

**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 2008 ANNUAL REPORT

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Secretary

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Executive Summary

The Health Care Services Disparities Prevention Act was passed by the Maryland General Assembly in 2003 to encourage institutions to offer courses and continuing education programs on the identification and elimination of health care services disparities in minority populations. The Act also required the Department of Health and Mental Hygiene (DHMH) to implement a plan to reduce health care disparities and provide an annual report on the development and implementation of the plan.

During FY08, the DHMH Office of Minority Health and Health Disparities (MHHD) has been involved in a variety of activities to implement its plan to reduce health care disparities. Some of the major efforts, initiatives, and accomplishments from July 1, 2007 to June 30, 2008 include the following:

- Published a Health Disparities Chartbook with data on minority health and health disparities in Maryland, including gender-specific and jurisdiction-specific data.
- Sponsored and organized the 5th Annual Maryland Minority Health and Health Disparities Conference in April 2008. The Conference included presentations, panel discussions, and interactive workshops focused on successful strategies and interventions to eliminate health disparities and improve health for minorities.
- Funded 16 organizations in 16 jurisdictions through the Minority Outreach and Technical Assistance (MOTA) Program. MOTA focuses on educating and empowering minorities to impact cancer and tobacco health care decisions at the local level to reduce health disparities.
- Facilitated discussions between all Baccalaureate level nursing schools in Maryland to encourage collaboration and sharing of best practices for increasing and maintaining diversity and cultural competence in the existing health workforce.
- Assisted DHMH programs and administrations with the development of Action Plans to increase their focus on reducing minority health disparities.

MHHD continues to add new programs and initiatives to address health disparities in Maryland. Beginning in FY09, MHHD will work with the DHMH Family Health Administration and local health departments to implement a minority cardiovascular disease reduction project and a minority infant mortality reduction initiative in jurisdictions with the highest mortality disparity.

Accomplishments for Fiscal Year 2008

Maryland Plan to Eliminate Minority Health Disparities

Published by MHHD at the end of 2006, the *Maryland Plan to Eliminate Minority Health Disparities* provides an overview of health disparities in Maryland, and addresses the challenges and solutions to eliminating minority health disparities. 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.

In FY08, MHHD engaged in the following activities to continue implementation of the *Plan*:

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. Continued 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 2008 legislative session.

Annual Statewide Health Disparities Conference

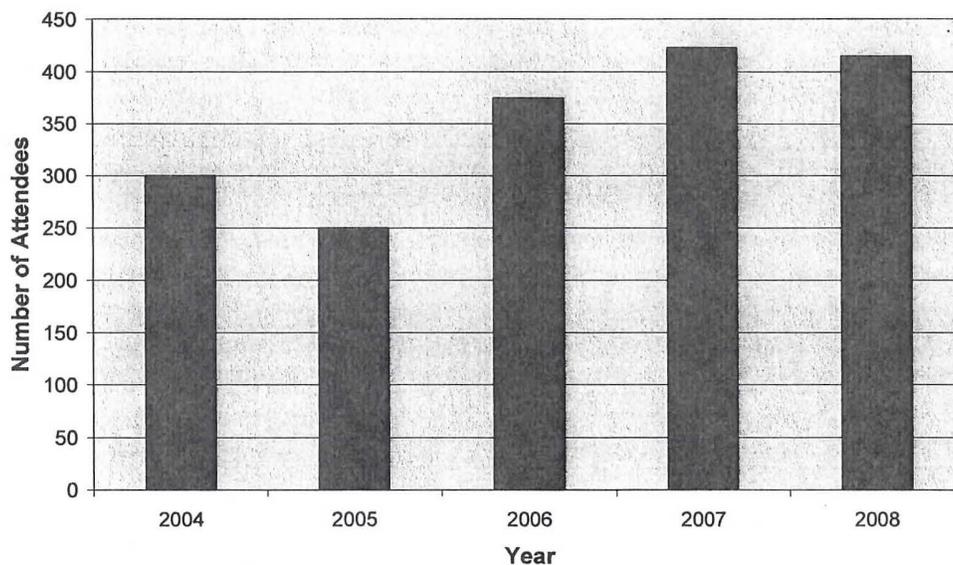
- A. Sponsored the 5th Annual Maryland Minority Health and Health Disparities Conference on April 24, 2008. Approximately 415 people attended the Conference, representing state, national, academic, and community interests. The title and theme of the conference was *Promising Practices Across Maryland*.
- B. The Conference focused on successful interventions and strategies used to eliminate disparities and improve health care for minorities. The keynote speaker was Dr. Stephen B. Thomas, Director of the Center for Minority Health and the Philip Hallen Professor of

