

**MARYLAND OFFICE OF MINORITY HEALTH  
AND HEALTH DISPARITIES  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**Health-General Article, § 20-1001 to § 20-1007  
Annotated Code of Maryland**

**2009 ANNUAL REPORT**



**Martin O'Malley  
Governor**

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Lt. Governor**

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## **Executive Summary**

The DHMH Office of Minority Health and Health Disparities (MHHD) was established in 2004 by legislation to address minority health disparities in Maryland. During the past 6 years, MHHD has engaged in numerous activities, projects, and partnerships to reduce health disparities. This report provides a summary of MHHD activities between January 1, 2009 and December 31, 2009. MHHD activities can be divided into four major categories: 1) Statewide Health Disparities Initiatives and Activities, 2) Health Disparities Demonstration Projects, 3) Federal DHHS State Partnership Grant Projects, and 4) Minority Outreach and Technical Assistance (MOTA). This report describes MHHD's specific activities under each of these categories during 2009.

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 the 2009 calendar year include the following:

- Drafted an update to MHHD's *Maryland Plan to Eliminate Minority Health Disparities* for 2010 to 2014.
- Sponsored and organized the Sixth Annual Maryland Minority Health and Health Disparities Conference, held in May 2009 and attended by 320 individuals.
- Funded 13 organizations 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.
- Engaged in partnerships with health professions schools, the Maryland Higher Education Commission (MHEC), and the Maryland Independent Colleges and Universities Association (MICUA) to expand cultural competency training for the Maryland health workforce.
- Initiated demonstration projects in Baltimore City, Montgomery County, and Prince George's County aimed at reducing infant mortality and cardiovascular disease rates for minorities.
- Assisted DHMH programs and administrations with the development of Action Plans to increase their focus on reducing minority health disparities.

At the end of this report, we have included a summary of planned activities for the 2010 calendar year to continue MHHD's efforts in eliminating minority health disparities.

## **Statewide Health Disparities Initiatives and Activities**

### **I. Maryland Plan to Eliminate Minority Health Disparities**

The first *Maryland Plan to Eliminate Minority Health Disparities* was completed in December 2006. The Plan provides an overview of health disparities in Maryland, and addresses the challenges and solutions to eliminating minority health disparities. During 2009, MHHD engaged in the following activities to continue implementation of the *Plan*:

- 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.
- 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 2009 legislative session.
- Continued hosting meetings of the Maryland Health Disparities Collaborative – an advisory group of individuals representing a wide range of organizations in Maryland assembled by MHHD to discuss the elimination of minority health disparities and priorities for the State.

MHHD is currently engaged in the process of updating the Plan to cover the next five years. The update, entitled *Maryland Plan to Eliminate Minority Health Disparities, Plan of Action 2010 – 2014*, will identify specific action steps and an implementation strategy that can be used during the next 5 years to continue Maryland's momentum in the elimination of health disparities. A preliminary draft of the *Plan of Action* was completed in November 2009. The initial stages of the Plan update process were guided by the U.S. Department of Health and Human Services, Office of Minority Health, 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 update is scheduled to be ready for dissemination in early 2010.

## **II. Promoting Awareness of Health Disparities and Cultural Competency**

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 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.

MHHD maintains a Maryland Minority Health and Health Disparities Website ([www.mdhealthdisparities.org](http://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 707,025 hits from January to November 2009. Since Website hit tracking began in January 2005, the MHHD website has received over 1,700,000 hits.

MHHD distributed 109 different health messages to targeted racial/ethnic contacts. Approximately 15,500 e-mail messages were sent in 2009. 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.

## **III. Annual Health Disparities Conference and Other Presentations**

### **A. MHHD Annual Conference**

MHHD sponsored the 6<sup>th</sup> Annual Maryland Minority Health and Health Disparities Conference on May 19, 2009 at the Morgan State University Student Center in Baltimore. Approximately 320 people attended the Conference, representing state, national, academic, and community interests. The title and theme of the conference was *Optimizing the Health of Minorities During Economic Restructuring: Politics, Economics, and Health Equity* with discussions focusing on the areas of health literacy, community based health disparities interventions, and the patient-centered medical home.

The conference commenced with remarks from Maryland Congressman Elijah Cummings; Dr. Earl Richardson, President of Morgan State University; Dr. Allan Noonan, Dean of the School of Community Health and Policy at Morgan State University; Delegate Shirley Nathan-Pulliam; Secretary John Colmers, Maryland Department of Health and Mental Hygiene; and Dr. Carlessia Hussein, MHHD Director. The keynote speaker was Dr. Mohammad Akhter, Executive Director of the National Medical Association.

Dr. Dushanka Kleinman of the University of Maryland College Park moderated a panel discussion on health literacy that included Dr. William Smith, special advisor on innovation management; and Drs. Bonnie Braun and Olivia Carter-Pokras of the University of Maryland College Park School of Public Health.

