

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

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Annotated Code of Maryland**

2012 ANNUAL REPORT

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I. Executive Summary

The Department of Health and Mental Hygiene Office of Minority Health and Health Disparities (hereinafter referred to as “MHHD” or the “Office”) was established in 2004 by legislation to address minority health disparities in Maryland. This report provides a summary of MHHD activities from July 1, 2011 to June 30, 2012. MHHD activities can be divided into five major categories: 1) Department-wide Health Disparities Initiatives and Activities, 2) Statewide Health Disparities Initiatives and Activities, 3) Minority Outreach & Technical Assistance, 4) Health Disparities Demonstration Programs, and 5) Federal Department of Health and Human Services (DHHS) State Partnership Grant Projects. This report describes MHHD’s specific activities under each of these categories during FY 2012.

MHHD has been involved in a variety of activities to implement its Plan to Eliminate Minority Health Disparities in Maryland. Some of the major efforts, initiatives, and accomplishments during FY 2012 include the following:

- Co-staffed and drafted the Health Disparities Workgroup Report that played in a pivotal role in Lt. Governor Anthony Brown introducing the Maryland Health Improvement and Disparities Reduction Act of 2012, including the Health Enterprise Zones program to reduce health disparities among Maryland’s racial and ethnic groups.
- Convened the Maryland Health Disparities Collaborative on August 24, 2011 and May 7, 2012, to review the progress made in reaching objectives of the *Maryland Plan to Eliminate Minority Health Disparities*, titled *Maryland Plan to Eliminate Minority Health Disparities Plan of Action 2010 – 2014*, and held regular meetings and communications with Collaborative and Workgroup members during FY 2012.
- Sponsored and organized the ninth annual Minority Health and Health Disparities Conference, held on October 17, 2012, and attended by approximately 500 individuals.
- Funded 15 organizations through the Minority Outreach and Technical Assistance (MOTA) Program. MOTA efforts expanded to include cardiovascular disease, infant mortality, diabetes, obesity, asthma as well as the continuation of cancer awareness and tobacco-use prevention to reduce health disparities.
- Engaged in partnerships with State agencies and a network of 44 university- and community college-based health professions schools to increase diversity in the educational pipeline and expand cultural competency training for the Maryland health workforce.
- Awarded cooperative agreement grants to Baltimore County Department of Health, Montgomery County Department of Health and Human Services, and Prince George’s County Health Department to carry out minority health disparity reduction demonstration programs related to minority infant mortality; and awarded a cooperative agreement grant to Baltimore City for a minority health disparity reduction demonstration program in adult minority cardiovascular disease.

- Continued demonstration projects in Baltimore City, Baltimore County, Montgomery County, and Prince George’s County aimed at reducing infant mortality and cardiovascular disease rates for minorities.
- Launched several social media initiatives, including the MHHD Facebook page (www.facebook.com/MarylandMHHD) in late August 2012, and trained MOTA programs in September 2012 on “Easy Steps to Better Public Health Communications.”
- Completed the final draft of the Cultural Competency and Health Literacy Primer, in collaboration with the University of Maryland College Park, School of Public Health (UMD-SPH) and its Herschel S. Horowitz Center for Health Literacy, in September 2012, and began developing a webpage and print version of the Primer.
- Assisted DHMH programs and administrations with the development of State Health Improvement Process to increase the focus on reducing minority health disparities.
- Office staff have participated in approximately 40 health disparities workshops, conferences, and events in Maryland, the District of Columbia, and around the nation. In addition, MHHD displayed exhibits and provided materials at multiple state events throughout the year.

At the end of this report, we have included a Work Plan for the 2013 calendar year to continue MHHD’s efforts in eliminating minority health disparities.

II. Health Disparities Progress and Success

According to the 2010 US Census, 45.3% of Maryland’s population reports some ancestry from a racial or ethnic minority group (a group other than non-Hispanic White). This population fact makes minority health and minority health disparities critical issues to the overall health of Maryland. In addition, in the context of health reform, 65% of Maryland’s non-elderly uninsured are members of racial or ethnic minority groups.

MHHD continues to monitor ethnic and racial health disparities in Maryland and finds that disparities continue, but progress toward their elimination is being made. This progress is most apparent in the area of Black vs. White disparities in death rates from some of the most common causes of death. Data from the Maryland Vital Statistics Annual Report, 2011 show that between 2000 and 2011 the gaps between the Black and White age-adjusted death rates (Black rate minus White rate) were reduced as follows:

- | | |
|--------------------------------------|-----------------------------------|
| • For All-cause Mortality | the gap was reduced by 55% |
| • For Cancer Mortality | the gap was reduced by 50% |
| • For Heart Disease Mortality | the gap was reduced by 38% |
| • For Stroke Mortality | the gap was reduced by 22% |
| • For Diabetes Mortality | the gap was reduced by 43% |
| • For HIV/AIDS Mortality | the gap was reduced by 69% |

For each of these conditions, there was also meaningful reduction in both the Black death rate over time, and in the White death rate over time. These results show that Maryland's investments in minority health improvement and minority health disparity reduction are bearing fruit, and that efforts must continue to complete the work of eliminating minority health disparities.

III. Department-Wide Health Disparities Initiatives and Activities

A. Health Improvement and Disparities Reduction Act of 2012:

MHHD co-staffed and drafted the Health Disparities Workgroup Report prior to the 2013 Legislative Session. This legislation resulted from recommendations made by the Maryland Health Quality and Cost Council's Health Disparities Workgroup established by Lt. Governor Anthony Brown and chaired by Dean Albert E. Reece of the University of Maryland School of Medicine. MHHD's workgroup involvement led to Lt. Governor Brown's introducing the Maryland Health Improvement and Disparities Reduction Act of 2012, SB 234 (Chapter 3).

The Act is the first legislation put forth to reduce health disparities among Maryland's racial and ethnic groups, targets geographic areas, improve health care access and health outcomes in underserved communities, reduce costs and requires a workgroup to address cultural competency and health literacy criteria.

B. Maryland Health Care Reform Initiative:

Maryland Health Benefit Exchange

MHHD gave a presentation to the Plan Management Advisory Committee of the Maryland Health Benefit Exchange describing health disparities in Maryland (including health uninsurance data by race and ethnicity) and describing the Maryland Health Improvement and Disparities Reduction Act of 2012. MHHD interacted with staff of the Exchange to provide input on how to effectively reach all target populations newly eligible for health insurance.

