



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

January 20, 2017

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 - 2016 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 2016 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 inequities. Throughout this past year, MHHD staff participated in on-going efforts to enhance the development of and strengthen partnerships across the state; provided funding to 13 Jurisdictions through the Minority Outreach and Technical Assistance program; collaborated with the Center for HIV/AIDS and Health Services to fund organizations to address HIV/AIDS, Hepatitis B and C, and other STDs in minority, medically underserved communities; and completed year one of a five year Federal award aimed at increasing the number of minorities who use primary care services.

If you have any questions concerning this report, please contact Webster Ye, Director of Governmental Affairs, at (410) 767-6480.

Sincerely,

Dennis R. Schrader
Secretary

Enclosure

cc: Webster Ye
Shalewa Noel-Thomas
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**

2016 ANNUAL REPORT

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I. Executive Summary

The Department of Health and Mental Hygiene (DHMH), 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 health disparities in Maryland. This report provides a summary of MHHD activities and accomplishments during the 2016 Calendar Year. The report provides a summary of the Minority Outreach and Technical Assistance (MOTA) program activities, by their Fiscal Year funding and grant cycle, Fiscal Year 2016 (July 1, 2015 - June 30, 2016). MHHD program activities are arrayed in three categories and are discussed in the body of the report:

- 1) Health Equity Initiatives
- 2) Minority Outreach and Technical Assistance (MOTA) Program
- 3) Department of Health and Human Services (DHHS) State Partnership Grant

MHHD has been involved in a variety of activities aimed to eliminate health disparities in Maryland. Some of the major efforts, initiatives and accomplishments during 2016 include the following:

- Funded 16 organizations in 13 Maryland jurisdictions through the Minority Outreach and Technical Assistance (MOTA) Program.
- In collaboration with the Center for HIV/AIDS and Health Services, funded 12 organizations to address HIV/AIDS, Hepatitis B and C, and other STDs in minority, medically underserved communities.
- Completed year one of a five-year award from the DHHS Office of Minority Health, the Educating Minorities on Benefits Received after Consumer Enrollment (EMBRACE) Initiatives.
- Hosted the 13th Annual Statewide Health Disparities Conference *Achieving Health Equity through Community Engagement and Innovative Health Care Delivery*, on December 13, 2016 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; the Maryland Center for Health Equity, School of Public Health, University of Maryland; and funding provided by Maryland Community-based Programs to Test and Cure Hepatitis C, a cooperative agreement between the Centers for Disease Control and Prevention and the Maryland Department of Health and Mental Hygiene.

At the end of this report, we have included a Work Plan for the 2017 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. Another example is that between half to two-thirds of the Emergency Department (ED) visits for asthma, diabetes, and hypertension (the ED visits tracked in State Health Improvement Process (SHIP) metrics) are attributable to the Black or African American population in Maryland.

MHHD continues to monitor racial and ethnic 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. Less progress is apparent in the area of rates of preventable utilization. This is illustrated in the table below, which shows the 2010 to 2014 Black trend in selected metrics, along with the Black to White ratio and difference (gap).

	2014	2010-2014	2010-2014	2014	2014
	Black rate	change	% change	B/W ratio	B-W gap
Heart Disease Deaths <i>(per 100,000)</i>	186.4	-30.4	-14.0%	1.13	21.3
Cancer Deaths <i>(per 100,000)</i>	180.6	-16.4	-8.3%	1.13	21.2
HIV Deaths <i>(per 100,000)</i>	7.5	-6.7	-47.2%	7.50	6.5
Diabetes Deaths <i>(per 100,000)</i>	33.4	-2.0	-5.6%	2.09	17.4
Diabetes ED visits <i>(per 100,000)</i>	309.4	-12.5	-3.9%	2.87	201.5
Hypertension ED visits <i>(per 100,000)</i>	415.1	-6.1	-1.4%	3.67	301.9
Asthma ED visits <i>(per 100,000)</i>	1085.0	-221.0	-16.9%	4.06	818.0

Black improvements and a relatively small disparity ratio is seen for deaths from heart disease and cancer. Rapid progress is being made in deaths from HIV, cutting the Black rate in half since 2010. While the HIV disparity ratio is high at 7.5, it was recently greater than 10.

Despite continuing improvements in Black rates, the disparity ratios for diabetes deaths and for ED visits due to diabetes, hypertension, and asthma remain greater than two to one. In particular, the ED visit disparity ratios range from three to four times as high a rate for Blacks compared to Whites.

These results show that Maryland's investments in minority health improvement and minority health disparity reduction are bearing some fruit, particularly in the areas of mortality disparities for heart disease and cancer. These results also show that for other areas, particularly preventable health care utilization, progress is more limited, and that efforts must continue to complete the work of eliminating minority health disparities.

III. Health Equity Initiatives

A. Maryland Health Disparities Data

Technical assistance to grantees regarding program design, data collection, and program evaluation was the main data program function in 2016, with reduced production of data reporting products.

MHHD data staff was involved in various activities related to health disparities data in 2016:

- Served on the Health Enterprise Zone (HEZ) steering committee as it worked to develop HEZ sustainability options, including the Robert Wood Johnson funded Sustainability Summit. MHHD data staff also review and advise on the evaluation operations and reporting from the evaluation subcontractor.
- Participated in the development of a rural asthma utilization reduction project proposal, including identifying the rural jurisdictions where the rates and counts of minority asthma Emergency Department (ED) visits were large enough to warrant intervention.
- Continued to assist the Health Services Cost Review Commission in its health equity efforts, including reviewing applications for its workforce development initiative related to reducing preventable utilization.
- Serves on the department-wide Virtual Data Unit (VDU).
- Are developing 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 2015 Vital Statistics and 2015 Behavioral Risk Factor Surveillance System (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.

During the 2016 calendar year the MHHD data staff activities also focused on supporting programmatic operations. This included:

- Review of legislation assigned to the Office.

- Initial implementation of the EMBRACE grant, and the assumption of the Project Director role and the programmatic reporting responsibilities. This included participation in many meetings with sub-grantees and partners.
- Working to refine the MOTA Request for Applications and developing detailed feedback to applicants to assist them in bringing programmatic plans into alignment with the revised MOTA expectations.
- Participation in the development of a new MOTA electronic data reporting system for the FY 2017 program year.

B. Health Disparities-Related Legislation

MHHD conducted analyses and recommended positions on legislation introduced during the 2016 legislative session. Specifically, MHHD staff reviewed and provided positions on 34 bills related to health in all policies; sickle cell; translation services; and HIV testing.

C. MHHD Statewide Annual Conference

MHHD hosted its 13th Annual Statewide Health Disparities Conference *Achieving Health Equity through Community Engagement and Innovative Health Care Delivery*, on December 13, 2016 at Martin's West in Baltimore. The event was co-sponsored by the Maryland Behavioral Health Administration, Office of Workforce Development and Training; the Maryland Center for Health Equity, School of Public Health, University of Maryland; and funding provided by Maryland Community-based Programs to Test and Cure Hepatitis C, a cooperative agreement between the Centers for Disease Control and Prevention and the Maryland Department of Health and Mental Hygiene.

