<b>8</b>
	<b>D. Maryland Health Disparities Data</b>	<b>8</b>
	<b>E. Health Disparities-Related Legislation</b>	<b>9</b>
	<b>F. Health Disparities Presentations</b>	<b>9</b>
<b>V.</b>	<b>Minority Outreach and Technical Assistance Statewide Program</b>	<b>10</b>
	<b>A. Background</b>	<b>10</b>
	<b>B. Program Participants</b>	<b>10</b>
	<b>C. Program Accomplishments</b>	<b>11</b>
<b>VI.</b>	<b>Health Disparities Demonstration Projects by Jurisdiction</b>	<b>12</b>
	<b>A. Minority Infant Mortality Reduction</b>	<b>12</b>
	<b>B. Minority Cardiovascular Disease Reduction</b>	<b>14</b>
<b>VII.</b>	<b>Federal Department of Health and Human Services (DHHS)</b>	
	<b>State Partnership Grant</b>	<b>14</b>
	<b>A. Systems Change &amp; Capacity Building</b>	<b>14</b>
	<b>B. Workforce Diversity – Cultural Competency and Health Literacy Primer Development</b>	<b>15</b>
<b>VIII.</b>	<b>MHHD Work Plan for 2012</b>	<b>18</b>
	<b>A. Overall</b>	<b>18</b>
	<b>B. Statewide Health Disparities Initiatives</b>	<b>19</b>
	<b>C. Health Disparities Reduction Demonstration Projects</b>	<b>19</b>
	<b>D. Federal-State Partnership Grant Project</b>	<b>19</b>
	<b>E. Minority Outreach and Technical Assistance (MOTA)</b>	<b>20</b>
<b>IX.</b>	<b>Resources and Publications</b>	<b>21</b>



## **I. Executive Summary**

The Department of Health and Mental Hygiene Office of Minority Health and Health Disparities (hereinafter referred to as “MHHD” or the “Office”) was established in 2004 by legislation to address minority health disparities in Maryland. This report provides a summary of MHHD activities from July 1, 2010 to June 30, 2011. MHHD activities can be divided into five major categories: 1) Department-wide Health Disparities Initiatives, 2) Statewide Health Disparities Initiatives and Activities, 3) Minority Outreach & Technical Assistance, 4) Health Disparities Demonstration Projects, and 5) Federal Department of Health and Human Services (DHHS) State Partnership Grant Projects. This report describes MHHD’s specific activities under each of these categories during FY 2011.

MHHD has been involved in a variety of activities to implement its Plan to Eliminate Minority Health Disparities in Maryland. Some of the major efforts, initiatives, and accomplishments during FY 2011 include the following:

- Convened the Maryland Health Disparities Collaborative on August 24, 2011 to create an Action Agenda for the *Maryland Plan to Eliminate Minority Health Disparities*, titled *Maryland Plan to Eliminate Minority Health Disparities Plan of Action 2010 – 2014*.
- Received the National Partnership for Action (NPA) to Eliminate Health Disparities Grant, through the U.S. Department of Health and Human Services, to promote the objectives and strategies of the NPA.
- Sponsored and organized the Eighth Annual Maryland Minority Health and Health Disparities Conference, held on October 4, 2011 and attended by 300 individuals.
- Funded 15 organizations through the Minority Outreach and Technical Assistance (MOTA) Program. MOTA focuses on educating and empowering minorities to impact cancer and tobacco health care decisions at the local level to reduce health disparities.
- Engaged in partnerships with State agencies and 30 university- and community college-based health professions schools to increase diversity in the educational pipeline and expand cultural competency training for the Maryland health workforce.
- Continued demonstration projects in Baltimore City, Baltimore County, Montgomery County, and Prince George’s County aimed at reducing infant mortality and cardiovascular disease rates for minorities.
- Assisted DHMH programs and administrations with the development of State Health Improvement Process to increase the focus on reducing minority health disparities.
- Office staff have attended and presented at approximately 75 health disparities workshops, conferences, and events in Maryland, the District of Columbia, and around the nation reaching approximately 5,000 individuals. In addition, MHHD displayed exhibits and provided materials at multiple state events throughout the year.

At the end of this report, we have included a summary of planned activities for the 2012 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 reports some ancestry from a racial or ethnic minority group (a group other than non-Hispanic White). This population fact makes minority health and minority health disparities critical issues to the overall health of Maryland. In addition, in the context of health reform, 65% of Maryland's non-elderly uninsured are 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 their elimination is being made. This progress is most apparent in the area of Black vs. White disparities in death rates from some of the most common causes of death. Data from the Maryland Vital Statistics Annual Report, 2009 show that between 2000 and 2009 the gaps between the Black and White age-adjusted death rates (Black rate minus White rate) were reduced as follows:

- **For All-cause Mortality,**                      **the gap was reduced by 39%**
- **For Cancer Mortality,**                      **the gap was reduced by 63%**
- **For Heart Disease Mortality,**              **the gap was reduced by 6%**
- **For Stroke Mortality,**                      **the gap was reduced by 43%**
- **For Diabetes Mortality,**                    **the gap was reduced by 46%**
- **For HIV/AIDS Mortality,**                  **the gap was reduced by 46%**

For each of these conditions, there was also meaningful reduction in both the Black death rate over time, and in the White death rate over time. 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. Department-Wide Health Disparities Initiatives and Activities**

### **A. Health Disparities Workgroup of the Health Quality and Cost Council**

MHHD served as staff to the Workgroup and provided health disparities data background and health disparities determinant and intervention expertise to the group. MHHD also played an important role in facilitating the compilation of the Workgroup's final report. The Workgroup suggested three major strategies:

- Creation and funding of Health Enterprise Zones;
- Creation and funding of a "Maryland Health Innovation Prize"; and
- Evaluation of the racial and ethnic impact of current health care quality reimbursement incentives.