C. Social Media Initiative:

In 2012, MHHD launched several social media initiatives as part of our awareness and outreach strategy with the goal of reducing and eliminate racial and ethnic health disparities statewide. The MHHD Facebook page (www.facebook.com/MarylandMHHD) was launched in late August 2012 to stay connected with our partners, members of the public, and other government organizations. This free social media technology is used to share information about our successes and those of our partners and programs, and a link was added to the new MHHD Facebook page from our existing webpage. As of December 2012, the MHHD Facebook page has been "liked" by 34 individuals and 25 other groups or organizations (consisting of health equity professionals, our MOTA and Demonstration programs' pages, DHMH and MHHD staff,

and members of the public) who have expressed an interest in being notified of posts on the MHHD Facebook page. We have created or “shared” more than 35 posts on the MHHD Facebook page, an average of two posts per week. Posts have consisted of information on upcoming MOTA or Demonstration program events, photos from MHHD events, links to new and useful information on our website, and news and resources relating to disparities issues such as cardiovascular disease.

Throughout the year, MHHD staff also participated on the DHMH Social Media Team under the direction of the Office of Communications. MHHD contributed posts for the DHMH Facebook and Twitter pages regarding health disparities and health equity, and most of the posts on the MHHD Facebook page also have been “shared” on the DHMH Facebook to maximize the number of views. Approximately 475 individuals have “liked” the DHMH Facebook page as of December 2012, and the DHMH Twitter page has more than 1,100 followers.

MHHD also used Twitter through the DHMH Twitter profile to promote and employ a “hashtag”-based conversation on this social medium during the MHHD annual conference in October 2012. We posted more than 35 “tweets” in the days before, during, and the day after the annual conference to encourage conversation about the conference and health disparities, using the hashtag #MDhealthdisconf. We also used the tweets to refer our Twitter followers to the MHHD website, online resources relating to minority health and health disparities, and to thank our participants and special guests, including Dr. Howard Koh, Assistant Secretary for Health for the U.S. Department of Health and Human Services. On September 28, 2012, MHHD participated in the Department’s first Twitter chat, with the topic of preventive health care (hashtag #MDhealthchat).

In August 2012, an MHHD staff member attended the CDC’s 2012 National Conference on Health Communication, Marketing, and Media, a three-day conference in Atlanta. The staff member shared notes from the conference with key MHHD and DHMH staff on topics such as “Utilizing the Faith-Based Community as a Vehicle for Eliminating Health Disparities” and “Analyzing Social Media to Adapt Communication Strategy During Public Health Emergencies.” The staff member also used this training to assist in leading a technical assistance session for MHHD’s MOTA programs in September 2012. In the session, “Easy Steps to Better Public Health Communications,” MHHD discussed why traditional and social media are important and how they complement the in-person work the MOTA programs do, and demonstrated the various media tools programs may use effectively to promote their work and reach a larger audience. During the training session, MHHD also provided and discussed new “MHHD Guidelines for Traditional and Social Media Use for Local Minority Health Disparities Programs,” which provide guidance to the MOTA and Demonstration programs in using traditional and social media in keeping with State of Maryland guidelines.

D. State Health Improvement Process:

MHHD participated with the State Health Improvement Process (SHIP) planning team by contributing data on racial and ethnic disparities by jurisdiction and identifying geographic and disease areas that have continuing disparities. MHHD has provided briefings on programs

funded to engage communities in reducing disparities. Data Disparities Profiles were prepared and distributed to Local Health Departments and Local Health Disparities Programs. MHHD-funded programs have been encouraged to participate in SHIP-related activities by joining their Local Health Improvement Coalition.

E. Minority Infant Mortality Projects:

MHHD continued to fund minority infant mortality demonstration grants in three jurisdictions (Prince George's, Montgomery, and Baltimore counties). MHHD guides these jurisdictions in implementing a community-based participatory model of intervention. This model includes the following strategies: minority Perinatal Navigators or minority Health Promoters; Community Coalitions; increased community outreach and education; enhancement of clinical services; and inter-county collaboration. A minority infant mortality pilot program was instituted in Prince George's County in fiscal year 2009. Subsequently, the Maryland Vital Statistics report, "Infant Mortality in Maryland, 2011," which was released in August 2012, noted a statistically significant decline of 8.9 percent in infant mortality in the National Capital Area (which includes Prince George's County) from 2002-2006 (8.3) to 2007-2011 (7.5).

F. Virtual Data Unit:

An MHHD epidemiologist serves on the department-wide group that provides technical assistance to the Virtual Data Unit (VDU).

- The Virtual Data Unit met in July and August of 2012 to discuss changes to the CDC's Behavioral Risk Factor Surveillance System (BRFSS) methodology made in 2011 that will make the new data incompatible with older BRFSS data. The Unit discussed the effect on BRFSS-related SHIP metrics, and it was decided that trends cannot be calculated across the 2010 to 2011 time interval due to these changes. No solution to the problem of comparing SHIP baseline to future across this divide was adopted.
- A subgroup of the VDU held several meetings during the summer and early fall of 2012 to develop the local data that could be made available on the web for use by HEZ applicants as either the eligibility criteria or as supplemental data.

These online data are available at:

http://dhmh.maryland.gov/healthenterprisezones/SitePages/HEZ_Eligibility_Data.aspx
http://dhmh.maryland.gov/healthenterprisezones/SitePages/Hez_Resources.aspx

IV. Statewide Health Disparities Initiatives and Activities

A. Maryland Plan to Eliminate Minority Health Disparities:

In March 2010, MHHD completed an update of the Plan, titled the *Maryland Plan to Eliminate Minority Health Disparities Plan of Action 2010 – 2014* (the Plan). The Plan identifies specific action steps and an implementation strategy that can be used during the next 5

years to continue Maryland's momentum towards Health Equity. The initial stages of the Plan's update process were guided by the U.S. Department of Health and Human Services, Office of Minority Health, and National Partnership for Action (NPA). During 2008 and 2009, MHHD held work sessions and sought input on the Plan update from the Maryland Health Disparities Collaborative. In December 2009, a draft of the Plan update was sent to 2,500 constituents and partners to obtain written comments and feedback. The *Plan of Action* is available for download on the MHHD Website at www.dhmmh.maryland.gov/mhhd.

