



STATE OF MARYLAND

DHMH

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

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

SEP 13 2007

The Honorable Martin O'Malley
Governor
State of Maryland
Annapolis, MD 21401-1991

Re: 2007 Annual Report for the Health Care Services
Disparities Prevention Act HB 883 (2003) Chapter 453

Dear Governor O'Malley:

Pursuant to House Bill 883 enacted during the 2003 legislative session, the Department of Health and Mental Hygiene (the Department) submits the 2007 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.

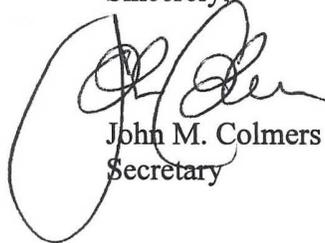
Addressing health disparities in Maryland is both critical and challenging. Research shows that minorities experience a lower quality of health care services and are less likely to access even routine medical procedures relative to Caucasian Americans. This gap between minority and nonminority Marylanders 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 special fund and two federal fund positions. A summary of the Department's progress and future activities is set forth in the attached report.



The Honorable Martin O'Malley
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 'John M. Colmers', is written over a large, light-colored circular stamp or watermark.

John M. Colmers
Secretary

Enclosure

cc: The Honorable Joan Carter Conway
The Honorable Peter A. Hammen
The Honorable Shirley Nathan-Pulliam
Carlessia A. Hussein, R.N., Dr. P.H.
Ms. Anne Hubbard



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

SEP 13 2007

The Honorable Joan Carter Conway, Chair
Senate Education, Health, and Environmental
Affairs Committee
Miller Senate Office Building, 2 West Wing
11 Baden Street
Annapolis, MD 21401-1991

The Honorable Peter A. Hammen, Chair
House Health and Government Operations
Committee
House Office Building, Room 241
6 Baden Street
Annapolis, MD 21401-1991

Re: 2007 Annual Report for the Health Care Services Disparities
Prevention Act HB 883 (2003) Chapter 453

Dear Chairmen Conway and Hammen:

Pursuant to House Bill 883 enacted during the 2003 legislative session, the Department of Health and Mental Hygiene (the Department) submits the 2007 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.

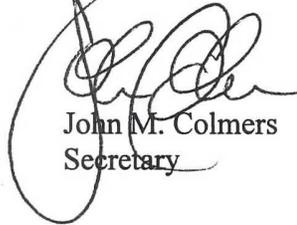
Addressing health disparities in Maryland is both critical and challenging. Research shows that minorities experience a lower quality of health care services and are less likely to access even routine medical procedures relative to Caucasian Americans. This gap between minority and nonminority Marylanders 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 special fund and two federal fund positions. A summary of the Department's progress and future activities is set forth in the attached report.



The Honorable Joan Carter Conway
The Honorable Peter A. Hammen
Page Two

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

Sincerely,



John M. Colmers
Secretary

Enclosure

cc: The Honorable Martin O'Malley
Senate Education, Health, and Environmental Affairs Committee Members
House Health and Government Operations Committee Members
Carlessia A. Hussein, R.N., Dr. P.H.
Ms. Anne Hubbard

**MARYLAND DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**

**HEALTH CARE SERVICES DISPARITIES
PREVENTION ACT**

**Health-General Article, § 20-901 to § 20-904
Annotated Code of Maryland**

FISCAL YEAR 2007 ANNUAL REPORT

September 2007

John M. Colmers
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 2007

Maryland Plan to Eliminate Minority Health Disparities

A. The *Maryland Plan to Eliminate Minority Health Disparities* was completed in December 2006 and distributed in electronic and hard copy format to over 1,900 individuals throughout the state of Maryland. The Plan includes recommendations from over 1,200 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. Key strategies that emerged from the Plan were: capitalize on the wealth of resources that currently exist in the state; ensure access to care by providing quality care in a timely fashion and in a culturally and linguistically meaningful way; diversify the health workforce community and increase cultural competence of all healthcare providers; ensure that complete and accurate racial and ethnic information becomes part of all health and healthcare data systems; and identify funding strategies to support needed resources.