Community Health and Social Justice at the University of Pittsburgh Graduate School of Public Health. Dr. Thomas spoke about the success of the Healthy Black Family Project, a program designed to increase awareness of the contribution of family health history to the development of chronic diseases. A panel of Maryland Legislators moderated by Erin Hopwood, Senior Policy Analyst for the Maryland Department of Legislative Services, included Senator Nathaniel Exum, Marie Grant, Senior Policy Analyst, Maryland Department of Legislative Services (on behalf of Senator Thomas Middleton), Delegate Shawn Tarrant, Delegate Melony Griffith, and Delegate Keith Haynes. The legislators discussed recent legislation and policies they have supported to address minority health disparities.

C. Other featured speakers included a Department of Health and Mental Hygiene (DHMH) Leadership Panel featuring John Folkemer, Deputy Secretary of Health Care Financing, Dr. Russell Moy, Director of the Family Health Administration, Heather Hauck, Director of the Maryland AIDS Administration, Dr. Gayle Jordan-Randolph, Clinical Director of the Mental Hygiene Administration, and Dr. Peter Luongo, Director of the Alcohol/Drug Abuse Administration. The DHMH panel members described initiatives in each of their respective programs aimed at eliminating health disparities in Maryland.

D. The afternoon agenda consisted of concurrent interactive workshops focusing on minority empowerment, demonstrating success through measurement, and cultural competency.

MHHD Annual Conference Participation



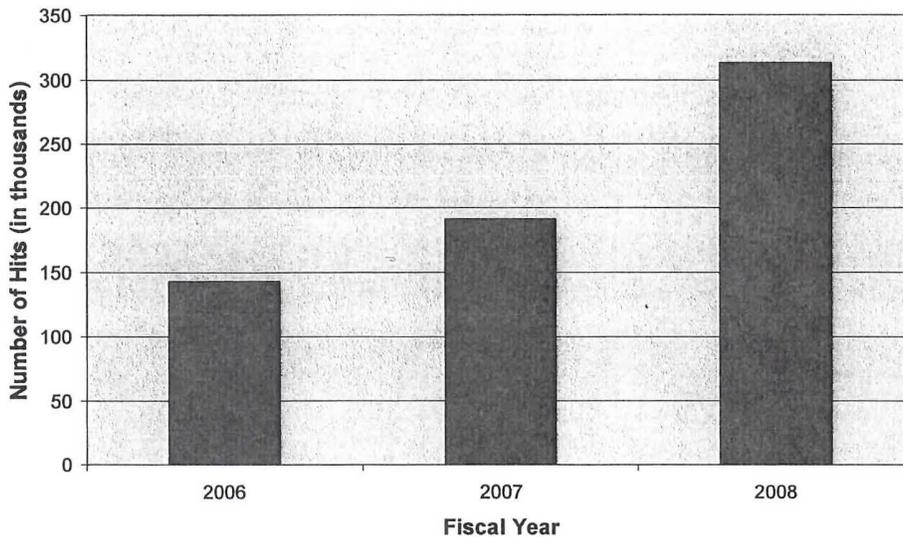
Promoting Awareness of Health Disparities and Cultural Competency

A. 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 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.

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.

B. Maintained 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 and men’s health issues, and workforce diversity. The Website had 313,000 hits during the 2008 fiscal year.

MHHD Website Activity



C. Office staff have attended or presented at over 82 health disparities workshops and conferences in Maryland and the District of Columbia, reaching approximately 10,000 individuals.

D. Staff have also presented at national conferences and meetings. Staff members gave a national presentation about increasing workforce diversity, entitled “Generating Evidence-Based Data on the Clinical Utility of Increasing Cultural Competency among Health Care Providers Serving Medically Underserved Areas”, at the national annual meeting of the American Public Health Association (APHA) in Washington, D.C. on November 5, 2007. Staff also gave presentations on cultural competency at the following meetings: 1) the 6th Annual Summer Workshop “Disparities in Health in America: Working Towards Social Justice” at the Center for Research on Minority Health, Department of Health Disparities Research at the University of Texas M.D. Anderson Cancer Center, and 2) the Inaugural Meeting of the Academy of Health Equity in Denver, Colorado.