Approximately 400 people attended the Conference. The Conference highlighted community engagement programs and innovative strategies that have been implemented in the state of Maryland to address the social determinants of health and engage communities in preventive care within the current landscape of health care reform.

Dr. Shalewa Noel-Thomas, MHHD Director, provided opening remarks. Senator Shirley Nathan-Pulliam and DHMH Secretary Van T. Mitchell provided opening statements. Dr. Camara Jones, delivered the sixth annual address of the Shirley Nathan-Pulliam Health Equity Lecture Series. Additionally, Minnesota Health Commissioner, Dr. Edward Ehlinger, provided a Plenary Address.

The Conference featured sessions on *Achieving Health Equity: From Theory to Action*; *The Changing Landscape of Healthcare - Hospital Global Budgets and Community Engagement Initiatives*; *Educating Minorities on the Benefits Received After Consumer Enrollment (EMBRACE) - A Model Program to Address Health Equity*; *Health Enterprise Zones - Lessons Learned about Community Engagement*; *Community Health Workers and Other Innovative Community Care Models*; *Spotlight on Maryland's Response to Critical Health Epidemics*; and *Equity vs. Equality: Current Initiatives to Address the Social Determinants of Health*.

D. Workforce Development

DHMH Workforce Development Collaborative

MHHD participates on the DHMH Workforce Development Collaborative. The goal of the Collaborative is to improve health outcomes by enhancing the training, skills, and performance of public health workers. The public health workforce is a key component of the public health system. To improve community health, it is critical that public health workers are trained and prepared to deliver the essential public health services. In addition to preparing for public health accreditation, the collaborative aims to implement sustainable employee education and training activities to enhance the qualification of public health staff to deliver appropriate public health services. MHHD ensures that health equity is a pivotal focus of the collaborative by providing consultation, resources and tools to improve the competence of the workforce to focus on health equity by addressing the social determinants of health within the context of their roles and responsibilities. One of the primary activities being implemented by the Collaborative is a workforce training needs assessment. MHHD has played a central role in the conceptualization and development of health equity content for the assessment. Findings will be used to inform the development of sustainable training programs to address specific gaps such as health equity and cultural competency. MHHD will work with the Collaborative to develop workforce development plans, provide professional development opportunities, and create a supportive work environment for the public health workforce.

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 and are designed to build the skills and competence of the future workforce to address health equity. MHHD has an ongoing relationship with Morgan State University's School of Community Health and Policy in which interns request to be placed in the Office on a regular and annual basis. MHHD has been actively involved in conversations with University of Maryland School of Social Work to offer internship opportunities for Social Work students.

During 2016, MHHD has had:

- 2 volunteer students. 1 PhD student from Morgan State University and 1 undergraduate senior from the University of Maryland Baltimore County.
- 1 internship student from Morgan State University, School of Community Health and Policy.
- 1 medical resident student from the University of Maryland School of Medicine.

MHHD was selected to host an Intern through the Maryland Governor's Internship Program but the selected student was ultimately not able to participate.

Volunteers and interns have assisted the Office and worked on initiatives around the Minority Outreach and Technical Assistance program, MHHD's Annual Conference, data initiatives, and social media.

E. Community Health Worker Advisory Council

Background

In response to House Bill 856/Senate Bill 592, Chapters 259/181 of the Acts of 2014, the Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland Insurance Administration (MIA) established the Workgroup on Workforce Development for Community Health Workers (Workgroup) to study and make recommendations regarding workforce development for community health workers (CHWs) in Maryland. The final report was prepared and submitted to the Senate Education, Health and Environmental Affairs Committee, the Senate Finance Committee, and the House Health and Government Operations Committee in June 2015. Since the submission of the report, there have been limited efforts to implement the recommendations generated from the Workgroup.

CHW Advisory Council

Acting on the efforts of the Workgroup, MHHD is leading an initiative to obtain feedback from CHWs on the Workgroup's recommendations. The process involves convening a CHW advisory council to provide feedback on the recommendations and overall guidance on CHW workforce development. Specifically, the advisory council will provide feedback on:

1. The definition of CHWs
2. The appropriate roles for CHWs
3. Core competencies for CHWs
4. Certification for professional validation
5. Standardization of Training
6. Reimbursement for CHWs

F. Maryland Interagency Council on Homelessness

Background

The Interagency Council on Homelessness (ICH) was established by SB 796, Chapter 341 (2014) to examine statewide initiatives aimed at ending homelessness throughout the state of Maryland. The ICH includes representatives from 12 state agencies, the Governor's Office for Children, 3 representatives from local Continuums of Care (the sixteen federally-recognized bodies created to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency) and 9 advocates from throughout the state as well as a community member who has experienced

homelessness. The MHHD Director was appointed by the Secretary as the DHMH representative on the Interagency Council.

Interagency Council Activities

Homelessness is a critical public health issue that is primarily the result of lack of access to affordable, adequate housing. Lack of income relative to cost of living, disabling conditions, domestic violence, and sudden income loss create barriers to housing access. In Maryland, high cost of living, unemployment and underemployment are pivotal to the problem of homelessness. The cost of living in Maryland has risen in the last year, increasing from eleventh to seventh among the 50 states and District of Columbia (Maryland Department of Human Resources, 2016).

Safe and affordable housing is one of the primary social determinants of health. Homelessness creates significant health problems and exacerbates existing health issues. Health conditions among homeless individuals are frequently co-occurring disorders, with a complex mix of severe physical, psychiatric, substance use, and social problems. Unhealthy and dangerous environments, chronic stress and food insecurity often result in visits to emergency rooms and frequent hospitalizations. As a result, the homeless are three to four times more likely to die prematurely than their housed counterparts, and experience an average life expectancy as low as 41 years (National Health Care for the Homeless Council, 2011). Racial and ethnic minority groups are more likely to experience homelessness in Maryland. According to the Maryland Department of Human Resources (2016), African Americans account for 58% of the homeless population.

Within the Interagency Council, MHHD leads the efforts of the Health Care and Homelessness Workgroup. The goal of the workgroup is to improve the emergency services network for the homeless, by partnering with local stakeholders to create a comprehensive assessment and discharge planning process used at intake and discharge from medical facilities or jails. Ongoing activities to meet this goal are:

1. Assess how the homeless are accessing emergency care and identify where improvements are needed.
2. Study the manner in which homeless patients are being released from hospitals back into the community.
3. Increase access to proper respite/convalescent care for the homeless statewide.
4. Assess exit-planning strategies used by jails and other institutions to determine service and housing gaps.

The ICH and MHHD are committed to improving the health care delivery process for the homeless population. Achieving this goal will require improving access to safe and affordable housing and social supports for the homeless population. MHHD will continue to employ a multi-sectoral approach to address this complex problem within a health equity framework.

G. DHMH Winnable Battles Initiative

The Winnable Battles Initiative identifies priority strategies, defines clear targets for improvement, and fosters program collaboration to improve the health of all Marylanders. The Maryland Department of Health and Mental Hygiene (DHMH) adopted Winnable Battles as a platform to bring together diverse programs and staff to look at new ways to impact health outcomes. Winnable Battles at DHMH focuses on three key areas:

- Identifies critical health issues in Maryland and develops collaborative projects to address identified issues.
- Brings together diverse teams to explore new and innovative ways to address health issues and business processes.
- Selects measurable actions to achieve project goals.