C. In FY07, the Office of Minority Health and Health Disparities (MHHD) engaged in a variety of activities to implement the *Maryland Plan to Eliminate Minority Health Disparities*.

1. Continued to expand the Clearinghouse by adding information and materials on minority health and health disparities and disseminated to policymakers, researchers, community groups, and other interested stakeholders. These materials were distributed to inform constituents on best practices and resources available to eliminate disparities in Maryland.
2. 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.
3. Facilitated meetings and work sessions with health professions colleges and universities in Maryland to develop strategies and provide information on incorporating cultural competency training in their curriculum. MHHD partnered with community-based hospitals and collaborated with health occupations boards in Maryland to increase the cultural competency of health care licensees.
4. Started developing county-specific disparities data that will help local entities target their health disparities elimination efforts. MHHD is assisting Baltimore City in its health disparities program by participating in the Honorary Committee of the Baltimore Health Disparities Action Initiative.
5. Assisted with the implementation of minority health legislation passed during the 2006 legislative session that addressed data collection and adult sickle cell anemia.

Annual Statewide Health Disparities Conference

A. Sponsored the 4th Annual Maryland Minority Health Disparities Conference on April 23 and 24, 2007. Approximately 750 people attended the Conference, representing state, national, academic, and community interests. The title of day one was “Cultural Competency: An Agenda for Ending Health Disparities in Maryland” and was sponsored by MHHD. Day two was titled “Workforce and Cultural Diversity: A Public Health Forum” and was sponsored by the Maryland State Council on Cancer Control and the Maryland Comprehensive Cancer Control Plan.

B. The Conference stressed the pivotal role that a diversified health workforce has in eliminating health disparities. Cultural competency training of existing health care providers was a focal point of the presentations throughout the two days. The Conference included a panel discussion with two deans and a vice dean from the three schools of medicine in Maryland (The University of Maryland Medical School, the Uniformed Services University, and the Johns Hopkins University). Dr. Jordan J. Cohen, President Emeritus of the Association of American Medical Colleges moderated this discussion on ways schools can increase minority enrollment.

C. Conference speakers represented a range of academic and community organizations, and included Dr. Donald E. Wilson (Dean Emeritus of the University of Maryland School of Medicine), Dr. Robert Like (Director for Healthy Families and Cultural Diversity at the University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School), and Thomas E. Perez (Secretary of the Maryland Department of Labor, Licensing & Regulation).

Promoting Awareness of Health Disparities and Cultural Competency

A. Served as a clearinghouse of regional and national information on minority health, health disparities, cultural competency training, and workforce diversity. The Office provides information to DHMH, 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. Materials are stored in hard copy and electronic format.

B. Maintains the Maryland Health Disparities Website (www.mdhealthdisparities.org) 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, women’s health issues, and workforce diversity. The Website had 191,000 hits during the 2007 fiscal year.

C. Office staff have attended and presented at over 59 health disparities workshops and conferences in Maryland and the District of Columbia, reaching approximately 5,000 individuals.

D. Staff have also presented at national conferences and meetings. A national presentation about increasing workforce diversity was given at the national annual meeting of the American Public Health Association (APHA) in Boston, Massachusetts, in November of 2006. A poster presentation about workforce diversity was presented at the Fifth National Conference on Quality Health Care for Culturally Diverse Populations in Seattle, Washington in October of 2006. These meetings were attended by more than 13,000 individuals from around the world.

E. Between December 28, 2006 and June 30, 2007, MHHD staff distributed forty different health messages to targeted racial/ethnic contacts. A total of 10,723 e-mail messages were sent during this time. The content of messages included information on upcoming events, recently released reports and documents, available resources, and funding opportunities all related to disparities.

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

MHHD received a five-year grant (2005 to 2010) for \$750,000 from the DHHS Office of Minority Health to improve minority health and eliminate health disparities in Maryland. Under this grant, MHHD continued to work on DHMH Self-Assessment and Systems Change and Workforce Diversity projects in FY07.