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

- Continued to expand the Health Disparities Clearinghouse by adding information and materials on minority health and health disparities and disseminated to policymakers, researchers, community groups, and other interested stakeholders.
- Assisted DHMH programs that impact health disparities with the development of plans to address minority health issues and increase their focus on reducing health disparities.
- Provided assistance and engaged in partnerships with health professions schools and educational associations in Maryland to increase diversity in the health workforce and promote cultural competency among health professionals.
- Continued developing county-specific disparities data that will help local entities target their health disparities elimination efforts.
- Assisted with the implementation of minority health legislation passed during the 2012 legislative session, including SB 234 (Chapter 3), the Maryland Health Improvement and Disparities Reduction Act of 2012.

B. Maryland Health Disparities Collaborative:

The Maryland Health Disparities Collaborative was established in 2008 in compliance with Maryland Health-General Article, Section 20-1006 that calls for an advisory commission to assist the Minority Health and Health Disparities (MHHD) Office in carrying out its duties. The MHHD is located within the Maryland Department of Health and Mental Hygiene and is required by statute to provide guidance to DHMH on eliminating health disparities. The Collaborative includes key stakeholders in Maryland with expertise and program knowledge on the elimination of racial and ethnic minority health disparities. The Collaborative is co-chaired by the DHMH Secretary and Donna Jacobs, Esq., Senior Vice President of Governmental and Regulatory Affairs, University of Maryland Medical System.

The Collaborative is charged with assisting the Office of Minority Health and Health Disparities with guiding the Department and the State in establishing priorities for programs, services and resources for minority health. The Collaborative has 210 members and is open to all interested individuals and organizations. Organizations invited to participate in the Collaborative include a wide representation of State and Local health leadership, healthcare

administrators, community health advocates, faith-based representatives, academic leadership, and includes representatives from diverse geographic locations. Meetings have been held annually except for 2010.

The Maryland Plan to Eliminate Minority Health Disparities, 2nd edition, was published in March 2010. The Plan lays out 5 objectives, each with action steps, key stakeholders and measures. The Maryland Plan aligns with the National Partnership for Action (NPA) and links to the State Health Improvement Process (SHIP). In August 2011, the Plan was presented to the Maryland Health Disparities Collaborative. The discussion culminated in the formation of 5 Workgroups with a charge to recruit additional members, select 1 or 2 actions to implement and develop a Work Plan that will guide activities of the Workgroups to implement actions.

The implementation process is intended to move the State of Maryland to take concrete actions that will achieve measurable progress toward the reduction of major health disparities in the State by June 2013.

The Workgroups seek to take action on the major objectives in the State Plan to Eliminate Minority Health Disparities and to develop specific recommendations that assist the Maryland Department of Health and Mental Hygiene with the implementation of the Maryland Health Improvement and Disparities Reduction Act of 2012, SB 234 (Chapter 3).

The Workgroups are Awareness, Leadership and Capacity Building, Health and Health System Experience, Cultural and Linguistic Competency, and Research and Evaluation. Collaborative members selected Workgroups in which they would participate. Chairpersons were recruited or volunteered.

During 2012, regular meetings, email communications, and phone meetings/conversations took place with the 210 Collaborative and Workgroup members.

During the year, the following 18 formal meetings took place:

- Full Maryland Health Disparities Collaborative
 - May 7 – In-Person
- Awareness Workgroup
 - March 5 – In-Person
 - April 18 – In-Person
 - June 13 – Conference Call
- Cultural and Linguistic Competency Workgroup
 - February 24 – In-Person
 - April 3 – In-Person
 - June 11 – Conference Call
 - September 19 – Conference Call
- Leadership and Capacity Building Workgroup
 - March 2 – In-Person
 - April 30 – In-Person
 - June 12 – Conference Call

- Health and Health System Experience Workgroup
 - February 27 – In-Person
 - March 26 – In-Person
 - April 16 – In-Person
 - June 7 – Conference Call
- Research and Evaluation (Data) Workgroup
 - March 9 – In-Person
 - May 2 – In-Person
 - June 7 – Conference Call

C. Promoting Awareness of Health Disparities and Cultural Competency:

MHHD maintains a Maryland Minority Health and Health Disparities Website (www.dhmmh.maryland.gov/mhhd) as a tool used to disseminate information to constituents on minority health and health disparities. It contains disparities materials and reports, research findings, Maryland resources, state and national programs, links to other health disparities Websites, a calendar of events, funding opportunities, and a photo album of community events. Web pages are also devoted to health disparities data and workforce diversity. The Website had 38,750 hits from January to September 2012. Since Website-hit tracking began in January 2005, the MHHD website has received over three million hits.

From January to November 2012, MHHD distributed over 98 different health messages to targeted racial/ethnic contacts. Approximately 33,111 email messages were sent. The content of the messages included information on upcoming events, recently released reports and documents, available resources, and funding opportunities all related to health disparities. In August 2012, MHHD also began social media distribution to disseminate health disparities information (such as news items and new reports and resources) department-wide and to MOTA and Demonstration programs, local health departments, elected officials, and other partners. More than 150 different email messages were distributed in 2012 to these individuals and groups, totaling more than 3,200 emails.

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

D. MHHD Statewide Annual Conference:

Advancing Healthy Public Policy: The Maryland Health Improvement and Disparities Reduction Initiative was the theme for the Ninth Annual Maryland Health Disparities Conference, sponsored by the Department of Health and Mental Hygiene (DHMH), Office of

Minority Health and Health Disparities (MHHD), and the University of Maryland School of Public Health.

Approximately 500 people attended the conference that took place on October 17, 2012 at Martin's West in Baltimore. Conference participants highlighted recent advances in Maryland legislation and opportunities for collaboration to improve minority health and reduce disparities.

Dr. Carlessia A. Hussein, MHHD Director provided opening remarks. Ms. Donna Jacobs, Senior Vice President, Governmental and Regulatory Affairs, University of Maryland Medical System, served as conference Moderator. Dr. Joshua M. Sharfstein, DHMH Secretary, Dr. Jane E. Clark, Professor and Dean, University of Maryland, School of Public Health, and Delegate Shirley Nathan-Pulliam made remarks. Dr. Howard Koh, Assistant Secretary for Health, U.S. Department of Health and Human Services, delivered the second annual address of the Shirley Nathan-Pulliam Health Equity Lecture Series.