E. Distributed 84 different health messages to targeted racial/ethnic contacts. A total of 13,324 e-mail messages were sent during FY08. 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.

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 during FY08.

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 and web scans 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 FY08, the Self Assessment initiative progressed with the development of program Action Plans to address minority health disparities. Three DHMH programs submitted plans in FY08: the Office of Chronic Disease Prevention, Office of Minority Health and Health Disparities, and the Asthma Control Program. Action Plans were submitted in FY07 for the AIDS Administration, Center for Maternal and Child Health, and Center for Preventive Health Services/Diabetes. Several other programs are actively working on Action Plans, including the Office of Preparedness and Response, Mental Hygiene Administration, Center for Cancer Surveillance and Control, Medicaid Program, Community Health Administration, Office of Health Care Quality, and Developmental Disabilities Administration.

To support the Self Assessment initiative, the DHMH Collaborative on Maximizing Access to Healthcare (COMAH) was established to provide a forum for DHMH programs to address healthcare disparities in a coordinated manner. Representatives from each DHMH program serve on COMAH, and MHHD functions as the coordinating and managing agency.

The Self Assessment initiative includes an examination of local health department efforts to address minority health disparities. MHHD has given presentations on minority health disparities to the health departments in Charles, Harford, and Wicomico Counties and Baltimore City. MHHD also prepared to initiate two pilot demonstration projects at the local level: a Minority Cardiovascular Disease Reduction Project and a Minority Infant Mortality Reduction Initiative.

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 FY08, MHHD reported on MFR trends in objectives targeting minority health, using FY06 MFR goals and objectives as a baseline measure. Results showed the following number of goals and objectives related to reducing minority health disparities: 12 out of 238 for FY06 (5%), 12 out of 211 for FY07 (6%), 13 out of 227 for FY08 (6%), and 13 out of 225 for FY09 (6%). Findings were shared with DHMH program staff to promote development of more outcome measures for minority health.

C. MHHD continued to research and collect Best and Promising Practices for any subsequent documents which will describe Maryland and other state efforts in addressing minority health disparities through capacity building and disease prevention and management. These best practices and other tools are used by DHMH program staff in evaluating their programs.

Grant Project B – Workforce Diversity

A. During FY08, MHHD met with the new Dean of the University of Maryland, School of Pharmacy, Dr. Natalie D. Eddington. MHHD also met with administrators at the Johns Hopkins University School of Nursing, Bowie State University Department of Nursing, and the University of Maryland School of Dentistry. MHHD facilitated two nursing roundtables with all nine Baccalaureate nursing schools in Maryland. During the roundtable discussions, participants presented opportunities for collaborations and networking between the nursing programs. In addition, speakers from the Maryland Higher Education Commission (MHEC) presented on state-sponsored financial support in nursing education for individuals and training institutions.

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.

During FY08, a face-to-face meeting and conference calls were held with the Sullivan Alliance to Transform America's Health Professions to negotiate the possibility of launching a state initiative to transform its health workforce. The Sullivan Alliance is an organization established to increase diversity in the health professions and reduce disparities in health status and health care.

B. Continued partnering 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. The project seeks to: (1) assess existing practices in the state in cultural competency training and providers' perceptions and attitudes related to training; and (2) develop achievable, user-friendly modules for providers' training that would address national standards such as CLAS (Culturally and Linguistically

Appropriate Services) and the Joint Commission's Cultural Competent Patient-Centered Care Standards.

C. MHHD continues its on-going partnership with Maryland's health occupations boards. A meeting was held in October of 2007 with Board members to enforce the importance of culturally and linguistically responsive care.

