



STATE OF MARYLAND

DHMH

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

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

DEC 4 2006

The Honorable Robert L. Ehrlich, Jr.  
Governor  
State of Maryland  
Annapolis, MD 21401-1991

Re: 2006 Annual Report for the Health Care Services  
Disparities Prevention Act HB 883 (2003) Chapter 453

Dear Governor Ehrlich:

Pursuant to House Bill 883 enacted during the 2003 legislative session, the Department of Health and Mental Hygiene (the Department) submits the 2006 annual report of its activities and future plans to reduce health care services disparities. HB 883 (2003) requires the Department to develop and implement plans to increase cultural competency and to reduce health care services disparities in Maryland.

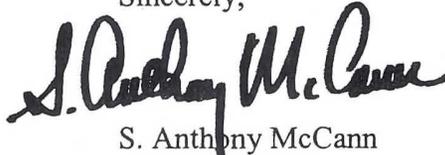
House Bill 86 enacted during the 2004 legislative session requires the Department to establish an Office of Minority Health and Health Disparities (MHHD). HB 86 (2004) requires this newly established office to serve as the focal point for implementing plans to eliminate minority health disparities that include closing the gaps in public services, funding local programs and serving as the designated state agency for receipt of federal funds for minority health disparities programs.

Addressing health disparities in Maryland is both critical and challenging. Research shows that minorities experience a lower quality of health care services and are less likely to access even routine medical procedures relative to Caucasian Americans. This gap between minority and nonminority Marylanders has been long standing and persists today. The Department has established a number of initiatives to address both HB 883 and HB 86 in a coordinated manner. The MHHD program has four general fund and two federal fund positions. A summary of the Department's efforts and future activities is set forth in the attached report.

The Honorable Robert L. Ehrlich, Jr.  
Page Two

If you have questions concerning this report, please contact Dr. Carlessia A. Hussein at  
(410) 767-0094.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Anthony McCann". The signature is written in a cursive style with a large initial "S" and "M".

S. Anthony McCann  
Secretary

Enclosure

cc: The Honorable Paula C. Hollinger  
The Honorable Peter A. Hammen  
The Honorable Shirley Nathan-Pulliam  
Carlessia A. Hussein, R.N., Dr. P.H.  
Ms. Anne Hubbard



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DEC 4 2006

The Honorable Paula C. Hollinger, Chair  
Senate Education, Health and Environmental  
Affairs Committee  
2 West Wing, Miller Senate Office Building  
Annapolis, MD 21401-1991

The Honorable Peter A. Hammen, Chair  
House Health and Government  
Operations Committee  
Room 240, Lowe House Office Building  
Annapolis, MD 21401-1991

Re: 2006 Annual Report for the Health Care Services Disparities  
Prevention Act HB 883 (2003) Chapter 453

Dear Chairmen Hollinger and Hammen:

Pursuant to House Bill 883 enacted during the 2003 legislative session, the Department of Health and Mental Hygiene (the Department) submits the 2006 annual report of its activities and future plans to reduce health care services disparities. HB 883 (2003) requires the Department to develop and implement plans to increase cultural competency and to reduce health care services disparities in Maryland.

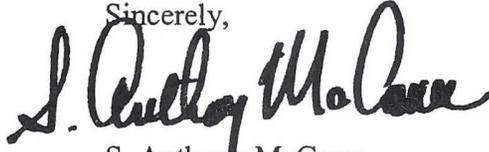
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S. Anthony McCann  
Secretary

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The Honorable Shirley Nathan-Pulliam  
Carlessia A. Hussein, R.N., Dr. P.H.  
Ms. Anne Hubbard

**MARYLAND DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**

**HEALTH CARE SERVICES DISPARITIES**

**PREVENTION ACT HOUSE BILL 883 (2003) Chapter 453**

**FISCAL YEAR 2006 ANNUAL REPORT**

**October 2006**

**Pursuant to Health General § 20-904(f)**

**S. Anthony McCann  
Secretary  
Department of Health & Mental Hygiene**

**Carlessia A. Hussein, R.N., Dr. P.H.  
Director  
Minority Health and Health Disparities**

## HEALTH CARE SERVICES DISPARITIES PREVENTION ACT 2003

### ACCOMPLISHMENTS Fiscal Year 2006

#### Maryland Plan to Eliminate Minority Health Disparities

A. The Plan is completed and the draft is going through final edits for publication by December 2006. The Plan includes recommendations from over 1,000 persons who attended town hall meetings, health roundtables and statewide committee meetings held in strategic areas of the State to access minority, rural, diverse and remote populations.