Grant Project A – DHMH Self Assessment and System Change

A. The aim of the DHMH Self Assessment initiative is to apply a “system change” approach to increase the focus of departmental efforts on reducing health disparities. The intent is to more directly target racial/ethnic health disparities. Methods used in this assessment include literature reviews of other state, local, and national plans for reducing minority health disparities, individual program assessment and technical assistance sessions, conducting a pilot questionnaire on health disparity awareness and related DHMH program activities, and development of program Action Plans to address racial/ethnic health disparities.

The Action Plans include key recommendations with detailed action steps, timeframe of implementation, evaluation methods, data needs, and available resources. The Plans present programmatic activities centered on data collection and analysis modifications, community coalitions and engagement, partnerships, development of culturally appropriate awareness and educational materials, cultural competency training, and development of minority related performance or outcome measures.

In FY07, the Self Assessment initiative progressed with the development of program Action Plans to address minority health disparities. Complete drafts of Action Plans have been submitted for the AIDS Administration, Center for Maternal and Child Health, and Center for Preventive Health Services/Diabetes. Other programs in the initial phases of assessment include the Office of Preparedness and Response, Oral Health, Mental Hygiene Administration, Alcohol and Drug Abuse Administration, Cancer Surveillance and Control, Medicaid, and the Environmental Health Program.

B. Maryland Managing for Results (MFR) is a strategic planning, performance measurement, and budgeting process to continually improve State government programs. The MFR process is prepared by DHMH as part of the operating budget and is updated annually. Each program within DHMH has a strategic plan with identified goals and objectives that are outcome oriented and address the mission of each unit. MHHD reviews the annual MFR goals and objectives to track the inclusion of minority health related outcome measures in these strategic plans.

In FY07, MHHD prepared a report that compared the DHMH FY06 and FY08 MFR goals and objectives. A review of FY06 revealed 12 out of 238 (5%) goals or objectives that addressed measures for reducing minority health disparities compared to 13 out of 227 (6%) goals or objectives for FY08. Findings were shared with DHMH program staff to promote development of more outcome measures for minority health.

C. Prepared a Best Practices document which described Maryland and other state efforts in addressing minority health disparities through capacity building and disease prevention and management. These best practices and other tools can be used by DHMH program staff in evaluating their programs.

Grant Project B – Workforce Diversity

A. Held meetings on workforce diversity issues and cultural competency training for health care providers with two Maryland nursing schools (Johns Hopkins and Bowie State University School of Nursing) and the Pharmacy and Dental Schools at the University of Maryland, Baltimore. The purpose of the meetings was to forge partnerships, discuss data, explore existing initiatives, develop future collaborations, and disseminate information on best practices to insure diversity and cultural competency in the existing health workforce. MHHD offered technical assistance and information on resources and best practices. The health professions schools enthusiastically embraced the opportunity to partner with the State, shared data and information on existing initiatives, such as pipeline preparation and outreach education projects, and expressed an interest in future collaborations. Letters introducing the workforce diversity project were also sent to five other nursing schools in Maryland.

B. Partnered with three community-based hospitals (Sinai Hospital of Baltimore, St. Agnes Hospital, and Maryland General Hospital) from diverse areas in the Baltimore metropolitan area to test cultural competency training modules. This project seeks to identify attitudes and beliefs about cultural competency among hospital staff, internal medicine residents and human resources professionals. The findings will be used to assist the hospital in developing cultural competency programs that raise the ability to communicate effectively with diverse patient populations.

C. Collaborated with Maryland's health occupations boards to promote cultural competency. As a result, the following steps have been taken by the Boards: 1) Ten Boards have published segments on cultural competency in their periodic newsletters, which are disseminated to all members; and 2) Seven Boards have voted to allow educational credits obtained in cultural competency to count towards those used for licensure and re-licensure.

Maryland Health Disparities Data

A. The Health Disparities Data Work Group within DHMH has continued to meet quarterly to discuss data issues relevant to health disparities and to work toward standardization of data collection, analysis, and reporting.

