

# Maryland Health Disparities Collaborative

## **Awareness Workgroup**

### **Report on Secretary's Request for Assistance**

June 27, 2012

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### Draft Report on Secretary's Request for Assistance

#### Secretary Sharfstein's Request to the Workgroup:

- By July 15, provide recommendations to DHMH on how to promote the Health Enterprise Zone application process to community-based organizations around the state.

#### Contents of the Workgroup Response:

- 1. Background and Recommendations on the promotion of the Health Enterprise Zone application process to community-based organizations around the state**
- 2. References**
- 3. List of Workgroup Members**

## **Recommendations on the promotion of the Health Enterprise Zone application process to community-based organizations around the state**

Background: Senate Bill 234, the Maryland Health Improvement and Disparities Reduction Act of 2012 seeks to reduce health disparities among Maryland's racial and ethnic groups and geographic areas, improve health care access and health outcomes in underserved communities, and reduce health care costs by establishing a Health Enterprise Zones (HEZs) pilot program.

For an HEZ to be designated by the Secretary, a non-profit community-based organization (CBO) or local health department must apply to the Department of Health and Mental Hygiene and Community Health Resources Commission with a comprehensive plan to address disparities in a defined geographic area. The application must illustrate an effective and sustainable plan to reduce health disparities, produce savings to the health care system, and improve health outcomes.

The initiative to promote the Health Enterprise Zone application process to community-based organizations must utilize outreach methods and tools that are culturally and linguistically appropriate for the target areas.

While not limited to this resource tool alone, the Awareness Workgroup urges using the recommendations and lessons presented in the Office of Minority Health within the U.S. Department of Health and Human Services 2000 report *Strategies for Effective Health Outreach to African American Communities*. Outlined therein, the outreach methods, tools and lessons learned, outlined therein, are applicable and beneficial to the promotion of HEZ's across all Community Based Organizations. Within the document are lessons learned to assist program planners to implement ideas for future health outreach initiatives directed at not only African American communities, but all communities.

The following lessons, adapted from the report, can be used as a framework for formulating outreach recommendations.

- Know your target audience
- Assemble a skilled professional team
- Collaborate with respected institutions
- Work with existing networks
- Stimulate discussion among the target community
- Create a clear mission focused on achievement, inclusion and meaningful involvement of target audience
- Use evaluation data during the planning process
- Understand and adjust for the digital divide
- Use technology to broaden the message
- Strive for bold goals and ensure expanded partnerships

## Recommendations

**Recommendation 1:** Identify current lists of Community Based Organizations and existing networks with community based outreach.

- Virtual Network of leaders in health equity (deliverable of the Leadership and Capacity Building Workgroup)
- Maryland Office of Minority Health and Health Disparities community contact database
- Maple List Serve (Maryland AIDS Prevention List Serve)
- Ryan White List Serve
- Jurisdictional planning organizations (LHIC, MOTA, etc)
- Health benefit exchange and its work with the Navigator Program
- Health care reform coalitions
  - Maryland Women’s Coalition and MCHI
- Non-health organizations (i.e. NAACP, major community development agencies, chambers of commerce, small business organizations, economic and business development entities, community improvement, civic, and fraternal organizations)
- Historically Black Colleges and Universities, Community colleges, state colleges and universities
  - Academic based health committees
- Maryland Association for Nonprofits
- Racial, Ethnic focus and local community press/media
  - Local radio-PSA, community information shows
- Churches and other religious and faith-based/focused organizations

**Recommendation 2:** Send a letter to community-based organizations notifying them of the HEZ application opportunity. The letter will emphasize that the grant is s a true partnership opportunity that includes resources to assist CBO’s in applying. It must also remind applicants that while they may be listed by other primary/lead applicants as a possible partner that action does not deny their own organization from their right to also apply directly as a primary/lead applicant. This letter would be endorsed by DHMH, and possibly signed by Secretary Sharfstein and Dr. Carlessia Hussein. [See attached template]

**Recommendation 3:** Create a standard outreach message template and toolkit of resources on the HEZ initiative for prospective applicants to be posted on Websites and disseminated with letter. Look to other successful outreach models previously used.

- Simple fact sheet explaining what an HEZ is, benefits of participating/applying
- Key definitions
- One-page FAQ’s
- Talking points

**Recommendation 4:** Use multi-channel marketing strategies to promote the application process and provide technical assistance.