The conference featured sessions focusing on the Maryland Health Improvement and Disparities Reduction Act of 2012, Maryland Health Disparities Collaborative, Effective Collaborations, Student Involvement in Culturally Competent Health Workforce, Social Determinants of Health, Sustainability, Geographic Information Systems, and New Media.

E. Maryland Health Disparities Data:

MHHD continued to compile and distribute minority health and health disparities data through various activities. The Office continued to produce annual statewide data updates, and annual updates specific to individual race and ethnic groups. MHHD completed drafting the third edition of its Health Disparities Chartbook in December 2012.

MHHD was involved in the following activities related to health disparities data in 2012:

- Collaborated with the Maryland Health Care Commission (MHCC) to publish the third annual Health Care Disparities Policy Report Card in December, 2012.
- Provided data technical assistance to the Local Health Improvement Coalitions in the form of documents charting Black vs. White disparities in selected SHIP chronic disease metrics (see <http://www.dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>)
- Provided data regarding the proportion of Maryland uninsured that are minorities and other comments regarding ways to optimize health reform for underserved and minority groups to the Maryland Health Benefit Exchange Board and its advisory groups.
- Provided data update briefings to the General Assembly during the 2012 session, and for the Legislative Black Caucus of Maryland's Annual Legislative Weekend in November 2012.
- MHHD epidemiologist served on the HEZ steering committee, which shepherded the development of the HEZ planning and selection phases.

- MHHD epidemiologist participated in the HEZ data workgroup, which identified the eligibility and supplemental data for use with the HEZ application process.
- Spearheaded effort to bring a disparities focus to the DHMH StateStat process, which involves attending the DHMH SpeedStat sessions, and holding serial meetings with 11 different DHMH programs to identify programmatic disparity issues and develop an intervention strategy to address them.

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

F. Health Disparities-Related Legislation:

MHHD conducted analyses and recommended positions on proposed legislation introduced during the 2012 legislative session. Specifically, MHHD staff reviewed and supported 11 bills related to minority health, health disparities, and cultural competency. A total of 49 bills were assigned to MHHD to review. MHHD staff attended 1 briefing and testified at 3 bill hearings in Annapolis. MHHD also worked in collaboration with other DHMH programs to assist with the implementation of bills during the 2012 fiscal year.

G. Health Disparities Presentations:

A variety of MHHD staff presented at numerous events within the State and regions. Requests came from sources including DHMH programs, Maryland elected officials, private sector health care providers, health professional associations, local governments, special interest groups, higher education institutions, and ethnic/racial minorities and advocates. There were numerous major presentations that include:

- Achieving Health Equity in Maryland, HealthCare Disparities Course, Johns Hopkins University School of Medicine – August 17, 2011.
- Racial and Ethnic Disparities in Vaccine Coverage: The Maryland Experience, Research Integrity Challenges in Vaccine Development and Distribution for Public Health Emergencies – September 13, 2011.
- Linking Data To Health System & Population Health Improvement Initiatives, Maryland, Agency for Healthcare Research & Quality 2011 Annual Conference Leading Through Innovation & Collaboration – September 21, 2011.
- Health Literacy Annual Research Conference (HARC): Feedback Session for Primer, Chicago, IL – October 10, 2011.
- Viral Hepatitis: State of Emergency in the African American Community, the 17th Annual Maryland Black Caucus Foundation Annual Weekend 2011 in the House Office Building in Annapolis – November 4, 2011.

- Cancer Disparities in Maryland “Making Progress: More to Do”, Sidney Kimmel Comprehensive Cancer Institute and Center to Reduce Cancer Disparities at Johns Hopkins – January 30, 2012.
- Successful Implementation of the Affordable Care Act: Healthcare Reform and Implications for Maryland’s African American and Other Communities of Color, DELTA Day in Annapolis, Delta Sigma Theta Sorority, Inc. – March 8, 2012.
- Taking Bold Actions “Unity: Achieving Health Equity”, Nobel Women’s Conference, Women State Legislators – June 22, 2012.

V. Minority Outreach and Technical Assistance Statewide Program

A. Background:

The Minority Outreach and Technical Assistance (MOTA) program began (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, Asian Americans, Hispanics/Latinos, and Native Americans.

In 2004, the Maryland General Assembly passed legislation to establish the Office of Minority Health and Health Disparities (MHHD) in DHMH’s Office of the Secretary. The 2004 legislation required MHHD to provide outreach to racial and ethnic minority communities to ensure their maximum participation in publicly funded health programs.

In 2010, DHMH announced the expansion of MHHD beyond Tobacco and Cancer to reduce 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, diabetes, infant mortality, obesity, and asthma.

B. Program Participants:

The Minority Outreach and Technical Assistance Program (MOTA) awarded competitive one-year grants to 15 jurisdictions in Maryland that contained the largest proportion of minorities. **Competitive grants ranged from \$19,000 to \$101,675.** Among the 15 primary and 12 sub-grantees receiving the grants 17 were African American organizations, 4 were Asian American organizations, 1 was a Native American organization, 2 were Hispanic organizations, and 3 were multiracial organizations. All of the programs have a mandate to serve all of the racial and ethnic populations in their jurisdiction.

MOTA programs include community hospitals, academic institutions, faith-based organizations, youth-serving, and minority, nonprofit, grassroots organizations.

The jurisdictions funded were:

Anne Arundel County	Baltimore City	Baltimore County
Caroline County	Dorchester County	Harford County
Howard County	Frederick County	Kent County
Montgomery County	Prince George's County	Somerset County
St. Mary's County	Washington County	Wicomico County

C. Program Accomplishments:

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

Component: Enhance minority participation in local public health planning groups

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

Component: Perform Outreach and Health Education to minority populations

- 521,370 minority individuals were reached through MOTA efforts. Individuals reached included minorities recruited, minorities who attended coalition meetings, attendees at technical assistance sessions, individuals referred for services, and individuals receiving materials. This reach included:
- 125,124 pieces of health education materials distributed by MOTA programs.
- 757 cultural fairs or events either conducted by or with material participation of MOTA programs, with 102,631 minority individuals reached through those events.
- 206 partnerships between the LHDC and community groups were developed.