MHHD plays a key role in the development of strategies that will incorporate a health equity lens. Within each of the specific focal areas MHHD provides guidance and insights on program goals, objectives and action plans to ensure that health equity concepts are incorporated within each area. The Winnable Battles Project is ongoing and MHHD will continue to play a pivotal role in the implementation phase.

H. Sustainability and Capacity Building of Health Enterprise Zones (HEZ)

MHHD staff serve on the internal DHMH State HEZ Team, attending planning meetings, and meetings with the Zones (individually or as a group). In this final year of program funding from the State, much of this effort has been focused on planning for the future sustainability of the Zones. This has included applying for and receiving Robert Wood Johnson (RWJ) funding for sustainability planning, including a Sustainability Summit in November 2016. MHHD staff participated in the application review for selection of a sub-grantee to develop an HEZ sustainability plan under the RWJ funded sustainability planning project.

IV. Minority Outreach & Technical Assistance (MOTA) Statewide Program

A. Community Outreach & Public Health Linkages

In fiscal year 2016, the Minority Outreach and Technical Assistance (MOTA) Program awarded competitive one year grants to 14 jurisdictions in Maryland that contained the largest proportion of minorities. The funding amount ranged from \$19,999 to \$49,980. 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 Tobacco and Cancer Programs wherein the MOTA partners were funded to conduct outreach and education on the hazards of tobacco use and promote compliance among tobacco retailers. The partnership with MOTA grantees contributed to a significant positive impact on the state's Synar Compliance rate as well as a significant decrease in initiation of tobacco use by underage middle and high school adolescents. Local MOTA Programs encouraged community members, in their respective jurisdictions, to enroll for health coverage in the Health Benefit Exchange through the Affordable Care Act (ACA).

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.

Lack of past involvement of minority community-based organizations capable of providing technical assistance, infrastructure building, health education, awareness, screening, clinical trial, preventive health and resource limitation contributed to elevated medical costs, late diagnosis and higher death rate of minorities. Through MOTA partners, the above impediments have improved due to the successful implementation of outreach activities and education programs in high risk populations in the State of Maryland where disparities are prevalent.

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 and outreach through ethnic and racial cultural events, and promote and advocate for alliances to control chronic disease. The accomplishments of the MOTA Program included:

Component: Enhance minority participation in local public health planning groups

The Local Health Disparities Committees (LHDC) collaborate with the MOTA partners to develop and implement its action plan to reach a large portion of racial and ethnic minorities with health improvement messages, organize outreach widely throughout local communities and promote and coordinate programs that reduce health disparities. These collaboration efforts also engage healthcare agencies and other partners to seek program funding from public and private sources. Below are the activities of the LHDC and MOTA partners in FY 2016:

- 414 community activities were promoted by the Local Health Disparity Committees (LHDC) which was 82% higher than the expected number of 227.
- MOTA grantees participated in 111 meetings during the fiscal year which surpassed the expected number of 86 by 29%.
- Number of partnerships established between MOTA and other community organizations during the fiscal year was 141 which was 2.5 times higher than the overall MHHD goal.

- 887,927 health education materials were distributed exceeding the goal of 313,800 by almost 300%.
- MOTA grantees sponsored 454 events in FY 2016.
- MOTA grantees participated in 1,122 events in FY 2016 .
- The total number of media messages distributed during the fiscal year was 262,191.

Component: Perform Outreach and Health Education to minority populations

- 1919 individuals attended LHDC meetings during the fiscal year with racial distributions as detailed below.
 - African American - 616
 - American Indian - 29
 - Asian American - 140
 - Hispanic/ Latino - 209
 - Other minority - 17
 - White - 908

- 242 minority individuals were recruited by MOTA to join LHDC and/ or participate in LHDC activities which exceeds the target number of 148 by 64%. The racial distribution of these minority individuals is as detailed below.
 - African American - 170
 - American Indian - 11
 - Asian American - 13
 - Hispanic/ Latino - 37
 - Other minority – 11

- The racial distribution of individuals in attendance at all events in FY 2016 is as detailed below.
 - African American - 306,153
 - American Indian - 11,004
 - Asian American - 42,961
 - Hispanic/ Latino - 117,656
 - Other minority - 23,447
 - White - 146,660

- The total number of minorities reached during the reporting period was 778,957 which surpassed the goal of 401,500 by 94%. 369,551 Whites were also reached. A total of 1,148,508 individuals were reached in FY 2016.

C. Individual MOTA Program Highlights

The local MOTA Programs engaged the community and collaborated with the Local Health Departments through several types of events and activities throughout fiscal year 2016. During fiscal year 2016, the MOTA Programs reached 778,957 minority individuals throughout the state. Some of the activities included:

- **Anne Arundel County: Hands of Hope**

This year Hands of Hope reached over 5000 minorities with health messages and partnered with over 130 organizations that serve our community's health needs. By far the highlight of our program year was our culminating event, The Spring into Health Expo a community health event held in conjunction with National Minority Health Month and locally Healthy Anne Arundel Month.

There were over 100 health & wellness vendors from around the county to serve the participants of which there were nearly 3,000. The event was held in central Anne Arundel county's Marley Station Mall. Participants were welcomed by MHHD Director Shalewa Noel-Thomas, PHD, MPH, the Anne Arundel County Health Officer, Jinlene Chan, MD, MPH, County Executive Office of Steve Schuh, and the Maryland State Hispanic Commissioner, Lorena Rivera. The day started with interactive Yoga and Pilates classes, Zumba and Home Workout demos. There were cooking demonstrations along with Judo demonstrations as well Double-Dutch. Educational sessions included a Men's Health Primer, Women's Health Issues and Fitness for the Pregnant Mother among others.

This expo was facilitated by Hands of Hope's outreach to over 30 communities in Anne Arundel County; active participation in The Healthy Anne Arundel Community Engagement Subcommittee along with help and support of students from the Ft. George Meade HS Key Club, The Annapolis Area Kappa Alpha Psi Fraternity as well as the US Naval Academy Midshipmen.

- **Anne Arundel County: Restoration Community Development Corporation**

For FY 2016, Restoration Community Development Corporation (RCDC) was able to galvanize Anne Arundel County and provide health messages on cancer, tobacco, heart disease, obesity, high blood pressure, sun safety, E cigarette and made cancer referrals. The organization continued their 15 year partnership with Anne Arundel County Local Health Department and exceeded every objective given. In addition, their partnership extended to an MOU with the City of Annapolis Housing Authority and Mayor's Office.

With the advent of the current Opioid epidemic in Anne Arundel County, through the Maryland Department of Health and Mental Hygiene Behavioral Health Administration, RCDC started the first Adolescent Recovery Clubhouse in the city of Annapolis after the 21401 zip code and Brooklyn Park zip codes were identified as

having the highest number of teens ages 12-17 with mental health and co-morbid issues of substance abuse in the county. RCDC served on the Mental Health Board, Infant Mortality, HIV Commission, Suicide Prevention, County Executive Office as vendors for “NOT MY CHILD” drug events, Community Days and panel discussions. The organization performed 80 vendor education stops for selling tobacco products to underage youth and over 100 radio spots on Annapolis radio station on cigarette smoking and its effects.