Woven into these strategies and detailed in the workgroup report are several key approaches to disparities reduction: racial and ethnic data collection and reporting; use of community health workers; cultural, linguistic and health literacy competency; workforce diversity; and attention to the social determinants of health.



**B. Maryland Health Care Reform Initiative:**

Health Care Reform Coordinating Council (HCRCC)

MHHD followed the work of the Council and its committees, providing comments on draft materials, submitting testimony at public meetings, and sharing publications and data to inform the work of the Council.

Governor's Office of Health Reform

Staff briefed the Reform Office Director on MHHD program functions, minority health data and opportunities for improved outreach.

Health Benefit Exchange

MHHD attended several Board meetings and many Advisory Group meetings (particularly the Navigator Advisory Group) in the second half of Calendar 2011, and provided written comments to the consultants for the Navigator Advisory Group. Since most of the uninsured population is minority, it is important that all aspects of the exchange, particularly the outreach and navigation components, be designed for maximum benefit to racial and ethnic minority populations.

**C. DHMH Hispanic Workgroup:**

MHHD served on the Department's Hispanic Work Group charged with developing a plan that improves the service landscape for Hispanic and Latino individuals in the State. MHHD shared its 10 year knowledge of working with Hispanic/Latinos throughout the State and offered lessons learned of how best to conduct outreach and enhance communication. MHHD discussed its experience with translating material, use of interpreters and deployment of community health workers.

**D. Social Media Initiative:**

Throughout the year, MHHD staff has participated on the DHMH Social Media Team under the direction of the Office of Communications. MHHD has contributed posts for Facebook and Twitter regarding health disparities and health equity. Staff has posted many DHMH event videos and photos to which approximating 299 individuals have 'liked' the DHMH Facebook page as of December 2011.

**E. State Health Improvement Process (SHIP):**

MHHD participated with the SHIP planning team contributing data on racial and ethnic disparities by jurisdiction, identifying geographic and disease areas that have continuing disparities. MHHD has provided briefings on programs funded to engage communities in reducing disparities. MHHD-funded programs have been briefed on the SHIP and have been connected to the SHIP events in their jurisdictions and to Local Health Disparities Committees.

## **F. Minority Infant Mortality Projects:**

MHHD continued to fund minority infant mortality demonstration grants in three jurisdictions (Prince George's, Montgomery, and Baltimore Counties). The Office guides these jurisdictions in implementing a community-based participatory model of intervention. This model includes the following strategies: minority Perinatal Navigators or minority Health Promoters; Community Coalitions; increased community outreach and education; enhancement of clinical services; and inter-county collaboration. MHHD co-chaired the Maryland Infant Mortality Epidemiology Work Group and wrote a substantial portion of the Group's final report. This report identified opportunities for intervention in infant mortality based on analysis of the State's Vital Statistics Administration data and Pregnancy Risk Assessment Monitoring System (PRAMS) data.

## **G. Virtual Data Unit:**

MHHD participated in the initial and formative meetings of the Virtual Data Unit. MHHD drafted the language for the vision statement and for purpose item number 4 in the unit's charter regarding adequacy of data for disparities assessment:

- Vision: DHMH is an organization that is data driven in all aspects of its operation and performs complete and accurate data collection, accurate and appropriate data analysis, and user-friendly data reporting on data sets that are readily obtained and/or available on-line (in appropriately de-identified formats) and linkable to enhance their interpretive power.
- Purpose item 4: Promoting optimal approaches to data collection, analysis and reporting that will allow racial, ethnic, and other population differences to be addressed, particularly as they relate to health disparities.

## **IV. Statewide Health Disparities Initiatives and Activities**

### **A. Maryland Plan to Eliminate Minority Health Disparities:**

In March 2010, MHHD completed an update of the Plan, titled the *Maryland Plan to Eliminate Minority Health Disparities Plan of Action 2010 – 2014* (the Plan). The Plan identifies specific action steps and an implementation strategy that can be used during the next 5 years to continue Maryland's momentum in the elimination of health disparities. The initial stages of the Plan's update process were guided by the U.S. Department of Health and Human Services, Office of Minority Health, and National Partnership for Action (NPA). During 2008 and 2009, MHHD held work sessions and sought input on the Plan update from the Maryland Health Disparities Collaborative. In December 2009, a draft of the Plan update was sent to 2,500 constituents and partners to obtain written comments and feedback. The *Plan of Action* is available for download on the MHHD Website at [www.dhmh.maryland.gov/hd](http://www.dhmh.maryland.gov/hd).

On August 24, 2011, the Maryland Health Disparities Collaborative met to discuss the next step in the Plan of Action, the Maryland Health Equity Action Agenda, and formulate Workgroups that will move the Action Agenda forward. Approximately 50 collaborative

members attended the August 24 meeting. Additionally, continuing on, Workgroup members are being recruited representing a wide range of organizations.