D. Program Highlights:

The local MOTA Programs have engaged the community and have collaborated with the Local Health Departments through several types of events and activities throughout fiscal year 2012. Some of these activities include:

- Associated Black Charities- Dorchester County
 - On April 12, 2012, *Associated Black Charities*, the Dorchester County MOTA Program, hosted and sponsored the first Health Disparities Conference. There were 78 community professionals who attended and participated, as well as representatives from DHMH and two state legislators. Following the conference, the Infant Mortality Agenda Challenge Message, “Prevent Infant Mortality by educating ourselves and our families” was printed in the Chamber of Commerce Newsletter, in addition to an article about the conference.
- Restoration Community Development Corporation, Inc.- Anne Arundel County
 - On November 5, 2012, *Restoration Community Development Corporation (RCDC)* the Anne Arundel County MOTA Program, presented the Pathways Leadership Forum in partnership with the City of Annapolis (Mayor’s Office); Anne Arundel County Public Schools; Housing Authority of Anne Arundel County; The Partnership for Children, Youth, and Family; County Executive’s Office; Youth Services Bureau; and Anne Arundel County Health Department. This event attracted over 300 minority residents that reside in the Housing Authority of Anne Arundel County. The purpose of the forum was to address, educate, and empower the residents to properly care for themselves and their families, as well as how to utilize available resources such as free screenings and referral services. RCDC distributed over 370 health education materials during this event such as information on breast cancer, tobacco, and HIV/AIDS.
- Holy Cross Hospital- Montgomery County
 - On March 17, 2012, *Holy Cross Hospital*, the Montgomery County MOTA Program, hosted the 5th Annual *Cancer: It Does Not Discriminate Multicultural Conference*. Approximately 100 community members were present at the event, which was the largest attendance rate in the history of the conference. The event included presentations by the County Health Officer, community testimonies from the MOTA Program Ethnic Health Promoters, and entertainment, which consisted of a Guatemalan Trio and African Dancers.
- Life and Discovery- Frederick County
 - In June 2012, *Life and Discovery*, the Frederick County MOTA Program, helped organize and participated in the Convoy of Hope, which is a “faith-based organization with a driving passion to feed the world through children’s feeding initiatives, community outreaches, and disaster relief,” and other outreach methods. MOTA was represented at the medical tent and community resource tent during the event and reached more than 3,000 minorities through screenings and providing health education materials.

- The Mid Shore Health Improvement Coalition- (Kent County, Caroline County, and Dorchester County)
 - In December 2011, the MOTA programs in Dorchester, Kent, and Caroline counties began collaboration with the Mid Shore Health Improvement Coalition to conduct activities within minority communities. The Mid Shore Health Improvement Coalition, affiliated with the State Health Improvement Process (SHIP), comprises five local health departments located on the eastern shore of Maryland (Kent County, Queen Anne’s County, Caroline County, Dorchester County, and Talbot County). The mission of this coalition is to improve the health of residents of the Mid Shore region through a local collaborative effort that identifies, prioritizes, and provides strategic action planning to solve health problems.

VI. Health Disparities Demonstration Programs by Jurisdiction

During 2012, MHHD awarded cooperative agreement grants to Baltimore County Department of Health, Montgomery County Department of Health and Human Services, and Prince George’s County Health Department to carry out minority health disparity reduction demonstration programs related to minority infant mortality. A cooperative agreement grant also was awarded to Baltimore City for a minority health disparity reduction demonstration program in adult minority cardiovascular disease. This model involves MHHD working with local health department staff to refine program implementation, engage key stakeholders, and to address case management strategies in working with high risk populations. Each jurisdiction has designed an intervention program specific to the targeted high risk populations through the use of community health workers, health promoters, or perinatal navigators in their effort to reduce minority infant or adult minority cardiovascular disease mortality.

The Minority Health Disparities Demonstration Program (Demonstration Program) utilizes the following strategies depending on community needs and available resources:

- Minority Perinatal Navigators, Community Health Workers, and Health Promoters;
- Community Coalitions and Taskforces;
- Increased community outreach and education;
- Enhancement of clinical services;
- Infrastructure for Program Sustainability; and
- Inter-county collaboration.

A. Minority Infant Mortality Reduction:

1) Prince George’s County - FY 2012 Annual Accomplishment Summary

The Prince George’s County program is based around its two Perinatal Navigators and its Improved Pregnancy Outcome Coalition. In prior years the demonstration grant supported the initial startup of enhanced prenatal clinical services by the local health department. The program

held six meetings of its Coalition and had two collaborative meetings with Montgomery County's minority infant mortality reduction program.

During fiscal year 2012, the Perinatal Navigators:

- Enhanced their knowledge of community resources by attending 6 IPOC meetings, 2 health forums/seminars, 1 STD Training, 1 Women's Health Day, and 1 Teen Summit;
- Reached 69,418 women with their outreach and education efforts;
- Had 15,380 total encounters (includes telephone) with or on behalf of clients;
- Had 6,468 individual encounters;
- Disseminated 65,897 health education print materials;
- Made 9,195 referrals to other services;
- Made 68 OB provider visits; and
- Distributed 226 cribs and provided safe sleep training for the families.

2) Montgomery County - FY 2012 Annual Accomplishment Summary

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

During fiscal year 2012, the Montgomery County Health Promoters:

- Collaborated with approximately 60 organizations, agencies and individuals to schedule workshops, provide outreach to the individuals they serve and provide education materials;
- Reached 1177 individuals (729 women, 448 men) through health promoter outreach efforts;
- Conducted 8 educational workshops and presented/exhibited at 22 events;
- Engaged 158 men through two "Call of Duty- War on Infant Mortality" Workshops;
- Created 1 educational brochure and engaged the community through program website; and
- Referred 82 women to case management and other services available within the county.

3) Baltimore County - FY 2012 Annual Accomplishment Summary

Baltimore County's Minority Infant Mortality Reduction Program is based on teen outreach and community education and awareness. The teen outreach component includes an after school support group for pregnant teens, as well as a year-long poster display that is available to 24 high schools in the county and includes topics relevant to reducing infant mortality.

The community education and awareness component includes the development of 3 movie theatre ads and educational brochures, participating in at least 20 health fairs, and connecting pregnant teens to health and social services available within the county.

During fiscal year 2012, the Baltimore County Demonstration Program accomplished the following:

- 3 high schools participated in the after school teen support group; 45 group sessions were held between the three schools and 17 teen girls were involved in the program;
- 90% of babies born to the teen girls were born after 37 weeks gestation;
- Three posters relevant to reducing infant mortality were placed in 24 of the 27 high schools in the jurisdiction;
- 1 new brochure on safe sleep was developed; 4,371 copies distributed throughout the county;
- Participated in 26 community health fairs and other community events; and
- 1,080,675 movie patrons were exposed to at least 1 of the 3 movie theatre ads that played in 5 movie theatres throughout the county.