- **Baltimore City: Faith Wellness Community Center**

For the Faith Wellness Community Center, 2016 was a year of extraordinary growth and success in better educating and empowering Baltimore City residents about chronic diseases and their health-related components. The organization continued to partner throughout the year with the Baltimore City Health Department and attended their monthly Cardiovascular disease (CVD) coalition meetings. Additionally, Faith Center formed a local health disparities committee of 18 partners and met 4 times to report on the status of programs and shared information and collectively promoted 28 community activities. Some of the activities included distributing 54,414 health materials and reaching 13,791 minorities. Their social media presence was pervasive with a newsletter reaching 1,584 readers and the Facebook page distributed 107 web ads and averaged 140 likes per month.

More significantly, the organization made tremendous progress in reaching beyond the African American target population to the Latino target population, participating in 3 Latino community events, reaching over 1,000 people, and distributed 4,910 health materials in Spanish.

In FY 2016, Faith Center garnered contributions from partners such as the American Diversity Group, the Episcopal Community Services of Maryland, the American Diabetes Association, Zeta Senior Center, JTT Ministries, University of Maryland, and others. Highlights of their contributions were: the Healthy Heartbeats Program targeting 7 communities and reaching 146 participants, the Healthy Lifestyle program (JTT Ministries) targeting after-school children, a Community Resources Guide (UMD student interns), Diabetes Alert Day which was televised by Baltimore’s WJZ TV station and a potential audience of 100,000 viewers.

- **Baltimore County: St. Stephens Office Management & Technology, Inc. (OMT, Inc.)**

OMT, Inc. participated and sponsored thirty eight activities in FY 2016. The events and activities were in racial/ethnic groups including African American, Hispanic/Latino, American Indian, Pacific Islander and other minority groups. Organizations included faith-based, community based and public entities including middle schools. OMT, Inc. distributed 4,671 health education messages during outreach activities and reached 1,924 minorities by direct contact and education about MOTA. As a MOTA representative, OMT, Inc. recruited sixteen people to attend and join the

Baltimore County Local Health Disparity Committee Meetings in FY 16. New members learned more about the MOTA program.

- **Caroline County: Union Bethel AME Church**

In July of 2016 Union Bethel Stewards held their Annual Family and Friends Day at the Union Bethel AME Church where MOTA staff had a display table of educational materials on Sun Safety, Men and Women's Health, Smoking and Cancer. Caroline County Health Department displayed wellness brochures, information on smoking prevention, cessation, electronic cigarettes and T-shirts and blood pressure screenings were provided for attendees. There were 64 African-Americans and 2 Whites at this event. Another successful event that Union Bethel participated in as a MOTA grantee was the 5th Annual Family Fun Fest that was hosted by the Caroline County Department of Social Services (CCDSS) Child Support Enforcement, held in August 2015. The event was held on Main Street and 3rd Street and attracted 866 people. The program demonstrated the importance of community collaboration on behalf of Caroline County's individuals and families and helped in addressing the need for many of them.

- **Charles County: Lifestyles of Maryland**

In FY 2016, LifeStyles of Maryland utilized MOTA funding to continue its 18 years of service and advocacy to minorities in Charles County. LifeStyles' success under the MOTA program was through utilization of a "service first" mentality for outreach.

The organization provided resources to community members such as food, clothing, and shelter to the underserved, while educating them on health issues. LifeStyles increased awareness and provided access to health education and social services to over 12,000 minorities that include Asian-Americans, African-Americans, Native-Americans and Hispanic/Latino populations of Charles County. Other activities included hosting and attending over 36 Local Health Disparity meetings and community activities. Lifestyles continued to increase awareness by distributing over 10,000 health education materials throughout the County. Through its continued minority advocacy efforts, they increased an extensive community network by adding 21 additional community groups. Today, the organization continues its efforts of service, outreach, advocacy, and education in Charles County, building on their progress in FY 2016.

- **Dorchester County: Associated Black Charities**

During the FY 16 grant cycle, Associated Black Charities (ABC) sponsored 14 cultural, educational and social community events and participated in 16 cultural, educational and social community events. ABC worked with faith and community based organizations to complete the work in and around the county by utilizing the Sustainable Minority Outreach and Technical Assistance (SMOTA) model to gain in-rows with minority communities and communities of culture. In addition to the faith and community based grassroots organizations, ABC connected with organizations such as the housing complexes, the Dorchester County Public Schools, Head Start, the hospital

systems, Pleasant Day and the Native American Indian tribe council in an effort to reach all areas affected by health disparities that drive the MOTA initiatives. ABC also promoted awareness through education, outreach, informing the community about the risks and health concerns surrounding diabetes, tobacco use, cardiovascular disease, cancer, infant mortality, obesity as well as overall health and living.

- **Frederick County: Asian American Center of Frederick**

The Asian American Center of Frederick (AACF) is a non-profit community based agency. The organization's vision is to support the community to live the American Dream. AACF *Enhances, Empowers, and Enriches* the community through *Awareness, Education, and Engagement*. Its programs are dedicated to supporting and addressing social determinants of health and providing educational resources among ethnic minority communities in Frederick County. They collaborated with a multifaceted network of government, business, community resources and health service entities to reduce health disparities and build health equity. In FY 16, as a MOTA grantee, AACF:

- Distributed 32,280 health messages.
- Engaged in 74 events: participated in 43 community events and sponsored 31 events in partnership with faith based, and low income communities and partner agencies on health education.
- Engaged rural and minority community members for input in the Frederick County Community Health Needs Assessment.
- Facilitated an Asian Family focus group to inform the Livable Frederick project.
- Produced 68 media messages used to engage and educate community members through both traditional and social media outlets. The health messages tackled health disparities, social determinants of health, behavioral health, and chronic diseases management.
- Provided Technical Assistance to health partners in developing the Community Health Worker Training for the first cohort in Frederick County.

- **Harford County: Inner County Outreach**

Inner County Outreach (ICO) was pleased to partner with MOTA for the 2016 grant. IOC was able to build relationships with the different minority groups in Harford County to educate, and provide information on health disparities, as well as show them the different resources that were available to them.

For fiscal year 2016, ICO sponsored the Pow Wow for Native American Indians that reached over 250 participants and was able to provide the necessary information to help raise awareness of the need to be healthy. ICO held many food giveaways, referral to social services and assisted them with their basic needs and health issues.

In FY 16, ICO also partnered with Pastor Torres who assisted with disseminating health messages on chronic diseases to the Hispanic Community during the celebration of their Community Day. They were excited about receiving the health messages and

getting free cancer screenings. ICO developed several new partnerships and staff attended health workshops, conferences and health fairs that helped them achieve their MOTA program goals.