Additionally, MHHD participated in the following activities related to the Plan of Action:

- Continued to expand the Health Disparities Clearinghouse by adding information and materials on minority health and health disparities and disseminated to policymakers, researchers, community groups, and other interested stakeholders.
- Assisted DHMH programs that impact health disparities with the development of plans to address minority health issues and increase their focus on reducing health disparities.
- Provided assistance and engaged in partnerships with health professions schools and educational associations in Maryland to increase diversity in the health workforce and promote cultural competency among health professionals.
- Continued developing county-specific disparities data that will help local entities target their health disparities elimination efforts.
- Assisted with the implementation of minority health legislation passed during the 2011 legislative session.

## **B. Promoting Awareness of Health Disparities and Cultural Competency:**

MHHD serves as a clearinghouse of regional and national information on minority health, health disparities, cultural competency training, and workforce diversity. The Office provides information to DHMH, health professions schools, health occupations boards, state legislators, community organizations, other public and private organizations, and citizens. The MHHD clearinghouse holds over 1,000 articles, books, reports, training modules, and other documents. Health disparities publications are stored in hard copy and electronic format utilizing the software tool EndNote®, which allows office staff to manage and organize a large quantity of references and text, and quickly search, access, and update resources.

MHHD maintains a Maryland Minority Health and Health Disparities Website ([www.dhmh.maryland.gov/hd](http://www.dhmh.maryland.gov/hd)) as a tool used to disseminate information to constituents on minority health and health disparities. It contains disparities materials and reports, research findings, Maryland resources, state and national programs, links to other health disparities Websites, a calendar of events, funding opportunities, and a photo album of community events. Web pages are also devoted to health disparities data, women's and men's health issues, and workforce diversity. The Website had 808,329 hits from January to December 2011. Since Website hit tracking began in January 2005, the MHHD website has received approximately three million hits.

From January to December 2011, MHHD distributed over 105 different health messages to targeted racial/ethnic contacts. Approximately 25,260 e-mail messages were sent. The content of

the messages included information on upcoming events, recently released reports and documents, available resources, and funding opportunities all related to health disparities.

### **C. MHHD Statewide Annual Conference:**

*Maryland's Health Workforce: Promoting Diversity and Strengthening the Pipeline* was the theme for the Eighth Annual Maryland Health Disparities Conference, sponsored by the Department of Health and Mental Hygiene (DHMH), Office of Minority Health and Health Disparities (MHHD). The conference was co-sponsored by the University of Maryland School of Public Health and the Hopkins Center for Health Disparities Solutions.

Three hundred people attended the conference that took place at The Marriott Inn & Conference Center, University of Maryland University College in Hyattsville. Conference participants highlighted ways to build health professions educational partnerships that reduce student barriers, strengthen the pipeline, promote diversity, and ultimately reduce health disparities.

Dr. Carlessia A. Hussein, MHHD Director and Dr. Robert Gold, Dean of the University of Maryland School of Public Health provided opening remarks. Lieutenant Governor Anthony G. Brown, Dr. Joshua M. Sharfstein, DHMH Secretary, and Delegate Shirley Nathan-Pulliam made remarks. Dr. Stephen B. Thomas delivered the inaugural address for the establishment of the Shirley Nathan-Pulliam Health Equity Lecture Series. This series will become an integral part of MHHD's annual health disparities conference.

The conference featured sessions focusing on building capacity and future leaders in healthcare, educational partnerships to address student barriers, cultural competency and health literacy training, health IT, non-traditional pathways into the health professions, and partnerships to nurture the health professions pipeline.

### **D. 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 had completed the second edition of its Health Disparities Chartbook in early 2010, and will produce the third edition in 2012.

MHHD has also been involved in the following activities related to health disparities data in 2011:

- MHHD collaborated with the Maryland Health Care Commission (MHCC) to publish the second annual Health Care Disparities Policy Report Card in December, 2011.
- MHHD's epidemiologist co-chaired the Maryland Infant Mortality Epidemiology Work Group, and wrote a substantial portion of the workgroup's final report.

- MHHD compiled data for and presented at an infant mortality summit for Maryland's four largest jurisdictions held at Bowie State University.
- MHHD compiled data for and presented at an infant mortality summit for Dorchester County hosted by their local health department.
- MHHD provided recommendations and comments for the SHIP metric development process.
- MHHD produced short jurisdiction-specific power point presentations for the MOTA grantees which outline the SHIP metrics that have racial and ethnic data and presents those data for a selected subset of those metrics.
- MHHD's epidemiologist was an invited speaker at the AHRQ Annual Conference in September of 2011. He spoke on the Maryland approach to health disparities data analysis which had been cited by the National Academy for State Health Policy as a leading state best practice.
- MHHD provided data support and disparities subject matter expertise to the Health Disparities Workgroup of the Health Quality and Cost Council.
- MHHD provided data regarding the proportion of Maryland uninsured that are minority, and other comments regarding ways to optimize health reform for underserved and minority groups to the Exchange Board and the working and advisory groups of the Health Reform Coordinating Council.
- Provided data update briefings to the General Assembly during the 2011 session, and for the Legislative Black Caucus of Maryland's Annual Legislative Weekend in November 2011.

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

#### **E. Health Disparities-Related Legislation:**

MHHD conducted analyses and recommended positions on proposed legislation introduced during the 2011 legislative session. Specifically, MHHD Staff reviewed 18 bills related to minority health, health disparities, and cultural competency. MHHD Staff attended 2 briefings and 1 bill hearing in Annapolis. MHHD also worked in collaboration with other DHMH programs to assist with the implementation of bills during the 2011 fiscal year.