B. Minority Adult Cardiovascular Disease Reduction:

The Baltimore City Minority Cardiovascular Disease Reduction Program continued to address adult minority cardiovascular disease reduction through the use of community health workers (CHWs) to reach high-risk minorities and increase their access to clinical care, screening, referrals, and health education. CHWs provide outreach services through home visits, clinic visits, and telephone. During fiscal year 2012, CHWs:

- Enrolled 243 minority adults into the Demonstration Program;
- Referred 70 patients to social services and 75 uninsured patients to Baltimore Medical Systems' health benefits advisors;
- Conducted 30 education classes;
- Provided 45 patients with blood pressure cuffs for self-monitoring and management of hypertension; and 5 patients with scales to assist in their weight loss efforts; and
- Assisted 150 patients with adhering to medication regimen in the Demonstration Program.

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

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

A. Systems Change:

Strategic Partnerships

During 2012, MHHD continued its ongoing external partnerships with Baltimore Health Start, Inc., Baltimore County Public Library, Local Health Departments, the local Minority Health Disparities Reduction Demonstration Programs and the local MOTA Programs; in addition to ongoing internal partnerships with DHMH agencies such as the HIV/AIDS Program, Maternal and Child Health Division, and the Maryland Asthma Control Program.

Several new partnerships have also been established with the following organizations and agencies:

- New Vision House of Hope, Inc.
 - New Vision House of Hope, Inc. (NVHOH) is a new MOTA Program and will be focusing on minority health issues such as infant mortality, cardiovascular disease, cancer, and HIV/AIDS transmission. As of July 1, 2012, NVHOH has established a Local Health Disparities Committee of 22 members with 40+ additional individuals interested in joining, as well participated in 23 community events, and distributed more than 2800 pieces of health education and social determinant of health materials.
- Access to Wholistic and Productive Living
 - Access to Wholistic and Productive Living (AWPL). APWPL's Community Transformation At Its Best Team (C-TAB) provided training to 63 individuals representing 15 minority or minority serving organizations. Training participants received a comprehensive training manual consisting of six (6) modules to include a case study which summed up the two day C-TAB Health Equity training materials. The material contained strategic plans and priorities by which the Local Health Improvement Coalitions (LHIC) are able to implement the Community Transformation Plan. The priority of the training focused on the County Community Transformation Plan (CTIP) and covered the following areas: (a) Tobacco Free Living, (b) Active Living, (c) Healthy Living, and (d) Clinical and Community Prevention Services.
- Park West Medical Systems
 - On July 7, 2012, Park West Medical Systems assisted MHHD by conducting health screenings at the African American Festival in Baltimore, MD. Approximately 130 screenings were completed and hundreds more received free health information in the form of fact sheets, brochures, and pamphlets.
- DHMH, Office of Chronic Disease
 - MHHD partnered with the Office of Chronic Disease to implement the Community Transformation Grant (CTG), which was provided by the Centers for Disease Control and Prevention. The purpose of the CTG is to partner with local minority or minority serving community based groups with a history of working

with high risk populations. The Office of Chronic Disease selected 7 current MOTA Programs to conduct outreach and educate their respective communities on strategies to promote health interventions to combat chronic disease.

Health Disparity Reduction Demonstration Programs

MHHD hired a new Health Disparities Initiatives Director, as well as an Assessment and Systems Change Coordinator in 2012. The Health Disparities Initiatives Director provides general program oversight to the Demonstration Program as well as the MOTA Program, while the Assessment and Systems Change Coordinator handles the day to day communication, outreach and technical assistance to the minority infant mortality and minority adult cardiovascular disease demonstration programs. Specific demonstration program performance can be reviewed in Section VI. Health Disparities Demonstration Programs by Jurisdiction.

MHHD has continued to support existing Minority Health Disparities Reduction Demonstration Grant Programs by providing technical assistance to program staff through telephone calls, emails and on-site visits, as well as providing detailed feedback on program activities. In March and April of 2012, formal site visits were conducted to evaluate the effectiveness, consistency, and progress of the local programs. Recommendations were made for each program regarding specific outreach methods, for minority populations, suggested community partners, and data collection. All outstanding issues were resolved within two months of the site visits and funding applications for fiscal year 2013 reflected additional progress and growth for each program.

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

Enhancement of Strategic Partnerships

Throughout 2012, MHHD continued to enhance its development of strategic partnerships devoted to promoting cultural competency and increasing health workforce diversity. For example, MHHD participated in the DHMH Primary Care Office Workforce Retreat in April 2012 and Regional (Central Maryland) Subcommittee Meetings held in August and December 2012, where the focus was on developing an action plan to address barriers to recruitment and retention of primary, dental, and behavioral healthcare providers. The Regional Central Maryland Subcommittee has agreed to integrate health workforce diversity into the overall goal of the activities that will be undertaken by the Subcommittee. In addition, MHHD is providing technical assistance to the DHMH Primary Care Office as it considers how best to: (1) establish explicit cultural competency standards for practice sites in the State Loan Repayment Program (SLRP); and (2) establish cultural competency continuing education requirements for health professionals participating in SLRP.

Moreover, MHHD has continued to engage its network of health professions schools, which has grown to include more representation from schools and programs in social work and allied health. Currently, MHHD's network includes 28 university-based health professions schools and 16 community colleges. The network was very responsive to MHHD's requests for

participation in the review process for the Cultural Competency and Health Literacy Primer discussed below.

MHHD has also identified potential partner organizations through attendance at external forums and conferences. Examples of forums include the annual STEM forum hosted by Congresswoman Donna Edwards in June 2012 (“Blastoff! Encouraging Young People to Enter and Stay in the STEM Fields”), and the August 2012 Hispanic-Serving Health Professions Schools Annual Research Symposium on Workforce Diversity. At such forums, MHHD has connected with representatives of national education accrediting organizations, including the Association of American Medical Colleges (AAMC) and the Physician Assistant Education Association.