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

In FY 16 the FIRN MOTA Program staff actively worked alongside partners and colleagues on Local Health Improvement Coalition committees. FIRN's Health Equity Committee volunteers participated on the Tobacco/Cancer Control Coalition. Our volunteers were key in developing recommendations to the Howard County Health Commissioner to consider controlling underage hookah use through health policies. The FIRN MOTA Program reached more than 7,000 minorities in Howard County, distributing more than 10,500 health messages. The program sponsored or participated in events such as:

- NAACP Youth Council Health Fair
- 50+ Expo
- Harper House Health and Service Fair
- Child Care Expo
- Latino Health Fair
- Columbia Association Health Fair
- Tobacco Free Youth Rally
- Seto Health Fair
- North Laurel Health and Service Fair
- Muslim Family Center Information Fair

Key partnerships were established or strengthened with the Howard County Public School System, Howard County General Hospital, Howard Community College, Howard County Chinese School, Build Haiti Foundation, and faith-based organizations such as the Muslim Family Center, Bridgeway Community Church, and Celebration Church.

- **Kent County: Mt. Olive AME Church**

In fiscal year 2016, Mt. Olive AME Church, Worton, MD participated in Prostate Cancer Forum. This was a collaborative presentation by MOTA Citizens Against Tobacco Smoke (CATS) Team, Kent County Health Department, University of Maryland, Shore Regional Health, UMSRMC at Chestertown Lab and Shore Comprehensive Urology. It was a very successful event and great turn out by men. Each attendee received a packet containing health education materials on What Men Should know about Prostate Cancer and a Quiz fact sheet on Prostate Cancer. 23 men received free prostate cancer screening that evening. Many wives came out in support of their husbands. Many questions were generated and the evaluations were quite positive.

Additionally, for fiscal year 2016, Shrewsbury Parish, Kennedyville, Maryland, Mt. Olive also sponsored a Breast Cancer Forum and mini health fair. MOTA staff

hosted the forum and displayed health education materials in Spanish. Kent County Health Department gave a presentation to the Hispanic population on breast cancer and the free services available at the health department. A Spanish Interpreter was available. Chestertown Walgreens store pharmacist was on hand to give free flu shots. It was a very engaging event with lots of questions from the Hispanic population.

Mt. Olive AME Church, Worton, participated in the Maryland Go Red Sabbath Sunday—Women and Heart Disease. This event was open to the public and churches were encouraged to have a Go Red Sabbath Sunday to show support of Women and heart disease. Mt. Olive received a Certificate from the American Heart Association for its participation. Women wore red dresses/suits etc. and men wore red ties. Women in attendance received a heart bag with health information.

- **Montgomery County: Holy Cross Hospital**

Since FY2005, HCH has been honored to be the lead organization and recipient of funding for the MCEP from the Office of Minority Health and Health Disparities, Minority Outreach and Technical Assistance (MOTA) grant to reduce racial and ethnic health disparities in Montgomery County.

This multi-organizational community collaborative has been highly visible and well respected, and leverages its collective abilities to address health disparities and provide a significant presence in low-income, medically underserved, uninsured and underinsured, racial and ethnic communities. Holy Cross has successfully built organizational and community capacity in hard-to-reach, hard-to-teach racial and ethnic communities around cardiovascular health, infant mortality, cancer control, and tobacco cessation. Since its inception, the MCEP has had over 200,000 health educational encounters and facilitated more than 4,000 outreach sessions.

In FY2016, the MCEP (Holy Cross Health, Asian Indians for Community Services, Community Ministries of Rockville, and Mount Jezreel Baptist Church):

- Provided health information on cardiovascular health, cancer control, infant mortality, and tobacco cessation during approximately **30,000** health educational encounters; **25,000** minorities reached.
- Facilitated **664** outreach sessions.
- Distributed more than **98,000** pieces of health literature on cardiovascular health, cancer control, infant mortality, and tobacco cessation.
- Referred approximately **6,200** community members for health screenings via various community resources including primary care and health centers for the uninsured.
- Hosted an annual American Indian Pow Wow in recognition of American Indian Heritage Month.
- Hosted *An Annual Health Disparities Conference: Diversity in Action*.
- Convened a Local Health Disparities Committee to discuss successes and barriers to addressing the healthcare needs of target community members.

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

During the Minority Outreach and Technical Assistance (MOTA) 2016 fiscal year, the Maryland Center at Bowie State University had several program highlights: (1) The Center funded three racial/ ethnic minority (Hispanic/Latino, Native American, Asian American,) consultants for a total of \$18,000 and (2) Collectively, conducted 80 community activities/events, reached over 150,000 minorities in Prince George’s County, and distributed over 172,000 pieces of health education materials and over 380 media messages. Some other highlights include:

- Educated the community on ways to prevent the transmission of HIV/AIDS.
- Established new community partnerships such as the Global Health and Education Projects, Inc., Maryland Multicultural Youth Center, Casa de Maryland, Society for Advancement of Chicanos/Hispanics and Native Americans in Science and Korean Presbyterian Church.
- Trained 14 Latino Community Health Workers on community engagement & health empowerment.
- Conducted outreach around the Affordable Care Act and promoted mental health wellness.
- Sponsored an Office of Minority Health Mini Federal Grants Workshop in partnership with Congressman Steny Hoyer.

- **Saint Mary’s County: Minority Outreach Coalition**

Through partnership with the St. Mary’s Health Department, Minority Outreach Coalition (MOC) conducted four health fairs and participated as a vendor to raise awareness of E-Cigarette laws and Tobacco use to the county residents. As a MOTA grantee, actively targeted low and middle income districts while supporting the Local Health Department (LHD) with its health plan and objectives.

MOC utilized surveys and collected data by reaching 40% of the 114,613 county residents to include 14.3% African Americans, 2.5% Asian Americans, 4.9% Hispanic and/or Latinos and 0.4% American Indians, plus a large military transit community with the combined outreach efforts of the coalition and health departments. In addition, MOC established a working coalition in support of the DHMH and LHD goals and objectives in all 29 county districts. Through “Healthy St. Mary’s Partnership” with its 90+ members, MOC was able to target all the low and middle income minority communities with public health seminars/workshops and a newly established health newsletter. MOC also advocated for racial/ethnic minorities from the minority community to join the outreach efforts by becoming a partner with the St. Mary’s Health department partnership and are directly responsible for 32 of its members. MOC MOTA assisted with bringing about the Healthy St. Mary’s 2020 health improvement plan (CHIP) for St. Mary’s County. This plan was developed by the members of the partnership as a guide to improving the health of residents through the year 2020.

- **Talbot County: Chesapeake Multicultural Resource Center**

Chesapeake Multicultural Resource Center participated in various events throughout the Talbot County region. The organization partnered with various community organizations such as NAACP, American Diabetes Association, Talbot Family Network, Talbot County Health Department, and P.E.A.C.E. Organization that featured a large Multicultural Festival that reached a large number of minorities within the local region. The biggest feature of their program was the 1st Annual Thankful to Wellness program. This event was a one day seminar in which the organization partnered with University of Maryland Easton Hospital Diabetes Center, American Diabetes Association, Talbot County Health Department, FitnessRX, Cottingham Farm and Bartlett Pear Chef Jordan Lloyd to provide families with health information and educate community members about healthy meals for heart health and diabetes.