B. The major issues in the Plan include increasing the cultural competency of health professionals in Maryland, increasing the number of minorities in the health professions, ensuring access to quality health care and raising the awareness of Maryland's health system to take effective and immediate actions to focus on the reduction and ultimate elimination of health disparities.

C. The Plan will be marketed to the major health organizations and stakeholders who are situated to bring about change and improvements for minorities and the entire population.

#### Awareness of Health Disparities and Cultural Competency

A. Held a one-day statewide Minority Health Disparities Conference in May 2006 with an attendance of 300 persons representing state, national, academic and community interests. Keynote speakers from the Institute of Medicine and the North Carolina Health Department provided insights and models for replication in Maryland.

B. Major themes reported on the Conference evaluations include mandating cultural competency training and moving beyond describing the health disparities problems to an active action agenda in Maryland.

C. Maintained the Health Disparities Website ([www.mdhealthdisparities.org](http://www.mdhealthdisparities.org)) that contains health disparities data, disparities materials and reports, research findings, Maryland resources, state and national programs, health disparities websites, calendar of events, funding opportunities and a photo album of community events.

D. The Health Disparities Website had 144,000 hits during the 2006 fiscal year. There are over 1,000 documents in the health disparities clearinghouse of information.

E. Office staff have attended and presented at over 16 health disparities workshops and conferences in Maryland and the District of Columbia, reaching approximately 2,800 individuals.

#### Federal HHS, Office of Minority Health State Partnership Grant – Five Year \$750,000

The Department received a grant in support of two projects that promote the elimination of minority health disparities in Maryland.

#### Systems Change - Grant Project A

A. DHMH Secretary held meetings of the Department's Internal Assessment Task Force that included the Senior Staff, to review progress and champion action. Identified target programs for self-assessment to include Alcohol and Drug Abuse, HIV/AIDS, Mental Health, Medicaid, Cardiovascular Disease, Diabetes, Asthma, Hypertension and Obesity.

B. Formed a Self-Assessment Work Group that included 12 program representatives. The Work Group developed and piloted an assessment tool. Staff collected best practices and other tools for use by program staff in evaluating their programs.

C. Reviewed the DHMH 2005/2006 Managing-For-Results (MFR) goals and objectives. Found 12 out of 258 or 5% that addressed measures for reducing minority health disparities. Meetings were held with the program staff to share the findings of the review and to promote development of more outcome measures for minority health.

### **Workforce Diversity - Grant Project B**

A. Conducted a needs assessment that scanned the environment for the most recent literature on health workforce diversity and cultural competency; as well as Web-based documents; government reports (Health and Human Services, Office of Minority Health) and reports of national associations. National and local data pertaining to medical schools and practicing health professionals were reviewed. Key stakeholders were engaged to allow for a consensus building process regarding the objectives to be pursued.

B. Health Career exhibits, as well as career day presentations were given to more than 130 students, teachers and chaperons from four schools from Baltimore City and the larger Baltimore Metropolitan area. The students and chaperons were given career guidance books portraying 270 medical careers.

C. Consulted with the three state medical schools' deans and established a partnership to increase minority enrollment. The University of Maryland Medical School is the first public medical school (state funded) in the nation; the Uniformed Service University is the only military operated medical school, and the Johns Hopkins University ranks number one on the hospital honor roll in the US News & World Reports-Best Health.