## **F. Health Disparities Presentations:**

A variety of 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 and ethnic/racial minorities and advocates. There were numerous major presentations that include:

- On Friday, November 4, 2011, Dr. Carlessia A. Hussein and Dr. David Mann co-presented in a session at the 17th Annual Maryland Black Caucus Foundation Annual Weekend 2011 titled Viral Hepatitis – State of Emergency in the African American Community. The event was held in the House building in Annapolis, Maryland.
- Health Literacy Conference, University of Maryland College Park – June 1, 2011
- University of Maryland Eastern Shore & Uniformed Services University Health Disparities Conference – April 12, 2011
- H-CUP Webinar (Healthcare Cost and Utilization Project) – March 14, 2011
- Health Literacy Annual Research Conference (HARC) -- Feedback Session for Primer, Chicago, IL – October 10, 2011
- Dr. Mann and Dr. Hussein gave separate presentations at the AHRQ Annual Conference – September 21, 2011.

## **V. Minority Outreach and Technical Assistance Statewide Program**

### **A. Background**

The Maryland General Assembly, in 2000 established the Cigarette Restitution Fund Program (CRFP) using Tobacco Settlement funds awarded to states. One provision in Maryland's CRFP was to fund efforts to ensure participation of African American and other minorities in the planning, implementation and receipt of tobacco and cancer control program services. The Minority Outreach and Technical Assistance (MOTA) program was established to guide this effort. Over ten years MOTA developed partnerships with local health departments, community-based minority groups, faith-based organizations, hospitals, health providers and key stakeholders throughout Maryland's jurisdictions. This 10 year effort was rewarding. There was a major increase in minorities being screened for cancer and participating in smoking cessation. Between 2000 and 2009, the cancer mortality disparity between Blacks and Whites was reduced by 63%. In 2010, DHMH recognizing the success of the MOTA model expanded the mission of MOTA to address other health disparities beyond cancer and tobacco. The logic model of MOTA includes health awareness, community engagement, culturally competent outreach, community coalitions and use of racial and ethnic data. The target groups for MOTA and the Health Disparities Office include African Americans, Hispanic/Latinos, Native Americans, Asian Americans and women.

## **B. Program Participants**

The Minority Outreach and Technical Assistance Program (MOTA) awarded competitive one-year grants to 15 jurisdictions in Maryland that contained the largest proportion of minorities. **Competitive grants ranged from \$19,000 to \$101,675.** Among the 15 primary and 12 sub-grantees receiving the grants 17 were African American organizations, 4 were Asian American organizations, 2 were Native American organizations, 2 were Hispanic organizations, and 2 were multiracial organizations. All of the grantees have a mandate to serve all of the racial and ethnic populations in their jurisdiction. MOTA grantees include community hospitals, educational, faith-based, youth-serving, and minority community organizations. The jurisdictions funded were:

**Anne Arundel County  
Charles County  
Harford County  
Kent County  
St. Mary's County**

**Baltimore City  
Caroline County  
Howard County  
Montgomery County  
Washington County**

**Baltimore County  
Dorchester County  
Frederick County  
Prince George's County  
Wicomico County**

## **C. Program Accomplishments**

MOTA programs conducted a variety of activities designed to increase health 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 diseases. The accomplishments of the MOTA program included:

### Component: Enhance minority participation in local public health planning groups

- 1,918 minority individuals attended the Local Health Disparities Committee, local health department's cancer/tobacco or other coalition meetings due to MOTA's recruiting efforts during the year.

### Component: Perform Outreach and Health Education to minority populations

- 536,429 minority individuals were reached through MOTA efforts. Individuals reached included minorities recruited, minorities who attended coalition meetings, attendees at technical assistance sessions, individuals referred for services, and individuals receiving materials. This reach included:
- 92,344 pieces of health education materials distributed by MOTA grantees.
- 373 cultural fairs or events either conducted by or with material participation of MOTA grantees, with 87,108 minority individuals reached through those events.
- 85 Health Disparities Forums conducted by MOTA grantees, with 2,216 individuals in attendance.

- 75 activities targeting minority youth conducted by MOTA grantees.

Component: Provide Technical Assistance to minority community groups to help them establish or enhance their services

- 156 technical assistance sessions conducted by grantees, attended by 4,373 individuals.

The MOTA program has established a robust Minority Health Network of over 5,000 racial and ethnic individuals and organizations located in all parts of the State. Local Health Disparities Committees (LHDC) are being organized that bring together historical groups whose mission addresses the health of minorities. This new critical mass in local jurisdictions combines resources and empowers communities to act as a collective in their best health interest. MOTA has its roots in the community and its arms locked with partners, all prepared to actively participate in the new Health Reform opportunities poised for all Marylanders.

## **VI. Health Disparities Demonstration Projects by Jurisdiction**

During 2011, MHHD awarded cooperative agreement grants to Baltimore County, Montgomery County and Prince George’s County to carry out minority health disparity reduction demonstration projects related to infant mortality. Baltimore City received a cooperative agreement grant for a minority health disparity reduction demonstration project in cardiovascular disease. This model involves MHHD working with local health department staff to refine program implementation, engage key stakeholders, and to address case management strategies in working with high risk populations. Each jurisdiction has designed an intervention program specific to the targeted high risk populations through the use of community health workers, health promoters, or perinatal navigators in their effort to reduce minority infant or adult cardiovascular disease mortality.