Throughout the day, activities such as Zumba, were provided by an instructor from FitnessRX. Participants who attended this event were given fresh organic vegetables from a local certified organic farm. The day ended with a meal demonstration of a healthy meal that included turkey, purple sweet potato, and chard sautéed greens. Over 100 families attended the event.

- **Wicomico County: Community Empowerment Center, Inc.**

During the fiscal year 2016, the Community Empowerment Center, Inc. (CEC), was able to serve as a MOTA grantee in the Wicomico County area. Some of the highlights include the ability to network and develop relationships with partner agencies throughout the county to provide services and inform the community where to connect with services. One such event involved the CEC, partnering with the Eastern Shore Basketball League to reach children and adults at a sports event. At this event we were able to distribute health information on fast food, asthma, dangers of tobacco and diabetes.

CEC also held a roundtable discussion with stakeholders to link services available within the community and discuss barriers and ways to overcome these barriers in linking services. CEC also participated in the community health fair along with the Wicomico County Health Department, Zion House and other vendors to reach out to the community and provide health related information and resources, free food, prizes, activities to children and adults present at the health fair. In the area where the health fair was held, CEC staff was able to reach different ethnic groups, which included African Americans, Hispanics and Haitian members of the community. The information shared was well received and those in attendance brought people back to other events sponsored by CEC.

- **Washington County: Brothers United Who Dare to Care**

Brothers United Who Dare to Care (BUWDTC) participated in several events as a MOTA grantee during fiscal year 2016. The highlights of the 2016 MOTA program was

hosting a health education session for children where they read and agreed to pledge to be tobacco free. This event attracted over 130 children and young adults.

BUWDTC also participated in town hall meetings where the focus was on the hazards of tobacco use and youth access to tobacco. The organization distributed over 600 health education materials to African-Americans, Whites and Hispanic/Latino-Americans throughout the county. As a MOTA grantee, BUWDTC helped distribute the Speak Up Newsletter, which features health information on tobacco use, obesity, physical activity, violence, HIV/AIDS and Opioid use to over 500 households in the Jonathan Street area with an average of three adults per household. The newsletter was also posted on the Speak Up Facebook page reaching over 8,000 individuals.

D. Collaborative Partnerships

HIV/AIDS, Hepatitis B and C, and other STD's Grantees

The Office of Minority Health and Health Disparities (MHHD) in collaboration with the Center for HIV/AIDS and Health Services solicited applications for community-based education and outreach activities that address HIV/AIDS, Hepatitis B and C, and other STDs in minority, medically underserved communities.

The following community-based organizations applied and received funding to conduct HIV/AIDS, Hepatitis B and C, and other STDs outreach and education activities:

ORGANIZATION	PROGRAM DESCRIPTION
Asian American Center of Frederick (AACF)	-Hepatitis B and C education and screening -Education events HIV/AIDS outreach -Social Media campaign -Testing and referral for HIV, STDs, and Hepatitis B and C -In-home visits by CHWs as needed
Asian Indians for Community Service, Inc. (AICS)	-Community health education (Hepatitis B and C) -Social Media outreach -Education materials distribution -Partnerships with non-profit organization
Access to Wholistic and Productive Living Institute, Inc. (AWPL)	-CHWs training on HIV awareness -Creation of Survey to assess the Knowledge regarding HIV,STDs -Display information at community centers and hospitals
Hepatitis B Initiative of Washington, DC (HBI-DC)	-Scheduled community health screening events providing Hepatitis B and C, HIV, Cholesterol, BMPs, CBCs screenings -Provide flu shots for the uninsured
Empowerment Center	-Provide Rites of Passage program (education and outreach for HIV/AIDS, Hepatitis B and C, and STDs)
FIRN, Inc.	-Education and outreach for HIV/AIDS, STDs, Hepatitis B

	and C -Use of social media for education
Hands of Hope, Inc.	-Educational training for HIV/AIDS, Hepatitis B and C and STI -Publish updated health resources directory
Heart to Hand, Inc.	-Plan a transgender life conference -HIV testing and PrEP education
JACQUES Initiative of the IHV, UMB	-Reduce incidence of HIV/ HCV by <ul style="list-style-type: none"> • Education • Screening -Referrals and linkage to care for individuals who test positive
Total Health Care, Inc.	-Education
Metropolitan Washington Public Health Association (MWPHA)	-Education (outreaches and print outs) on HIV, HCV and STD -Referrals for testing and treatment
Maryland Center at Bowie State University	-Distribution of health education materials on HIV, HCV and STDs -Outreach in partnership with other already established organizations centered around various national events such as the National Latino AIDS Awareness Day.

E. Introduction of New MOTA Focus (for FY 17)

The Minority Outreach and Technical Assistance (MOTA) Program began in 2001 under the auspices of the Cigarette Restitution Fund Program (CRFP). CRFP was established by Maryland State Legislation and began operations on July 1, 2000 as a major initiative within the Maryland Department of Health and Mental Hygiene (DHMH). MOTA was established to implement the Cigarette Restitution Fund Act’s provision requiring outreach and technical assistance to minority communities to ensure their participation in the tobacco and cancer community health coalitions. Minority communities include African Americans/Blacks, Asian and Pacific Islander, Hispanics/Latinos, and American Indians. In 2010, the Department of Health and Mental Hygiene announced the expansion of MOTA beyond Tobacco and Cancer to address other racial and ethnic health disparities throughout the State of Maryland. The expanded focus now includes major health disparities that affect racial and ethnic minority communities such as cardiovascular disease, HIV/AIDS, diabetes, infant mortality, obesity, and asthma.

For fiscal year 2017 the MOTA request for applications (RFAs) was revised to accommodate the changing healthcare landscape. MOTA applicants are required to focus on one or more of the following disease areas: birth outcomes, cardiovascular disease, diabetes, obesity, cancer, tobacco use, asthma, HIV/AIDS, lack of health insurance, and lack of medical home/non-use of medical home. The health conditions targeted by the MOTA program have the following significance for Maryland’s minority population:

Cardiovascular diseases: Heart disease is the leading cause of death in Maryland and stroke is the third leading cause. Heart disease accounts for about one quarter of deaths in Maryland. Heart disease death rates have the largest minority disparity from the perspective of excess minority deaths per 100,000 people.

Cancer: Cancer is the second leading cause of death in Maryland, very close behind heart disease. Cancer accounts for just under one quarter of deaths in Maryland. Cancer death rates have a significant minority disparity in excess minority deaths per 100,000.

Diabetes: Diabetes is the sixth leading cause of death in Maryland. Black diabetes death rates are twice as high as White death rates. Rates of emergency room visits and hospital admissions for diabetes are about three times as high for Blacks as compared to Whites. Diabetes is also a risk factor for cardiovascular disease.

Asthma: Asthma is significant cause of activity limitation for adults and especially for children, and is responsible for a large amount of emergency room use and hospital admissions that could be prevented. Emergency room visit rates for asthma are four times as high for Blacks as for Whites.

Obesity: Obesity rates are higher for minority persons than for Whites. Obesity is a cause of cardiovascular disease, some cancers, diabetes, high blood pressure, and some types of arthritis.