B. The Maryland Health Disparities Chart Book was completed and is in the final stage of review, with distribution expected in the fall of 2007. This publication includes data on the major health disparities in Maryland for African Americans, Asian Americans, Latino/Hispanic Americans, Native Americans, and women.

C. MHHD has collaborated with the Maryland Health Care Commission (MHCC) to incorporate racial and ethnic data in the healthcare quality reports produced annually by the MHCC. The Office continued to provide technical assistance to the MHCC for a data analysis RFP for racial and ethnic analysis of potentially preventable hospital admissions for ambulatory care sensitive conditions in Maryland Medicare data.

D. Worked with the Medicaid Program to assess the feasibility of performing racial and ethnic analysis of potentially preventable hospital admissions for ambulatory care sensitive conditions in Maryland Medicaid data.

E. Provided technical assistance to various programs within DHMH and to local health departments regarding their health disparities data analysis and reporting.

F. Continued to update an inventory of health data systems and health data reports that are available in Maryland.

Legislation

A. MHHD conducted analyses and recommended positions on proposed legislation that impact minority health during the 2007 legislative session. Five bills that impact minority health passed the Maryland General Assembly. MHHD will work in collaboration with other DHMH programs to assist with the implementation of these bills during the 2008 fiscal year and beyond.

1. Two bills, House Bill 793 (Ch. 435) and Senate Bill 283 (Ch. 541), focused on specific diseases (Sickle Cell Disease and Prostate Cancer) that have a disproportionate impact on minority populations.

2. Senate Bill 9 (Ch. 306) established a workgroup to study the feasibility of combining multiple student health-related tobacco surveys into one instrument.

3. House Bill 788 (Ch. 26) allows Maryland insurers to collect racial and ethnic data.

4. House Bill 524 (Ch. 412) established a workgroup to study cultural competency training and development for mental health professionals.

B. MHHD staff was involved in assisting with the implementation of bills passed during the 2006 legislative session.

1. House Bill 1127 (Ch. 379) required the establishment of the Statewide Commission on the Shortage in the Health Care Workforce. MHHD staff members serve on this Commission. The Commission is expected to make recommendations related to addressing the shortage of physicians, nurses, and other health care workers.

2. House Bill 1455 (Ch. 497) required DHMH to provide technical assistance to community based entities for a specified pilot program in community hospitals that addresses the cultural competency training of health care providers using specified health outcomes. The health indices are to be tracked and contrasted with the cultural competency level of health care providers who provided the services.

Minority Outreach and Technical Assistance (MOTA)

A. The MOTA program is mandated by legislation to provide outreach and technical assistance to minority communities and to facilitate their participation in local county tobacco coalitions and cancer coalitions. MOTA funds community-based, grassroots, and faith-based organizations to provide outreach services and technical assistance to African Americans, Asian Americans, Latino/Hispanic Americans, Native Americans, and women. Grants are awarded annually to organizations in counties with 15% or more minorities. MOTA has funded over 275 community-based organizations since its inception in 2001.

B. MHHD is responsible for the MOTA program by selecting grantees in each jurisdiction and distributing funds. In FY07, MHHD funded 15 minority or minority “servicing” organizations (“MOTA grantees”) in 15 jurisdictions. MHHD also funded 2 local health departments in jurisdictions where a MOTA grantee was not selected.

C. MOTA grantees and sub-grantees organized and conducted a variety of activities to increase awareness in minority populations, increase services to minority populations, recruit minorities to serve on local tobacco and cancer coalitions, increase the number of minorities being screened for cancer, and promote partnerships to prevent tobacco use and promote smoking cessation.

1. Over 400 minorities represented MOTA at the Tobacco and Cancer Coalition meetings. Approximately 15,000 minorities participated in 740 educational/focus group meetings. Approximately 600 cultural diversity fairs or events were conducted where a total of 59,888 individuals received information about MOTA efforts to reduce tobacco-related disparities, the harmful effects of tobacco use, and cancer prevention strategies.