D. The office has taken the lead in increasing awareness locally and nationally on health disparities, workforce diversity and cultural competency training. Two presentations were given on the importance of workforce diversity and the DHMH-MHHD Workforce Diversity initiative at large national meetings on Health Disparities and Quality Care, and the American Public Health Association's meeting of 2006. These meetings were attended by more than 13,000 individuals from around the world.

E. The MHHD has served as a clearinghouse and a regional and national resource on information related to Workforce Diversity and Cultural Competency Training. The project provides information on Best Practices, and Evidence Based Research as well as technical assistance. The project has also provided resources and expertise to health professions schools, the Health Occupations Boards, community organizations, local health departments and state legislators on cultural competency training.

### **Maryland Health Disparities Data**

A. Formed a Health Disparities Data Work Group within DHMH, providing a forum to discuss methodologies and the development of procedures to improve data collection, analysis and reporting of ethnic and racial data. Presented techniques of data analysis for small ethnic and racial groups and for small jurisdictions.

B. Begun collecting information from individual programs in the Department to compile an inventory of health data systems and health data reports that are available.

C. Compiled and presented data on the major health disparities in Maryland for each of the four racial/ethnic minority groups and women. A Maryland Health Disparities Chart Book is in development, with completion planned for the end of 2006.

D. Collected and supplied health disparities data for preparation of the Maryland Plan to Eliminate Minority Health Disparities. Reviewed, edited and corrected all data-related sections for the Plan. Provided data and technical assistance to the statewide Health Disparities Committees.

E. Collaborated with the Maryland Health Care Commission (MHCC) to incorporate racial and ethnic data in the healthcare quality reports produced annually by the MHCC.

### **PLANS FOR Fiscal Year 2007**

A. Continue to seek state, federal and other funds and resources to build an infrastructure that can implement the mandated tasks in HB 883 and HB 86 to eliminate minority health disparities in Maryland. Locate funds to implement a statewide grants program to increase the reduction of health disparities in local jurisdictions throughout Maryland.

B. Implement Departmental self-assessments by establishing work groups within key programs where health disparities are the greatest; substance abuse, mental health, chronic diseases, and HIV/AIDS.

C. Work with the Department Secretary and deputies to place a high priority on the elimination of minority health disparities and placement of this goal within the vision and mission statements.

D. Conduct the second annual study of the Department's Managing-For-Results (MFR) goals, objectives and outcome measures to identify the trend in focusing on ethnic and racial minorities through comparison to the baseline study completed on the 2005/2006 MFRs.

E. Distribute the Maryland Plan for Eliminating Minority Health Disparities to key stakeholders, interest groups, health systems managers and community groups. Form small action teams that will market the Plan to key stakeholders who govern sectors of the health delivery system that contain opportunities for improvement; examples include hospitals, academic health centers, clinics and others.

F. Extend the Workforce Diversity program beyond medical schools to nursing schools, dental schools and pharmacy schools. Contact the deans and committees dedicated to increasing minority enrollment. Explore opportunities for transitioning foreign trained health professionals into the state health workforce.

G. Implement a cultural competency model project in a Maryland community hospital to increase the cultural competence of the hospital's workforce. Collaborate with the State's Health Professional Boards and Commissions to seek ways of promoting cultural competency training for the licensed health professional workforce.

H. Partner with state and national leaders in the planning of a two-day health disparities conference at the end of April 2007. The second day will be dedicated to cultural competence.

I. Continue development and expansion of the Health Disparities Clearinghouse database and resource documents to provide timely and user friendly information to a cross section of interest groups dedicated to eliminating health disparities.

J. Continue staffing the Self-Assessment Work Group and the Health Disparities Data Work Group within the Department of Health and Mental Hygiene in support of improving the Department's progress in eliminating health disparities.

K. Monitor 2007 legislation and regulations to identify the impact on health disparities. Provide education and technical assistance to promote the reduction of minority health disparities.

L. Publish the Maryland Health Disparities Chart Book (major health disparities among the population) and the Maryland Health Disparities Report Card (ethnic and racial data in the annual quality health reports).

M. Begin to assess geographical, environmental, and social factors in health disparities to provide health providers knowledge of how these relationships impact health and health behavior.