- E-mail blasts
- Text messages
- Websites
- Webcasting/videoconferencing
- Teleconferencing
- Facebook/twitter/blogging
- Direct mail post cards or letters
- Newsletter inserts
- In person meetings
  - Town Hall Meetings
  - Roundtable Discussions
- Press Releases and Media Advisories
  - Work with the DHMH Public Relations Department and Local Health Departments to disseminate.
- Radio stations

**Recommendation 5:** Provide Hospitals, larger institutions, and Local Health Departments information (fact sheets, guidelines) on how to be an effective partner.

**Recommendation 6:** Identify and send a personal letter to legislators and local elected officials in potential HEZ areas and provide information on how they can assist and work with CBO's in that area in the application process.

**Recommendation 7:** Identify effective initiatives or programs currently being implemented in high health need areas and collaborate for the purpose of spreading information to the community.

**Recommendation 8:** Ensure that application reviewers are representative of target communities and have keen expertise in addressing racial and ethnic health disparities.

## References

Jennifer K. Benz, Valerie A. Welsh, Oscar J. Espinosa, Angela Fontes, Margrethe Montgomery, Nichole Machata, and Garth N. Graham. *Study Brief: Trends in U.S. Public Awareness of Racial and Ethnic Health Disparities (1999–2010)*, September 30, 2010

Maryland Department of Health and Mental Hygiene, *Maryland State Health Improvement Process (SHIP)* <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>

Office of Minority Health, U.S. Department of Health and Human Services, *Strategies for Effective Health Outreach to African American Communities*, 2000

*Maryland Health Improvement and Disparities Reduction Act of 2012* (Senate Bill 234)  
<http://mlis.state.md.us/2012rs/billfile/sb0234.htm>

### Awareness Workgroup - List of Workgroup Members

Name	Organization
<b>Baker, Dorcas</b>	<b>Johns Hopkins Local Performance Site PA/MidAtlantic AIDS Education and Training Center</b>
<b>Borden, Alisha</b>	
<b>Botchway, Rosemary</b>	<b>Primary Care Coalition of Montgomery County</b>
<b>Brewster, Lori</b>	<b>Wicomico County Health Department</b>
<b>Brooks, Joyce P.</b>	<b>Baltimore City DSS</b>
<b>Bryant, Sylvia</b>	<b>Harford County Office of Human Relations, Department of Community Services</b>
<b>Burton, Courtney</b>	<b>DHMH</b>
<b>Clark, Roger</b>	<b>Monumental City Medical Society</b>
<b>Coleman, Andrea</b>	<b>Montgomery County Child Welfare Services, DHHS</b>
<b>Corbin, Donald</b>	<b>Somerset Alumni Group Educational Strategies, Inc. (SAGES)</b>
<b>Dashiell, Terrie</b>	<b>Community Health Education, Lifebridge Health</b>
<b>Davis, Danielle</b>	<b>Maryland Health Benefit Exchange</b>
<b>Davis, Marva</b>	<b>Somerset Alumni Group Educational Strategies, Inc. (SAGES)</b>
<b>Diller, ChristieLyn</b>	<b>Planned Parenthood of Maryland</b>
<b>Dotson, Ashyrra</b>	<b>Associated Black Charities, Dorchester</b>
<b>Fisher, Annette</b>	<b>American Health Association</b>
<b>Foletia, Bako</b>	
<b>Garcia, Katherine</b>	<b>Center for health Literacy, University of Maryland</b>
<b>Green, Denesecia</b>	<b>Centers for Medicare &amp; Medicaid Services</b>
<b>Harris, Mary Jo</b>	<b>Maryland State Department of Education</b>
<b>Hedlund, Laurie</b>	<b>Allied Health with Frederick Community College</b>

<b>Henson, Sonya</b>	
<b>Hiner, Kimberly (Staff)</b>	<b>Maryland Office of Minority Health and Health Disparities</b>
<b>Horne, Lisa</b>	<b>Division of Children's Services DHMH</b>
<b>Hurley, Gertie</b>	
<b>Hussein, Carlessia</b>	<b>Maryland Office of Minority Health and Health Disparities</b>
<b>Jackson, Charles</b>	<b>American Cancer Society</b>
<b>Jacobs, Donna</b>	<b>Government and Regulatory Affairs, University of Maryland Medical System</b>
<b>Jennings, Shelley Northern</b>	<b>Alzheimer's Association</b>
<b>Jones, Patricia</b>	<b>Center for Maternal and Child Health</b>
<b>Kick, Sandy</b>	<b>Maryland Women's Coalition for Health Care Reform</b>
<b>Kidd Taylor, Andrea</b>	<b>Morgan State University School of Community Health and Policy</b>
<b>King, Marlene</b>	<b>University of Maryland School of Medicine</b>
<b>Mackertich, Shelia</b>	<b>HealthCare Access Maryland</b>
<b>Mains, Tyler</b>	<b>Merit*Baltimore</b>
<b>McEachern, Yvette</b>	<b>Center for Maternal and Child Health</b>
<b>Mix, Aisha K.</b>	
<b>Mosby, LaJoy Y.</b>	<b>US Office of Minority Health Resource Center</b>
<b>Nathan Pulliam, Shirley</b>	<b>Maryland General Assembly</b>
<b>Noonan, Allan</b>	<b>RADM (ret) US Public Health Service</b>
<b>Nussa, Caridad Morales</b>	<b>Baltimore County Department of Health</b>
<b>Perry, Debra (Chair)</b>	<b>AFT Healthcare Maryland Local #5197, AFT/AFL-CIO</b>
<b>Pesquera, Marcos</b>	<b>Adventist Health Care, Center for Health Disparities</b>
<b>Preston, Leni</b>	<b>Maryland Women's Coalition for Health Care Reform</b>
<b>Price, Ann</b>	<b>National Kidney Foundation of Maryland</b>