2. Grantees and sub-grantees received training in outreach efforts using the SMOTA Model (sustainable MOTA). This model teaches principles and interventions for providing effective outreach and technical assistance to minority communities. Four training sessions were held during FY07 to use the SMOTA model to strengthen MOTA Grantees’ community program performance, partnership with community organizations and contributions on the local tobacco and cancer coalitions.

3. Four Grantees served on the Tobacco-related Disparities Workgroup to assist in establishing a plan to eliminate tobacco-related disparities in Maryland. The Montgomery County Grantee organized the first Pow-Wow in the County in collaboration with the Maryland Commission on Indian Affairs. Grantees participated in regional site visits by the Cancer and Tobacco Programs and served on local health department subcommittees.

Plans for Fiscal Year 2008

Overall

- A. Continue to seek state, federal and other funds and resources to build an infrastructure that can implement the mandated tasks to reduce health disparities in Maryland. Locate funds to implement a statewide grants program that will fund local programs within each jurisdiction to reduce health disparities throughout Maryland.
- B. 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 measures in the Department's MFRs.

Maryland Plan to Eliminate Minority Health Disparities

- A. Continue collaborations with key stakeholders throughout the State to ensure implementation of major recommendations in the *Maryland Plan to Eliminate Minority Health Disparities*.
- B. Continue to implement the Plan by expanding the Clearinghouse, assisting DMHM programs in their efforts to address minority health issues, working with academic institutions and health professionals to improve cultural competency and workforce diversity, and by developing and expanding on data collection strategies.

DHMH Departmental Assessment and System Change

- A. Continue to develop DHMH program Action Plans by establishing work groups within key programs where health disparities are the greatest, including substance abuse, mental health, and chronic diseases.
- B. Conduct the third annual review of the DHMH Managing for Results 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 FY06 MFRs.
- C. Continue staffing the Health Disparities Data Work Group within DHMH in support of improving the Department's progress toward eliminating health disparities.

Workforce Diversity

- A. Strengthen the existing relationships with health professions schools in Maryland. Continue to partner and provide technical assistance to these schools in efforts to increase diversity among faculty, administration and students. Showcase successful states' initiatives on diversity, minority recruitment and retention, pipeline preparation, and cultural competency training. Conduct periodic educational seminars on workforce diversity and minority recruitment to benefit all partner health professions schools.
- B. Implement a cultural competency model project in three Maryland community hospitals to increase the cultural competence of the hospitals' workforce. Expand the project to include other hospitals.

C. Conduct focus groups with medical residency directors, human resource directors, diversity officers, and other relevant staff from area hospitals regarding cultural competency initiatives for house staff, employees and faculty.

D. Continue collaborations with the State's health occupations boards and Commissions to seek ways of promoting cultural competency training for the licensed health professional workforce.

Maryland Health Disparities Data

A. Develop detailed county-specific data reports and disseminate these to local health officers, MOTA grantees, and health care providers.

B. Update health disparity data reports with the most recent data.

C. Publish the first Health Disparities Policy Report Card in conjunction with MHCC in the Fall of 2007.

D. Continue technical assistance to DHMH programs and local health departments regarding their disparities data programs. Continue data collaborations with MHCC and the Medicaid program to accomplish the potentially preventable hospital admissions analysis.

Legislation

A. Assist in the implementation of minority health and health disparities legislation passed during the 2007 session by organizing and participating in workgroups and steering committees.

B. 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.

Minority Outreach and Technical Assistance (MOTA)

A. Continue to manage, support, and guide MOTA Grantees throughout the Maryland jurisdictions to increase their effectiveness in cancer and tobacco outreach.

B. Conduct grant-writing workshops for MOTA Grantees and sub-grantees focused on fiscal and budget management, program development, and program evaluation.

C. Provide regional trainings to MOTA Grantees, in conjunction with the Cancer and Tobacco Programs, on strengthening partnerships and building coalitions using the SMOTA model.