### **A. Minority Infant Mortality Reduction:**

The Minority Infant Mortality Reduction projects utilize the following strategies depending on community needs and available resources:

- Minority Perinatal Navigators or Minority Health Promoters;
- Community Coalitions;
- Increased community outreach and education;
- Enhancement of clinical services; and
- Inter-county collaboration.

#### 1) Prince George’s County - FY 2011 Annual Accomplishment Summary

The Prince George’s County program is based around its two Perinatal Navigators and its Improved Pregnancy Outcome Coalition. In prior years the demonstration grant supported the initial startup of enhanced prenatal clinical services by the local health department. The program held six meetings of its Coalition and had four collaborative meetings with Montgomery County’s minority infant mortality reduction program.



In FY 2011 the Perinatal Navigators:

- Completed two-day training on Practices and Principles of Effective Community Outreach provided by Baltimore Healthy Start, Inc.;
- Reached 31,112 women with their outreach and education efforts;
- Had 8,145 total encounters (includes telephone) with or on behalf of clients;
- Had 469 face-to-face encounters with 160 unique clients;
- Disseminated 24,532 health education print materials;
- Made 726 referrals to other services;
- Made 173 OB provider visits; and
- Distributed 78 cribs.

2) Montgomery County - FY 2011 Annual Accomplishment Summary

Montgomery County has one Hispanic and two African American lay health workers that they refer to as Health Promoters, and their Minority Infant Mortality Reduction Pilot Project Coalition. The program held three meetings of their Coalition and had four collaborative meetings with Prince George's County's minority infant mortality reduction program. During fiscal year 2011, the Montgomery County Health Promoters:

- Completed two-day training on Practices and Principles of Effective Community Outreach provided by Baltimore Healthy Start, Inc.;
- Provided longitudinal assistance to 77 pregnant Black teens and women, and to 22 pregnant Hispanic teens and women;
- Held 32 group education workshops for minority teens and adults, which were targeted either at pregnant women, pre-pregnant women, or the male partners of these women.
  - 373 persons attended the workshops
  - 71 were Hispanic teen women
  - 30 were Hispanic teen males
  - 90 were Black teen males
  - 182 were Black teen or adult women
- Gave an additional 48 presentations to women and their partners or key stakeholders; and
- Performed social needs assessments and made social service referrals to 977 pregnant or pre-pregnant women or their male partners.

3) Baltimore County - FY 2011 Annual Accomplishment Summary

Baltimore County's Minority Infant Mortality Reduction Grant began on April 1, 2011. During the three months of FY 2011 that their grant operated, they pursued an approach using weekly outreach sessions to teens, brochure and poster distribution, and dissemination of radio messages. In the last quarter of FY 2011, the program

- Produced a curriculum for the teen outreach sessions;
- Held 9 weekly teen outreach sessions at Woodlawn High School and Chesapeake High School;
- Distributed 3,000 health message brochures and posters; and
- Placed two radio messages
  - The radio messages had an estimated 500,000 listening audience.

## **B. Minority Cardiovascular Disease Reduction:**

During 2011, the Baltimore City Minority Cardiovascular Disease Reduction Project continued to address adult minority cardiovascular disease reduction through interaction with a stakeholder Task Force, and the use of community health workers (CHWs) in the Baltimore Medical Systems, Inc (BMSI) project.

During 2011, the Task Force met once in June. BMSI continued to provide services through its three participating clinics at Orleans Square, Highlandtown, and Belair-Edison with five community health workers providing outreach and follow-up with patients. BMSI reported that there were 448 unduplicated clients enrolled; 90 individuals had uncontrolled Blood Pressure at initial visit and, after a follow-up visit, 49% (44) reported a positive change, i.e., were controlled at the follow-up. Another 1,300 community residents were educated in community-based education sessions conducted by the CHWs, made 210 home visits, attended 18 health fairs and provided 10 health education classes of which 3 were in Spanish. The CHWs connected 392 high-risk patients with needed social services.

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

Under a three-year grant (September 1, 2010 through August 31, 2013) for \$390,000 (\$130,000 per year) from the DHHS Office of Minority Health, MHHD continued to promote Systems Change to enhance infrastructure and capacity building in Maryland as well as work on increasing Workforce Diversity and Cultural Competency of health providers in the state.

### **A. Systems Change and Capacity Building:**

#### **Strategic Partnerships**

During 2011, MHHD engaged community stakeholders and potential partners in an effort to identify and increase the number of Maryland organizations that address minority health and health disparities pertaining to social determinates of health. MHHD is working with the Baltimore County Public Library and Baltimore Healthy Start, Inc. to identify specific action steps that these partners can undertake to help reduce health disparities. DHMH is also developing relationships with academic partners that promote science-based health promotion and disease prevention research, for example the University of Maryland School of Social Work. Additional partnership opportunities are being identified through upcoming stakeholder planning exercises with members of the MHHD Health Disparities Collaborative.

MHHD served on DHMH's Asthma Disparities Summit Planning Committee—the Summit ("Clearing the Air: Addressing Asthma Disparities in Maryland) was held in June 2011.

#### **Health Disparity Reduction Demonstration Projects**

MHHD's system change director, funded by the federal partnership grant, provided oversight and assistance to the minority infant mortality and minority cardiovascular disease demonstration projects. Specific demonstration project performance can be reviewed in Section VI. Health Disparities Demonstration Projects by Jurisdiction. The systems change director had a lead role in organizing two major meetings targeting infant mortality, described below.