MHHD is currently in discussions with the AAMC to potentially develop a model for disseminating up-to-date information about medical school entrance requirements and student supports to undergraduate advisors and admissions officers in Maryland’s higher education institutions, with particular emphasis on the state’s community colleges and Historically Black Colleges and Universities (HBCU). The community college and HBCU educational sectors represent the largest pool of underrepresented minority students among Maryland’s higher education institutions.

A representative of the AAMC served as a panel moderator for MHHD’s Statewide Health Disparities Conference breakout session titled “Student Involvement in Ensuring a Culturally Competent Health Workforce.” The session was attended by approximately 61 participants, including 42 students representing 10 of Maryland’s higher education institutions. The session was structured in a manner that enabled student participants to discuss their diverse experiences entering, persisting, and succeeding in their respective health profession training disciplines. The session provided a rare opportunity to hear students’ perspectives on the workforce diversity and cultural competency issues that MHHD seeks to address.

Additional ongoing partnerships during 2012 include the Maryland Sullivan Alliance to Transform America’s Health Professions and the State Health Occupations Boards. The Maryland Sullivan Alliance is continuing to plan for a school-based media campaign on careers in health care. MHHD participated in the Alliance’s meetings throughout the year, and provided health literature and other informational materials to approximately 500 students and parents who visited the Maryland Sullivan Alliance exhibit booth at the Rosemont Elementary-Middle School health fair in Baltimore City in June 2012. In turn, MHHD’s partnership with the Maryland Sullivan Alliance has enabled the Office to tap into a pool of individuals who are willing to speak to K-12 students and families about health disparities topics as well as careers in health care. MHHD recently recruited five members of the Alliance to serve as speakers at a health fair event sponsored by the Academy of College and Career Exploration (ACCE) in late November, in response to a direct request from ACCE to MHHD. ACCE is a Baltimore City public school serving grades 6-12.

In November 2012, at the State Health Occupations Boards’ new board member orientation, MHHD conducted a presentation on cultural competency and the functions of the MHHD Office. There were approximately 20 attendees at the orientation. We continue to work

on developing training materials on cultural competency for new Board members. Such technical assistance is being provided by MHHD in response to Health Occupations Boards – Revisions, Maryland HB 114 (Chapter 534) (2010), which among other provisions requires the Boards to “develop collaboratively a training process and materials for new Board members that include training in cultural competency.”

Development of a Cultural Competency and Health Literacy Primer

MHHD continues its collaboration with the University of Maryland College Park, School of Public Health (UMD-SPH) and its Herschel S. Horowitz Center for Health Literacy, to develop a resource guide for educators of health professionals. The guide is intended to provide a framework of learning objectives along with corresponding free or low-cost, Web-based teaching resources to assist educators in integrating cultural competency and health literacy into their existing curricula.

As a follow-up to the two Primer workgroups that were conducted last year, we electronically reconvened the panel of 32 national cultural competency and health literacy experts and 30 Maryland-based educators in March 2012 and July 2012 to obtain their feedback and input on the framework of learning objectives and the overall structure of the Primer. Similarly, in August 2012, we convened a third workgroup of 21 individuals responsible for developing continuing education training for a range of health professional associations, State Health Occupations Boards, and health systems across Maryland. A fourth workgroup was conducted in September 2012 to present the final draft of the Primer and receive feedback from the members of the Maryland Health Disparities Collaborative’s Cultural and Linguistic Competency Workgroup.

The final draft of the Cultural Competency and Health Literacy Primer was completed in September 2012, with additional new resources added throughout the fall. The resources featured in the Primer are currently undergoing a standardized review process by educators of health professionals; health profession students; and practicing professionals with expertise in cultural competency and health literacy. Meanwhile MHHD is developing a Web page for the Primer along with a printer-friendly version of the guide that can be downloaded online. The Primer will be disseminated electronically to health profession educators and other interested stakeholders in January 2013.

In June 2012, MHHD submitted two poster abstracts about the Primer and its developmental process—both abstracts were accepted for presentation at the National Institute on Minority Health and Health Disparities (NIMHD) Eliminating Health Disparities Summit (December 2012) and the DiversityRx National Conference on Quality Health Care for Culturally Diverse Populations (March 2013).

Partnership Building Outreach

Over the course of the year, MHHD disseminated over nearly 50 targeted messages on timely workforce diversity and cultural competency information resources, funding opportunities, and cultural competency training opportunities. The messages reached 332 individuals representing a range of institutions, including health professions schools, local hospitals and health systems, health professional associations, the State Health Occupations Boards, and statewide agencies.

MHHD continues to monitor and report annual student trends by race and ethnicity among dental, medical, nursing, and pharmacy graduates in the state. In addition, MHHD periodically receives requests for technical assistance on cultural competency issues. Examples of such technical assistance include the following:

- Oregon Health Authority: Information on the policy developments in Maryland regarding cultural competency and the Maryland Health Improvement and Disparities Reduction Act of 2012.
- MedStar St. Mary's Hospital: Recommendations on Maryland-based cultural competency trainers.
- Holy Cross Hospital: Recommendations on integrating cultural competency into a training curriculum for community health workers.
- Mercy Health Clinic: Standards for assessing cultural competency in health care organizations.
- Hospice & Palliative Care Network of Maryland: Recommendations on speakers and/or multicultural training resources on the topic of "death and dying".
- Associated Black Charities-Dorchester County: Literature search on rural patients' perceptions of healthcare providers regarding cultural competency.
- Worcester County Health Department: Cultural competency organizational assessment tools to assist with the Department's accreditation process through the Public Health Accreditation Board.
- Maryland Department of Human Resources: Cultural competency training resources for intake staff/eligibility workers.
- DHMH Office for Genetics & Children with Special Needs: Informational resources on providing culturally-competent services to children with special needs.

VIII. MHHD Work Plan for 2013

A. Overall:

- Promote increased leadership focus by DHMH on the reduction of health disparities and achieving quality Healthy Equity in Maryland by participating with the Executive Team, individual deputies and program directors in policy discussions that impact the health of racial and ethnic minorities and all Marylanders.