D. In addition, MHHD staff authored several articles on cultural competency for publication in various health occupations board newsletters, including the following:

- "Workforce Diversity and Cultural Competency in Nursing: Keeping Up with the Changing Face of America" in the *Maryland Nurse*, circulated to 74,000 registered nurses in Maryland (July 2007)
- "The Case for Cultural Competency in Psychology" in the newsletter of the Maryland Board of Examiners of Psychologists (Fall 2007)
- "Many Children Left Behind: Health Disparities in U.S. Children" in the newsletter of the State Board for the Certification of Residential Child Care Program Administrators (Spring 2008)
- Article on cultural competency in the newsletter of the Maryland Board of Social Work Examiners (Summer 2007)

E. Completed a pilot program on existing practices, perceptions and attitudes related to cultural competency training of physicians in training for four area hospitals. This initiative will be instrumental in assessing the needs and preferences of the health workforce in Maryland related to cultural competency training.

Maryland Health Disparities Data

A. MHHD has continued to work with various programs to address 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 issued 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. Continued to collaborate 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 request-for-proposal (RFP) for racial and ethnic analysis of potentially preventable hospital admissions for ambulatory care sensitive conditions in Maryland Medicare data.

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

E. Developed data at the jurisdiction level to inform planning for a prostate cancer screening initiative in Charles County, and for cardiovascular and infant mortality initiatives at the county level.

Legislation

A. MHHD conducted analyses and recommended positions on proposed legislation that impact minority health during the 2008 legislative session. MHHD worked in collaboration with other DHMH programs to assist with the implementation of bills during the 2009 fiscal year and beyond. Several bills passed during the 2008 legislative session that impact minority health and health disparities include the following:

1. House Bill 811 (Ch. 212) requires the members appointed to the State Board of Dental Examiners to reflect the geographic, racial, ethnic, cultural, and gender diversity of the State. This bill also requires the Board to collect race, gender, and ethnicity information on all licensees during the application process.
2. Senate Bill 459 (Ch. 182) establishes a task force to study recruitment and retention of primary care physicians and encourage physicians to work in rural areas of the state.
3. House Bill 905 (Ch. 580)/Senate Bill 438 (Ch. 579) requires nonpublic institutions of higher education to develop and/or improve on programs to promote and enhance cultural diversity. House Bill 942 (Ch. 675) requires schools of medicine, dentistry, pharmacy, and nursing to report on courses with cultural competency, sensitivity, and health literacy, developed independently or through collaboration with MHHD. MHHD met with the Maryland Higher Education Commission (MHEC) and the Maryland Independent Colleges and Universities Association (MICUA) to collaborate on both of these bills.
5. Senate Bill 826 (Ch. 222) requires providers of pre-natal care to inform patients that they will be tested for HIV, and that patients have the right to refuse the test without jeopardizing the care received. The bill also changes the informed consent process, and establishes procedures for referrals to treatment and support services.

B. During FY08, staff was involved in assisting with the implementation of bills passed during the 2007 legislative session.

1. House Bill 793 (Ch. 435) established a Steering Committee on developing an organized system of services for adults with sickle cell anemia in the State. The Committee is charged with educating adults with sickle cell disease, health care providers, and the public about care and treatment in Maryland, and establishing a statewide network of service providers for adults with sickle cell disease. The Committee and five established subcommittees have met several times during the 2008 fiscal year. MHHD staff members attended committee meetings and provided technical assistance. During 2008, members of the committee participated in a legislative day in Annapolis to discuss policies and programs to support services for adults with sickle cell disease. In February 2008, an adult Day Infusion Center was opened at Johns Hopkins Hospital.
2. House Bill 524 (Ch. 412) established a workgroup to study cultural competency training and workforce development for mental health professionals. MHHD staff members served on this workgroup. The workgroup prepared a report and presented its recommendations to the General Assembly in January 2008. The report included recommendations to increase the number of foreign-born and foreign-trained behavioral

health professionals in Maryland, and for providing cultural competency training to behavioral health professionals.

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 312 community and faith-based organizations, hospitals, universities, and community health promoters since its inception in 2001.

B. The MOTA program selects grantees through a competitive grant application process in each jurisdiction. In FY08, MHHD funded 16 minority or minority “servicing” organizations (“MOTA grantees”) in 16 jurisdictions. Four of the 16 grantees distributed funds to sub-grantees, and one grantee supported approximately 60 community health promoters.

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. 338 minorities represented MOTA at the Tobacco and Cancer Coalition meetings. Approximately 13,600 minorities participated in 972 educational/focus group meetings. Approximately 500 cultural diversity fairs or events were conducted where a total of almost 60,000 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 regional training sessions were held during FY08 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. The SMOTA model concept was expounded upon to include interventions for enhancing minority participation in local cancer and tobacco coalitions and corresponding cancer/tobacco control plans.