Birth outcomes: Poor birth outcomes such as infant mortality, low birth weight, need for neonatal intensive care, and subsequent lifelong health problems are more common in Maryland's minority population. Black Infant mortality is generally about 2.5 times as high as White infant mortality.

Tobacco: Smoking is a cause of heart disease, many cancers, chronic lung disease, and when a mother smokes, poor birth outcomes. Smoking in the home also contributes to childhood asthma. Reducing the rate of smoking among the minority population is key to reducing the burden of the MOTA targeted conditions.

HIV/AIDS: Minority population accounted for 85% of new HIV cases in 2013. New case rates for HIV compared to the rate in Non-Hispanic Whites, are about 9.5 times as high for the Non-Hispanic Blacks and 2.5 times as high for Hispanics. The Black to White disparities in HIV new case rates and HIV death rates are some of the largest racial/ethnic disparities in Maryland.

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

A. 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 uninsurance prior to implementation of the insurance expansion under the Affordable Care Act.

During the 2016 calendar year:

- MHHD finalized the grant agreement with Mary's Center as the community-based partner to provide educational sessions and community health worker longitudinal support for identified high utilizers in the target ZIP codes.
- MHHD finalized the MOU with Morgan State University to provide qualitative evaluation services. MHHD assisted Morgan State with obtaining DHMH IRB approval for their focus group process, and Morgan State completed six focus groups as the initial phase of their evaluation.
- MHHD has held multiple technical assistance meetings with Mary's Center and Morgan State University to facilitate the roll out of the program intervention and evaluation.
- MHHD has had several meetings with the Medicaid Program, with Amerigroup (a Medicaid MCO), and with Adventist Hospital to discuss data procedures for the identification of high utilizers, and methodology of linking some of those high utilizers with the Mary's Center community health worker.
- MHHD produced a Health Equity Profile for the six targeted ZIP codes outlining the key social determinants of health that affect health insurance enrollment rates by race/ethnicity and by ZIP code.
- MHHD successfully submitted its renewal application for this project and has been funded for FY 2017.

VI. MHHD Work Plan for 2017

A. MHHD Strategic Plan: 2016-2018

In order to advance health equity within Maryland and improve health outcomes for all Marylanders regardless of race, ethnicity, gender, social class, sexual orientation, sexual identity or geography it is imperative that a comprehensive, multi-disciplinary, multi-sectoral, health equity lens is integrated in all the work conducted within DHMH.

MHHD uses the Triple Aim of Health Equity as the guiding framework for its strategic priorities and goals.

Background: The Department of Health and Mental Hygiene Office of Minority Health and Health Disparities was established in 2004 by statute, under the Maryland Health General Article, Section § 20-1001 to § 20-1007, to address minority health disparities in Maryland.

Mission: In fulfillment of the Department’s mission to promote the health of all Maryland citizens, the Health Disparities Initiative shall focus the Department’s resources on eliminating health disparities, partner with statewide organizations in developing policies and implementing programs and monitor and report the progress to elected officials and the public.

Vision (proposed): To achieve health equity where all individuals and communities have the opportunity and access to achieve and maintain good health.

Health Equity Framework: MHHD uses the Triple Aim of Health Equity as its guiding conceptual framework.

Strategic Priority A: Expand the understanding and conversation of health equity.	
Goals	Strategies
Conduct a health equity training needs assessment among DHMH staff	Partner with the DHMH Workforce Collaborative (DHMH-WC) to develop training needs assessment for Public Health Services (PHS) Partner with the DHMH-WC to deploy training needs assessment for Public Health Services (PHS)
Identify the skills, organizational practices and infrastructure necessary to achieve health equity	Develop an online organizational self-assessment for achieving health equity Administer organizational self-assessment to DHMH staff
Implement training programs and activities on how to advance health equity	Develop curriculum for Health Equity 101 and 102 training series Meet with DHMH Human Resources and DHMH-WC to discuss plans for training development and implementation Provide cultural competency training for internal and external partners Implement Diversity Day during Minority Health Month

	Implement the bi-monthly health equity lunch series
Make training and opportunities for dialogue on structural racism available for DHMH leadership and staff	Consult with the People’s Institute for Survival and Beyond to arrange “Undoing Racism” training for DHMH staff and leadership
Use a collaborative approach to implement the Annual Health Equity Conference	Seek partnerships both internally, externally, local and regional to plan and implement the Annual Health Equity Conference
Maintain an informative and engaging website that provides accurate health disparities data	Continue to revise the MHHD website by updating content Provide recommendations for creating a culturally and linguistically appropriate DHMH website
Strategic Priority B: Implement a health in all policies approach to embed health and equity into institutional policies and practices.	
Goals	Strategies
Create a Health in All Policies workgroup to embed health and equity criteria in policies, programs and strategic plans	Explore the option of working with Government Relations to create a DHMH Health in All Policies workgroup
Conduct an assessment of health equity policies and practices within DHMH	Consult with Minnesota Department of Health to learn best practices for policy assessment Administer a health equity policy assessment to DHMH policy analysts
Provide health equity training for DHMH policy analysts	Work with Government Relations to implement a series of health equity trainings.
Participate as the DHMH appointee on the Interagency Council on Homelessness (ICH)	Chair the Health and Homelessness Workgroup Work to achieve the goals of the Health and Homelessness workgroup
Participate as a DHMH representative on the Rural Health Care workgroup	Participate as a member of the Vulnerable Populations workgroup
Work collaboratively with PHS to embed health equity in the strategic planning process	Participate in the planning and implementation of the PHS strategic planning process
Strategic Priority C: Strengthen the capacity of local communities to reduce health disparities.	
Goals	Strategies
Strengthen the capacity of MOTA partners to reduce health disparities in local jurisdictions	Continue to fund local health equity projects Conduct comprehensive MOTA partner needs assessment to inform training, TA and grant funding

	Provide training and technical assistance for MOTA grantees
	Facilitate collaborative relationships between internal and external units and MOTA partners
Strategic Priority D: Build the capacity of the public health workforce to effectively advance health equity.	
Goals	Strategies
Strengthen the health equity workforce by creating pipeline development programs	<p>Create a structured internship program for high school, undergraduate and graduate interns</p> <p>Create an ambassadors program to create broad awareness of public health career opportunities at DHMH</p> <p>Implement a health equity mentorship program for DHMH staff and student trainees</p> <p>Create a plan for community health worker (CHW) workforce development</p>
Strategic Priority E: Support and implement evidence-based interventions to reduce health disparities.	
Goals	Strategies
Administer comprehensive lead/asthma prevention programs in local jurisdictions	Work collaboratively with the Environmental Health Bureau and the Health Care Financing to develop and implement a childhood lead and asthma prevention program.
Administer the Federal OMH EMBRACE grant	Continue the activities of the OMH State Partnership grant to increase insurance enrollment, enhance health insurance literacy and prevent unnecessary utilization of emergency rooms

B. Federal-State Partnership Grant Project (EMBRACE)

In 2017 MHHD will continue to operate the EMBRACE project in six ZIP codes primarily in Prince George’s County with some extension into Montgomery County. Mary’s Center, the community-based sub-grantee, will continue to hold educational sessions, provide one-on-one counseling, and make referrals to appropriate services. Morgan State University will assist in the development of pre- and post-session testing to assess knowledge gained and satisfaction with the program. The Medicaid MCOs and Adventist Hospital are expected to begin referring selected high utilizers to Mary’s Center to receive longitudinal community health worker assistance. MHHD will update the social determinant of health data in the Health Equity Profile and will begin to compile the utilization data for the targeted ZIP codes.