The Minority Infant Mortality Workshop was held in May 2011, and aimed to provide a forum for sharing promising practices and interventions at the County and State level to address minority infant mortality; building partnerships; discussing regional trends; and establishing a working group. The workshop was attended by 174 participants.

In order to expand efforts to eliminate minority infant mortality to jurisdictions beyond the demonstration projects, MHHD provided assistance to Dorchester County's Health Department in planning the Infant Mortality Summit in April 2011. The summit brought together over 50 health professionals, community-based organizations, residents, and health providers. In May 2011, MHHD participated and presented at the Dorchester County Prenatal & Early Childhood Consortium. These combined efforts inspired the development of the Regional Infant Mortality Coalition for Dorchester, Kent, Talbot and Queen Anne's Counties to work across jurisdictional boundaries to address infant mortality. It is anticipated by April 2012, Dorchester County will host its first Health Disparities Conference as a way to address minority health disparity in the lower eastern shore.

### **Capacity Building Outreach**

In June 2011, MHHD conducted a training session targeted to community health workers who work with the demonstration and MOTA program grantees. The training sessions were facilitated by Baltimore Healthy Start, Inc., and there were nine community health workers who completed the five-day training. Community health workers have been instrumental in conducting the community-based activities undertaken by the demonstration project grantees.

MHHD continues to research and collect best and promising practices that describe Maryland and other state efforts in addressing minority health disparities through capacity building and disease prevention and management. Best and promising practices in the conceptualization, implementation, and evaluation of health disparities reducing interventions and strategies continue to be identified through literature reviews, web scans, expert interviews, and other information sharing outlets. Identified practices are disseminated through technical assistance sessions, e-mail alerts, publications, and upon request.

### **B. Workforce Diversity – Cultural Competency and Health Literacy Primer Development:**

#### **Enhancement of Strategic Partnerships**

During 2011, MHHD continued to enhance its development of strategic partnerships devoted to promoting cultural competency and increasing health workforce diversity. MHHD

participated on the Primary Care Planning Steering Committee of the Governor's Workforce Investment Board (GWIB). As part of the committee, MHHD provided suggestions for diverse participation of stakeholders in the listening tours that were conducted for the HHS/HRSA-funded "Affordable Care Act State Health Care Workforce Development Planning Grant." The listening tour invitees that were suggested by MHHD represented 21 different constituent groups of primary care professionals and health profession student groups whose members are interested in working in underserved areas across the state. MHHD also provided comments on the draft final report of the planning grant to encourage a greater focus on workforce diversity in the State blueprint, "Preparing Maryland's Workforce for Health Reform: Health Care 2020."

MHHD continued to engage its network of 30 health profession schools (21 university-based schools and 9 community colleges). In doing so, MHHD also began to explore collective partnership-building across the educational sectors. MHHD's 2011 annual conference brought the educational sectors together under the theme "Maryland's Health Workforce: Promoting Diversity and Strengthening the Pipeline." Deans of health professions programs at two community colleges and three of Maryland's Historically Black Colleges and Universities (HBCUs) were featured together in a joint conference plenary panel titled "Promising Practices to Address Student Barriers in the Pipeline through Partnerships Across Educational Sectors." The intent of the panel was to increase awareness about complementary programs being conducted at various institutions of higher education and to generate ideas among the panelists and participants for increasing partnership-building between Maryland's community college sector and HBCUs around the goal of reducing student barriers in the health professions pipeline. MHHD intends to continue this dialogue in 2012.

The conference also provided an opportunity to explore programmatic synergies and lay the foundation for future partnership discussions with other agencies and organizations that were featured in the conference breakout sessions, including Maryland AHEC, the Baltimore Alliance for Careers in Healthcare, the Maryland State Department of Education, and the Division of Workforce Development and Adult Learning within the Maryland Department of Labor, Licensing and Regulation. Prior to the conference, MHHD also held introductory meetings with the executive directors of MedChi, the Maryland Nurses Association, and the Black Nurses Association of Baltimore to share information about ongoing activities and to identify possible avenues for formal collaboration with MHHD.

In early 2011, MHHD assisted U.S. Senator Ben Cardin's office with some initial planning for two health career expos hosted by the Senator in April and May. MHHD participated jointly with the DHMH Office of Human Resources as an exhibitor at the two health career expos and disseminated information about health workforce opportunities for minority and low-income students. Altogether, nearly 425 individuals were reached at the expos. Additional ongoing partnerships during 2011 include the Maryland Sullivan Alliance to Transform America's Health Professions, the Health Equity Community Advisory Panel of Sinai Hospital of Baltimore, the Maryland Higher Education Commission, and the State Health Occupations Boards. MHHD solicited and obtained input from the administrators of the Health Occupations Boards regarding development of training materials on cultural competency for new Board members. Such technical assistance is being provided by MHHD in response to House Bill 114 Chapter 534 (2010) which among other provisions requires the Boards to "develop

collaboratively a training process and materials for new Board members that include training in cultural competency.” A draft Web-based training booklet will be available for additional input and feedback from the Boards in 2012.