<b>Reeves, Iris</b>	<b>Mental Hygiene Administration</b>
<b>Rich, Delores</b>	<b>Maryland Cancer Registry</b>
<b>Ruey-Hwa, Lu</b>	
<b>Sam, Tanyka</b>	<b>Johns Hopkins School of Medicine</b>
<b>Sanchez, Delora</b>	<b>Johns Hopkins</b>
<b>Seitz, Sara</b>	<b>BCCP - DHMH</b>
<b>Seyler, Ginny</b>	<b>DHMH</b>
<b>Smith, Andy</b>	<b>Brothers United Who Dare to Care, Inc.</b>
<b>Smith, Caesar</b>	<b>Brothers United Who Dare to Care, Inc.</b>
<b>Smith, Camille</b>	
<b>Stokes-Smith, Robin R.</b>	<b>Upper Chesapeake Healthlink</b>
<b>Tarrant, Shawn Z.</b>	<b>Maryland General Assembly</b>
<b>Taylor, Michelle</b>	<b>BETAH Associates</b>
<b>Thomas, Janell</b>	<b>American Cancer Society, Inc.</b>
<b>West, Fredette (Vice-Chair)</b>	<b>African American Health Alliance</b>
<b>Williams, Ralph</b>	<b>Access to Wholistic and Productive Living Inc.</b>
<b>Wood, Ella</b>	<b>DHMH, OHS</b>
<b>Wood, Ella</b>	<b>DHMH</b>
<b>Wright, Jennifer</b>	

**\*\*\*\*DRAFT LETTER\*\*\*\***

Dear Community Leader,

This letter is to inform Community Based Organizations located in one of the following geographic areas (XX, XX, XX) of a exciting grant opportunity. This new initiative is designated to bring resources to your community to improve the health of minorities and others experiencing health disparities in Maryland. Applications must be received by XX,XX.

The Maryland Health Improvement and Disparities Reduction Act of 2012 was signed into law in April of 2012. The primary focus of the legislation was the creation of the Health Enterprise Zones (HEZs). HEZs are designed to reduce health disparities among Maryland's racial and ethnic groups and between geographic areas, improve health care access and health outcomes, and reduce health care costs by providing a variety of incentives to defined geographic areas with high rates of disparities.

**Priority Areas:**

- Substantive support from and effective participation with key community stakeholders, including residents of the area
- A financial plan that includes
  - Funding from the private sector, and
  - The project's long term sustainability through innovative funding mechanisms
- Integration with the State Health Improvement Process (SHIP) and the specific goals set out in the strategic plan of your local health improvement coalition.

**Items to consider as you complete your grant application:**

- Contact your local health department. Determine if they are planning to submit an application. If so, work with them as a partner. If not, they can provide you with assistance for your application.
- Do your research. Beyond the local health department, you should have a clear understanding of: 1. the impact and causes of health disparities in your community; 2. the SHIP with it's measurable outcomes, 27 of which relate to health disparities; and 3. the members and work of the local health action coalition and it's strategic goals and how those can be integrated into your own application.
- Stakeholder participation is critical. Be sure to incorporate a full description of all partnership and collaborations with stakeholders who have expressed and/or demonstrated support for your application.
- Develop a well thought out financial plan based upon the criteria cited above.

For more information visit <http://dhmh.maryland.gov/healthenterprisezones> or e-mail [hez@dhmh.state.md.us](mailto:hez@dhmh.state.md.us).

To obtain a copy of the legislation, go to <http://mlis.state.md.us/2012rs/billfile/sb0234.htm>