C. Minority Outreach and Technical Assistance (MOTA)

In FY 2017, MHHD revised the MOTA Request for Applications (RFA) and emphasized improvement and impact of health outcomes of racial and ethnic minority communities through community engagement, partnerships, outreach and technical assistance. MOTA applicants were required to focus on one or more areas of the following expanded key areas: Birth outcomes, cardiovascular disease, diabetes, obesity, cancer, tobacco use, asthma, HIV/AIDS, lack of health insurance and lack of a medical home, non-use of medical home. In an effort to effectively monitor and evaluate tangible outcomes of the 2017 MOTA program, MHHD has developed the work plan below as a guide in achieving the 2017 outcomes.

Activity	Month	Responsible Party/Parties
Development and Dissemination of MOTA Request for Proposal (RFA)	March-June 2016	MHHD
Review of Applications and award of grants	June-July 2016	MHHD
Development and Finalization of 2017 MOTA Data Reporting Tool	June-November 2016	MHHD DHMH OIT MOTA Advisory Group
Monitoring and Evaluation of MOTA and Collaborative Initiative Reports	October 2016-July 2017	MHHD/MOTA/IHSB/CHPHS
First Grantee/Partnership Meeting. This includes all MOTA and Collaborative Initiative partners	November 2016	MHHD/DHMH/MOTA and Collaborative Initiative Partners
Second Grantee/Partnership meeting	February 2017	MHHD/DHMH/MOTA and Collaborative Initiative Partners
MOTA Grantee Site Visits	March-April 2017	MHHD/MOTA Partners
Third Grantee/Partnership Meeting	May 2017	MHHD/DHMH/MOTA and Collaborative Initiative Partners
Compilation and Analysis of MOTA Data and Narrative Reports	July 2017	MHHD
MOTA Continuation Reports	May 2017	MHHD/MOTA

D. Maryland Health Disparities Data

In 2017 the data program staff will continue to provide programmatic oversight for the EMBRACE project and data/evaluation technical assistance to the MOTA program. With the office back to full staffing, data reporting product development will resume in 2017. Data products anticipated during 2017 include:

- The fourth edition of the Maryland Chartbook of Minority Health and Minority Health Disparities Data, which will include data through 2015.
- The beginning of a series of reports, each focused on a specific SHIP indicator and displaying for each jurisdiction and Statewide, the race and ethnic specific trends in those metrics. This will allow an assessment of the degree to which statewide improvements in minority health and Statewide reductions in health disparities also exist in the individual jurisdictions.

VII. Presentations & Events and Health Equity Resources

A. Presentations & Events

- MHHD staff presented at and participated in the Health Enterprise Zone Sustainability Summit (11/3/16)
- Dr. Noel-Thomas, Minority Health and Health Disparities Director, attended the American Public Health Association Conference in Denver, CO (10/31-11/3/16)
- MHHD Deputy Director, Stephanie Slowly, participated in the Baltimore City Health Department Undoing Racism training. (10/17/16 - 10/19/16)
- MHHD Director served as a panelist at West Baltimore National Community Development Conference at Coppin State University. (10/13/16 - 10/14/16)
- MHHD Director attended the Congressional Black Caucus Legislative Conference in Washington DC. (9/16/16)
- MHHD Director presented at the Rural Health Summit at Chesapeake College. (8/30/16)
- MHHD Director presented on the value of community health workers in improving population health at the Totally Linking Care meeting at Doctors Hospital in Lanham, Maryland. (6/27/16)
- MHHD Epidemiologist, Dr. David Mann, presented at the University of Maryland, School of Medicine Grand Rounds on “Maryland’s Approach to Reducing Preventable Utilization: Health Enterprise Zone Model, CMS Waiver, and Hospital Global Budgets.” (5/5/16)
- MHHD’s MOTA Program Administrator, Ms. Namisa Kramer, attended and presented at the People for Change Coalition 3rd Annual Nonprofit Conference, "Empowering Nonprofits to Lead in their Communities" in Mitchellville, Maryland. (4/22/2016)
- MHHD Director and Epidemiologist attended the Centers for Disease Control and Prevention and Association of State and Territorial Health Officials Health Equity Leadership Academy in Atlanta. (4/11/2016 - 4/12/2016)

- The Maryland Office of Minority Health and Health Disparities hosted its annual National Minority Health Month Celebration event in the Lobby of the Maryland Department of Health and Mental Hygiene. The event featured speakers; including Office of Minority Health and Health Disparities Director, Dr. Shalewa Noel-Thomas; Department of Health and Mental Hygiene Secretary, Van Mitchell; Deputy Secretary for Public Health Services Dr. Howard Haft; a representative from the Governor's Office of Community Initiatives; and two of the Office of Minority Health and Health Disparities' community grantees from the Minority Outreach and Technical Assistance (MOTA) Program and the Educating Minorities of Benefits Received After Consumer Enrollment (EMBRACE) Program. Additionally the day included health exhibitors, trivia contest, and a 1-mile walk for health. (4/8/2016, Baltimore, MD)
- MHHD staff attended the University of Maryland College Park Public Health Research Day. Health Disparities Initiatives Director took part in the day by judging doctoral research poster presentations. Epidemiologist took part in the day by presenting on a Population Health Panel session. (4/5/2016, College Park, MD)
- MHHD Epidemiologist spoke at the University of Maryland, School of Law, Asian Pacific American Law Students Association's (APALSA) Seventh Annual Spring Reception, Health Disparities Panel (2/25/2016, Baltimore, MD)

B. Health Equity Resources

- 2015 National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy. Content last reviewed May 2016. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr15/index.html>
- Chartbook on Health Care for Blacks. Content last reviewed June 2016. Agency for Healthcare Research and Quality, Rockville, MD <http://www.ahrq.gov/research/findings/nhqrdr/chartbooks/blackhealth/index.html>
- 2016 Annual Report on Homelessness, October 1, 2016, Prepared by: Maryland's Interagency Council on Homelessness, Prepared for: The Governor and the Maryland General Assembly
- What Should We Expect?: A Comparison of the Community Benefit and Projected Support of Maryland Hospitals / Turner, J. S.; Broom, K. D.; Goldner, J. A.; Lee, J. Medical Care Research and Review, v. 73, #2 (March/April), p. 205-226, 2016 (Articles) 42405 <http://www.ncbi.nlm.nih.gov/pubmed/26400867> DOI: 10.1177/1077558715604565
- Strategies for Reducing Health Disparities — Selected CDC-Sponsored Interventions, United States, 2016. US Department of Health and Human Services/Centers for Disease Control and Prevention MMWR / February 12, 2016 / Vol. 65 / No. 1. <http://www.cdc.gov/mmwr/volumes/65/su/pdfs/su6501.pdf>