- Work with the DHMH Secretary and deputies to place a high priority on the elimination of minority health disparities, to integrate this goal within the vision and mission statements of DHMH, and to increase racial/ethnic objectives and outcome measure in the Department's SpeedStat, StateStat, State Health Improvement Process (SHIP) and Managing-For-Results (MFR) annual goals and objectives.
- Encourage and assist DHMH administrations to collect, analyze, and report health program data by race and ethnicity in Maryland and within each jurisdiction; and assist programs to develop Disparities Focus that identify disparities metrics to reduce and specific interventions to implement.
- Seek to connect and partner with State government programs whose mission and operations impact the health status of ethnic and racial minorities, to achieve economies-of-scale and reduce unnecessary duplication of effort and cost. Potential departments include Human Resources, Education, Environment, Housing, and Transportation.
- Provide technical assistance and consultation to the organizations designated as Health Enterprise Zones in Maryland to enable their successful:
 1. Implementation of program components designed to improve the health of minorities through cultural, linguistic and health literacy competence training, workforce diversity, hiring and deployment of lay health workers, and maintaining participation of diverse community coalitions; and
 2. Evaluation of success in program establishment, service delivery, reach and impact on minority groups and improved health outcomes of target populations.
- Continue to identify and extract data from national, state and local health sources and use this data in Maryland Health Disparities presentations and reports, in the Maryland Health Disparities Chartbook and on the Maryland Health Disparities website. Partner with other state and regional officials in presenting and comparing health disparities trends over larger geographic areas.
- Continue to encourage DHMH administrations and programs to integrate principles that promote quality health equity, such as analysis of health data by race and ethnicity, increasing cultural competency and workforce diversity, community engagement and participation, interpretation and translation, and increasing health literacy skills of staff.
- Increase the use of social marketing tools and communication skills to reach a broad range of Marylanders from the high tech to technology challenged, rural to urban areas, limited English proficiency and those with behavioral challenges.

B. Statewide Health Disparities Initiatives:

- Create new collaborations with key stakeholders throughout the State to ensure implementation of the Maryland Plan to Eliminate Minority Health Disparities, Plan of

Action 2010 – 2014. Continue the partnership with the HHS Office of Minority Health in implementing the 2011 National Partnership for Action (NPA) Strategies.

- Continue active participation with the DHMH Office of Communications, Emergency Preparedness Program and statewide Immunization Program in order to reach greater numbers of ethnic and racial minorities using cultural and linguistic competency approaches and increased participation and transparency at the community level.
- Expand county-specific data reporting and dissemination to local health officers, MOTA programs, and other groups whose mission's address the reduction of health disparities in Maryland. Continue to provide assistance to the Maryland Health Care Commission in their effort to incorporate racial and ethnic data in their annual healthcare quality reports.
- Analyze the costs of health disparities by using Maryland BRFSS data in conjunction with the Maryland Health Services Cost Review Commission data.
- Assist in the implementation of minority health and health disparities legislation passed during previous Legislative Sessions by assisting health professions schools and educational associations with cultural competency and diversity reporting.
- Continue to monitor, review, and evaluate legislation and regulations to identify the impact on health disparities. Participate in discussions with DHMH administrations and offices about the impact of proposed legislation on program activities related to racial/ethnic health disparities.
- Assist in facilitating the Maryland Health Quality and Cost Council Cultural Competency Workgroup established by the Maryland Health Improvement and Disparities Reduction Act of 2012.

C. Health Disparities Reduction Demonstration Programs:

- Work cooperatively with Prince George's, Montgomery and Baltimore counties on their Minority Infant Mortality Reduction Demonstration Programs and with Baltimore City and Baltimore County on their Minority Adult Cardiovascular Disparity Reduction Demonstration Program.
- Conduct management review of the impact of these program efforts, institute needed improvements, and consider other jurisdictions to receive funds.
- Assist Demonstration Programs with implementing plans of sustainability by:
 - Engaging health partners to seek program funding from public and private sources;
 - Evaluate the accomplishments of the coalition; and
 - Provide reports and meet with local representatives and stakeholders regarding outcomes of their program, coalition activities, and other accomplishments.

- Develop monthly health disparities trainings for program staff to enhance their knowledge in specific areas of chronic disease and other disparities that are commonly encountered in local minority communities in Maryland; and to inform program staff about resources and services that are available statewide.
- Improve and standardized the data collection and reporting tools for all Demonstration Programs.

D. Federal-State Partnership Grant Project:

- Continue to increase the number of formal partnerships with major Maryland stakeholders engaged in addressing health workforce development and issues pertaining to the social determinants of health.
- Electronically disseminate the Cultural Competency and Health Literacy Primer to health profession educators and other interested stakeholders; and collaborate with the University of Maryland College Park, School of Public Health to provide technical assistance to educators regarding utilization of the Primer.
- Continue to foster partnerships with the state's higher education institutions in an effort to increase minority student recruitment and retention, and to enhance the integration of cultural competency curriculum into existing health professions training programs.
- Continue management of the Minority Demonstration Projects in local health departments that address infant mortality and cardiovascular disease. Implement recommendations from the program management audit to enhance performance and increase outcomes.
- Increase partnership with the DHMH programs' and local health departments' State Health Improvement Process (SHIP) to ensure inclusion of racial and ethnic data and identification of interventions that measure progress on reducing health disparities.
- Continue partnership with the DHMH Community Transformation Team that addresses disease prevention and health promotion of chronic disease and related risk factors in order to ensure participation of minority communities in a culturally and linguistically competent manner.
- Develop a mechanism for continuing the student dialogue that was initiated at MHHD's 2012 Annual Statewide Health Disparities Conference. Utilize the student discussions to glean recommendations for potential strategies to address barriers encountered by health profession students as they have progressed through the educational pipeline.

E. Minority Outreach and Technical Assistance (MOTA):

- Develop monthly health disparities trainings for program staff to enhance their knowledge in specific areas of chronic disease and other disparities that are commonly encountered in local minority communities in Maryland; and to inform program staff about resources and services that are available statewide.
- Provide training and guidance to the MOTA programs to enhance their outreach abilities, penetrate larger sections of the target communities, and increase health screenings, tobacco cessation, and chronic disease prevention behaviors among minority communities.
- Work closely with local MOTA Programs as they establish and maintain Local Health Disparity Committees in each jurisdiction to organize and energize community groups to work cooperatively to reduce and eliminate specific health disparities affecting their jurisdiction.
- Require local MOTA Programs to work collaboratively with their Local Health Improvement Coalitions, which are affiliated with the State Health Improvement Process and purposed to focus attention on improving the health of communities across the State.
- Continue to build MHHD's use of social media to share its goals and health equity successes statewide, and further assist MOTA and Demonstration programs' effective use of social media tools to reach key audiences.

IX. Resources and Publications

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