3. Grantees participated in regional site visits by the Cancer and Tobacco Programs and served on local health department subcommittees. Charles County Grantee Black Leadership Council for Excellence (BLCE) assisted in implementing a Prostate Cancer Screening Pilot Program, established by legislation in 2007, within the Charles County Health Department. This pilot project will provide much needed prostate cancer screenings to low-income/uninsured men.

Plans for Fiscal Year 2009

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.

New Initiatives to Address Minority Health Disparities

A. Initiate infant mortality pilot projects in jurisdictions with the highest need for interventions to address infant/toddler health disparity issues. In Maryland, African American infant mortality has been more than twice as likely as for White infant mortality.

B. Initiate an adult health disparities project focused on addressing cardiovascular disease in minorities. In Maryland, cardiovascular disease is the single leading cause of minority mortality disparity.

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 provide technical assistance to DHMH programs in the development of Action Plans to reduce or eliminate minority health disparities through DHMH program action.

B. Conduct the annual review of the DHMH Managing for Results goals, objectives, and outcome measures to identify the trend in focusing on ethnic and racial minorities using the FY06 MFRs as a baseline measure.

C. Continue staffing the Health Disparities Work Group within DHMH in support of improving the Department's progress toward eliminating health disparities.

D. Continue the Local Health Department Pilot Demonstration Projects with an outlook to expand to other jurisdictions.

Workforce Diversity

- A. Strengthen the existing relationships with health professions schools in Maryland. Continue to provide technical assistance and guidance to these schools as needed. Showcase successful states' initiatives on diversity recruitment and retention, pipeline preparation, and cultural competency training on the MHHD website and through presentations at local and national conferences on health disparities. Conduct periodic educational seminars on workforce diversity and minority recruitment to benefit all partner health professions schools.
- B. Partner with national minority student organizations to explore barriers to accessing a health career and make available internship opportunities in health policy and health disparities.
- C. Continue developing a cultural competency model project in three Maryland community hospitals to increase the cultural competence of the hospitals' workforce to serve as a regional and national model.
- 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.
- E. Expand the pilot survey assessing providers' practices, perceptions, and preferences related to cultural and linguistic competency training to include additional hospitals and health occupations.
- F. Explore the possibility of creating a Maryland Alliance to diversify the health workforce by fostering lasting collaborations, information and resource sharing between health professions schools in the State, local minority servicing organizations, student organizations, and the Sullivan Alliance to Transform America's Health Workforce.

Maryland Health Disparities Data

- A. Expand county-specific data reporting and dissemination to local health officers, MOTA grantees, and health care providers.
- B. Update health disparity data reports with the most recent data.
- C. Continue technical assistance to DHMH programs and local health departments regarding their disparities data programs. Continue data collaborations with MHCC to complete the potentially preventable hospital admissions analysis, and to explore the feasibility of extending this analysis to the Medicaid program.
- D. Pursue the analysis of the costs of health disparities by using the Maryland Behavioral Risk Factor Surveillance System (BRFSS) data in conjunction with the Maryland Health Services Cost Review Commission (HSCRC) data.

Legislation

- A. Assist in the implementation of minority health and health disparities legislation passed during the 2008 session by facilitating meetings with representatives of institutions of higher education to implement cultural competency and diversity reporting legislation.
- 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.
- C. Co-sponsor a one-day summit in October 2008 focusing on the impact of health disparities on quality and cost of care. The event will be co-sponsored by the Maryland General Assembly and Minority Health Disparities Subcommittee, and targets elected officials, Maryland administration officials, and state health insurers.

Minority Outreach and Technical Assistance (MOTA)

- A. Continue to manage, support, and guide MOTA Grantees throughout the Maryland jurisdictions to increase their reach and penetration in minority communities to increase awareness and increase cancer screenings and tobacco cessation programs to reduce cancer and tobacco-related disparities.
- B. Conduct training for MOTA Grantees and sub-grantees focused on fiscal and budget management, program development, and program evaluation.
- C. Provide regional trainings to MOTA Grantees designed to enhance health advocacy skills of Grantees and their community partners in representing minority health concerns related to cancer and tobacco at the local and regional levels.