### **Development of a Cultural Competency and Health Literacy Primer**

At the start of the year, MHHD developed a formal partnership agreement with the University of Maryland College Park, School of Public Health (UMD-SPH) and its Herschel S. Horowitz Center for Health Literacy. The purpose of the partnership is to collaborate in the development and dissemination of a Primer on Cultural Competency and Health Literacy. The Primer is intended as a supplemental teaching guide that will provide educators of health professionals a conceptual framework and sufficient content and resources for integrating cultural competency and health literacy into their educational programs, with the ultimate goal of improved patient-provider interaction and communication, improved health outcomes, and reduction of health disparities among Maryland’s residents. The Primer is being created in response to House Bill 942 Chapter 675 (2008) which recommended further development of cultural competency and health literacy curriculum at health professions schools throughout the state.

As part of the process of developing the Primer, MHHD and UMD-SPH have facilitated conference sessions and a workgroup meeting by which to incorporate input from content experts and potential users of the Primer. MHHD’s 2011 annual conference included a breakout session which featured an interactive discussion about the Primer and examples and demonstrations of relevant resources to be potentially included in the final product. Utilizing conference grant funding awarded to UMD-SPH by the HHS/National Institute on Minority Health and Health Disparities, MHHD and UMD-SPH facilitated a feedback session on the Primer as part of the National Health Literacy Annual Research Conference, which took place in Chicago, Illinois in October 2011. The feedback session convened 32 national cultural competency and health literacy experts as well as representatives from State Offices of Minority Health in Arkansas, California, Indiana, and Michigan. The feedback provided by participants has helped to provide a conceptual framework of core competencies to be addressed in the Primer. A follow-up session with this national group of experts is being contemplated for 2012. At the local level, MHHD and UMD-SPH hosted a Workgroup Meeting in Maryland in December 2011, bringing together more than 30 educators representing 20 different university- and community-college based health profession programs around the state. The purpose of the Workgroup is to serve as an advisory group of curriculum developers who will provide insight on how to ensure the Primer is both useable and implementable by the intended audience once the final product is complete. The Workgroup will be convened again in spring 2012 to provide further feedback on the draft Primer that will be developed by MHHD and UMD-SPH.

The natural synergy established through the partnership agreement between MHHD and UMD-SPH has also extended into other collaborations. For example, MHHD participated in the initial strategic planning meeting and assisted in facilitating sessions for the Health Literacy Maryland Conference which took place in June 2011. UMD-SPH also served as a co-sponsor of MHHD’s annual conference in October 2011.

## **Partnership Building Outreach**

Over the course of the year, MHHD disseminated over 40 targeted messages on timely workforce diversity and cultural competency information resources, funding opportunities, and cultural competency training opportunities. The messages reached 119 individuals representing 61 institutions, including health professions schools, local hospitals, the State Health Occupations Boards, and other agencies. MHHD also continues to monitor and report annual student trends by race and ethnicity among dental, medical, nursing, and pharmacy graduates in the state.

In addition, MHHD wrote and submitted to the Health Occupations Boards two newsletter articles. The first article, titled “Improving Health through Health Literacy,” was published by the Board of Social Work Examiners in its fall 2011 newsletter, reaching nearly 13,000 licensed providers in the state. The second article, titled “Reinterpretation of the Correlation Between Mental and Physical Health Disparities” was recently submitted to several Boards for consideration in an upcoming newsletter.

## **VIII. MHHD Work Plan for 2012**

### **A. Overall:**

- To provide increased leadership within DHMH by participating with the Executive team and individual deputies in policy discussions and decisions that impact the health of minorities and all Marylanders.
- Work with the DHMH Secretary and deputies to place a high priority on the elimination of minority health disparities, to integrate this goal within the vision and mission statements of DHMH, and to increase racial/ethnic objectives and outcome measures in the Department’s State Health Improvement Process (SHIP), State Stat review, and Managing-for-Results (MFR) goals & objectives.
- Continue to encourage DHMH administrations to collect, analyze, and report health program data by ethnicity and race in Maryland and within each jurisdiction, particularly for those health disparities whose trends persist.
- Continue to seek state, federal and other funds and resources to build an infrastructure that can implement the mandated tasks to reduce health disparities in Maryland. Maintain resources to support the local Health Disparities Programs and locate additional funds to expand to all jurisdictions with the goal of greater elimination of disparities.
- Seek to connect and integrate all State government programs whose mission and operations impact the health status of ethnic and racial minorities, to achieve economies-of-scale and reduce unnecessary duplication and cost. Potential departments include Human Resources, Housing, Education, Environment and Transportation.

**B. Statewide Health Disparities Initiatives:**

- Create new collaborations with key stakeholders throughout the State to ensure implementation of the Maryland Plan to Eliminate Minority Health Disparities, Plan of Action 2010 – 2014. Continue the partnership with the HHS Office of Minority Health in implementing the 2011 National Partnership for Action (NPA) Strategies.
- Continue active participation with the DHMH Office of Communications, Emergency Preparedness Program and statewide Immunization Program in order to reach greater numbers of ethnic and racial minorities using cultural and linguistic competency approaches and increased participation and transparency at the community level.
- Expand county-specific data reporting and dissemination to local health officers, MOTA grantees, and other groups whose mission's address the reduction of health disparities in Maryland. Continue to provide assistance to the Maryland Health Care Commission (MHCC) in their effort to incorporate racial and ethnic data in their annual healthcare quality reports.
- Analyze the costs of health disparities by using the Maryland Behavioral Risk Factor Surveillance System (BRFSS) data in conjunction with the Maryland Health Services Cost Review Commission (HSCRC) data.
- Assist in the implementation of minority health and health disparities legislation passed during previous Legislative Sessions by assisting health professions schools and educational associations with cultural competency and diversity reporting.
- Continue to monitor, review, and evaluate legislation and regulations to identify the impact on health disparities. Participate in discussions with DHMH administrations and offices about the impact of proposed legislation on program activities related to racial/ethnic health disparities.

