Maryland Health Disparities Collaborative

Health and Health System Experience Workgroup

Report on Secretary's Request for Assistance

August 10, 2012

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Secretary Sharfstein's Request to the Workgroup:

- By August 1, make recommendations for the format of reporting of efforts on health disparities by hospitals.

Contents of Staff Response:

1. Background: This request was developed through staff-to-staff work between HSCRC and MHHD

2. Recommendations for:
   A. Reporting on racial, ethnic and language information
   B. Assessing and reporting social characteristics of communities that impact health
   C. Populating advisory groups with representation from target communities
   D. Assuring that communication between hospital, patients and the community are culturally, linguistically and health literacy competent

3. References

Background and recommendations for the format of reporting of efforts on health disparities by hospitals.

Background

The Health Services Cost Review Commission (HSCRC) is required under 19-303 of the Health General Article, Maryland Annotated Code to collect information and prepare a Community Health Benefit Report that describes the types and scopes of community benefit activities conducted by nonprofit hospitals. Amendments to this legislation in the 2012 Legislative Session now requires HSCRC to add to these report requirements, a description of the Hospital's efforts to track and reduce health disparities in the community that the hospital serves.

HSCRC has in place a *Community Benefit Work-Group* that advises the Commission on issues related to the collection of hospital benefit activities. HSCRC staff and their Work-Group have compiled materials to implement the above amendment. The MHHD staff reviewed the Community Benefit Narrative Reporting Instructions and related materials, identifying opportunities that would enhance the tracking of health disparities activities. Following a productive staff-to-staff work session, agreement was reached on a number of changes. The recommendations include:

A. Reporting on racial, ethnic and language information

Recommendation 1: Hospitals should report on the racial, ethnic and language composition of their Community Benefit Service Areas (CBSA) population.

Recommendation 2: Add to the resources for understanding county-level health data by race and ethnicity in Maryland including the following:

- **The Maryland Plan to Eliminate Minority Health Disparities, Plan of Action 2010 – 2014** (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf)
- **The Maryland Chartbook of Minority Health and Minority Health Disparities Data (Second Edition: December 2009)** (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf)
- **The State Health Improvement Process (SHIP) County Health Profiles** (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx)

Recommendation 3: The metrics used to describe the health of the CBSAs should be presented for total population and also for groups defined by race, ethnicity, and language.

B. Assessing and reporting social characteristics of communities that impact health

Recommendation 4: **The characteristics of the community that impact health (social determinants of health) should be assessed for the CBSAs. These items include education, employment, income, housing, safety (absence of violent crime), available healthy foods, available places for physical activity, transportation, environment, etc.)**

C. Populating advisory groups with representation from target communities

Recommendation 5: Planning groups for and advisory groups to the CBSAs should have representation from the targeted service population, and reflect a diversity that corresponds to the target population.

Recommendation 6: Racial, ethnic, and language minority populations should be explicitly identified as a type of vulnerable population to be targeted by community benefit programs.

D. Assuring that communication between hospital, patients and the community are culturally, linguistically and health literacy competent

Recommendation 7: Communications between the hospital and its patients and the community should conform to accepted standards for cultural, linguistic, and health literacy competency, such as the National CLAS Standards and the soon to be released Cultural Competency and Health Literacy Primer: A guide for Teaching Health Professionals and Students (jointly from the University of Maryland College Park School of Public Health and the Herschel S. Horowitz Center for Health Literacy and the Department of Health and Mental Hygiene Office of Minority Health and Health Disparities).

References

Department of Health and Human Services, Office of Minority Health, *National Standards on Culturally and Linguistically Appropriate Services (CLAS)* (http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf)

Health Services Cost Review Commission, *Community Benefit Reporting Guidelines and Standard Definitions, 2011* (http://www.hscrc.state.md.us/documents/HSCRC_Initiatives/CommunityBenefits/DataCollectionTools/2011/FY_11_CommunityBenefitReportingInstructions.pdf)

Health Services Cost Review Commission, *Community Benefit Narrative Reporting Instructions, for 2011* (*http://www.hscrc.state.md.us/documents/HSCRC_Initiatives/CommunityBenefits/DataCollectionTools/2011/Final_NarrativeInstructions_FY2011.doc*)

Institute of Medicine, *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement* (http://www.iom.edu/Reports/2009/RaceEthnicityData.aspx)

Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities, *The Maryland Plan to Eliminate Minority Health Disparities, Plan of Action 2010 – 2014* (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf)

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