**C. Health Disparities Reduction Demonstration Projects:**

- Work cooperatively with Prince George's, Montgomery and Baltimore counties on their Minority Infant Mortality Reduction demonstration projects and with Baltimore City and Baltimore County on their Minority Adult Cardiovascular Disparity Reduction Demonstration Project. Conduct management review of the impact of these program efforts, institute needed improvements, and consider other jurisdictions to receive funds.

**D. Federal-State Partnership Grant Project:**

- Increase number of formal partnerships with major Maryland stakeholders engaged in addressing health workforce development and issues pertaining to the social determinants of health.

- Complete development of Primer on Cultural Competency and Health Literacy in collaboration with the University of Maryland-College Park School of Public Health and its Herschel S. Horowitz Center for Health Literacy to enhance the quality of cultural competency curricula and training in the State.
- Further develop partnerships with the state's community colleges, schools of public health and Historically Black Colleges and Universities (HBCUs) to increase minority recruitment and enhance cultural competency in health professions training programs.
- Continued management of the Minority Demonstration Projects in local health departments that address infant mortality and cardiovascular disease. Implement recommendations from the program management audit to enhance performance and increase outcomes.
- Increase partnership with the DHMH programs' and local health departments' State Health Improvement Process (SHIP) to ensure inclusion of racial and ethnic data and identification of interventions that measure progress on reducing health disparities.
- Continue partnership with the DHMH Community Transformation Team that addresses disease prevention and health promotion of chronic disease and related risk factors in order to ensure participation of minority communities in a culturally and linguistically competent manner.

**E. Minority Outreach and Technical Assistance (MOTA):**

- Provide training and guidance to MOTA grantees to develop effective skills and health education programs to address health disparities in infant mortality, cardiovascular disease, asthma, diabetes, cancer, tobacco-related illness, obesity and HIV/AIDS that have a major impact on racial/ethnic groups in their respective jurisdictions.
- Provide training and guidance to the MOTA grantees to enhance their outreach abilities, penetrate larger sections of the target communities, and increase cancer screening, tobacco cessation, and cancer prevention behaviors among minority communities.
- Work closely with MOTA grantees as they establish Local Health Disparity Committees in each jurisdiction to organize and energize community groups to work cooperatively to reduce and eliminate specific health disparities affecting their jurisdiction.
- Provide training to MOTA grantees to advance their skills in program and fiscal management, program evaluation, cultural and linguistic competency, and diversity training.

Maryland Office of Minority Health and Health Disparities  
Department of Health and Mental Hygiene

[www.dhmh.maryland.gov/hd](http://www.dhmh.maryland.gov/hd)

[healthdisparities@dhmh.state.md.us](mailto:healthdisparities@dhmh.state.md.us)



## **IX. Resources and Publications**

**2010 National Healthcare Disparities Report.** Agency for Health Care Research and Quality (AHRQ). U.S. Department of Health and Human Services, 2011.  
(<http://www.ahrq.gov/qual/nhdr10/nhdr10.pdf>)

**CDC Health Disparities and Inequalities Report — United States, 2011.** Centers for Disease Control and Prevention, MMWR 2011; 60 (Supplement): [1 – 116], U.S. Department of Health & Human Services, 2011. (<http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>)

**Toolkit for Community Action.** National Partnership for Action to End Health Disparities, Rockville, MD: U.S. Department of Health and Human Services, Office of Minority Health, 2011. ([http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA\\_Toolkit.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf))

**Assessing the Costs of Racial and Ethnic Health Disparities: State Experience.** Hanlon, C. & Hinkle, L., Healthcare Cost and Utilization Project, June 24, 2011.  
(<http://www.hcup-us.ahrq.gov/reports/race/NASHPDisparitiesReport.pdf>)

**National Stakeholder Strategy for Achieving Health Equity.** National Partnership for Action to End Health Disparities. Rockville, MD: U.S. Department of Health & Human Services, Office of Minority Health, April 2011.  
(<http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>)

**HHS Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Health Care.** U.S. Department of Health and Human Services. U.S. Department of Health and Human Services, April 2011.  
([http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf))

**Ensuring that Health Care Reform Will Meet the Health Care Needs of Minority Communities and Eliminate Health Disparities. A Statement of Principles and Recommendations.** U.S. Department of Health and Human Services Advisory Committee on Minority Health, July 2009.  
([http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMH\\_HealthCareAccessReport.pdf](http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMH_HealthCareAccessReport.pdf))

**National Prevention Strategy: America’s Plan for Better Health and Wellness.** National Prevention, Promotion and Public Health Council, June 2011.  
(<http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>)

**Draft 2012 HHS Environmental Justice Strategy.** U.S. Department of Health and Human Services, October 2011 (Final version available February 2012).  
([http://www.hhs.gov/environmentaljustice/draft\\_2012\\_envirojust\\_strategy.pdf.pdf](http://www.hhs.gov/environmentaljustice/draft_2012_envirojust_strategy.pdf.pdf))

**Healthy People 2020.** U.S. Department of Health and Human Services, December 2010.  
(<http://www.healthypeople.gov/2020/default.aspx>)