Mr. Terris King of the Centers for Medicare and Medicaid Services moderated a panel discussion on community-based health disparities interventions that included Dr. Kim Sydnor, Morgan State University; Ms. Fredette West, African American Health Alliance; and Ms. Jacqueline Scott, National Academy for State Health Policy.

Ms. Frances Phillips, Deputy Secretary of Public Health Services for the Maryland Department of Health and Mental Hygiene, moderated a panel discussion on the patient-centered medical home that included Dr. Jonathan VanGeest, Morgan State University; Mr. Miguel McInnis, Mid-Atlantic Association of Community Health Centers; Dr. Yvette Rooks, University of Maryland School of Medicine; and Dr. David Sharp, Maryland Health Care Commission.

#### B. Other Workshops and Conferences

Office staff have attended and presented at approximately 70 health disparities workshops and conferences in Maryland, the District of Columbia, and around the nation reaching approximately 4,000 individuals. Some key national and state meetings that MHHD staff attended and presented at during 2009 included:

- U.S. Department of Health and Human Services, Office of Minority Health, Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health (National Harbor, Maryland, February 2009)
- First Annual Health Conference of the Maryland Governor's Commission on Middle Eastern American Affairs (Baltimore, Maryland, June 2009)
- Data Presentation for Maryland State Conference NAACP, Eastern Shore Branches, Town Hall Meeting on Health Care Reform - 880 Campaign (Berlin, Maryland, November 2009)
- National Policy Summit on the Elimination of Health Disparities in Mental Health Care (New Orleans, Louisiana, June 2009)
- "Promoting Healthy Lifestyles" Conference of the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators (Puerto Rico, June 2009)

In addition to these presentations, MHHD displayed exhibits and provided materials at multiple state events throughout the year.

#### **IV. 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 is also in the process of producing the second edition of its Health Disparities Chartbook, with release targeted for the end of 2009. The Chartbook provides a compilation of health disparities data, including the leading causes of death in Maryland and their impact on minority communities.

MHHD has been involved in the following additional activities related to health disparities data:

- Provided assistance to the Maryland Health Care Commission (MHCC) in their effort to incorporate racial and ethnic data in the healthcare quality reports produced annually by the MHCC. MHHD is also working with MHCC to publish the Health Care Disparities Policy Report Card, which includes data on racial and ethnic disparities in morbidity and mortality rates for specific diseases identified by MHCC.
- Provided data assistance to DHMH and to individual jurisdictions in their applications for a large Centers for Disease Control and Prevention (CDC) grant “Communities Putting Prevention to Work”.
- Involved in the review of vaccine distribution data and vaccine recipient data to assess the racial and ethnic reach of the H1N1 (Swine) Flu immunization program.
- Provided data update briefings to the General Assembly during the 2009 session, and for the Legislative Black Caucus of Maryland’s Annual Legislative Weekend in October 2009.

MHHD continues to monitor ethnic and racial health disparities in Maryland and finds that disparities continue. See *Appendix 1* for selected data on ethnic and racial health disparities.

#### **V. Health Disparities Related Legislation**

MHHD conducted analyses and recommended positions on proposed legislation introduced during the 2009 legislative session. MHHD worked in collaboration with other DHMH programs to assist with the implementation of bills during the 2010 fiscal year and beyond. During the **2009** legislative session, the General Assembly passed House Bill 756 (Ch. 414). This bill encourages health professional associations in Maryland to collaborate with MHHD to develop voluntary training programs for health care providers on cultural and linguistic competency. MHHD plans to work with the health professional societies to assist in implementation of this legislation.

During 2009, staff was also involved in assisting with the implementation of bills passed during the **2008** legislative session. 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 worked with the health professions schools to assist in the preparation of reports required by HB 942 to the legislature. MHHD also worked with the Maryland Higher Education Commission (MHEC) and the Maryland Independent Colleges and Universities Association (MICUA) to evaluate the findings from the reports for both bills and will assist in the creation of improved reporting mechanisms for future reports required by House Bill 905.

## **VI. Other Activities**

During 2009, MHHD continued the “Healthy Check” initiative – a partnership with Maryland General Hospital to offer free health screenings to State employees in the lobby of the DHMH Headquarters building. The screenings included blood pressure checks, cholesterol level screening, PSA level testing, blood glucose level screening, and other tests. The screenings were provided twice a month through the beginning of July 2009. MHHD provided support by sending e-mail message reminders, distributing promotional materials, and encouraging employees to get screened. There were 687 people screened through this initiative between January 1, 2009 and July 9, 2009. A total of 1,600 people have been screened through the Healthy Check initiative since it began in May 2008.

## **Health Disparities Demonstration Projects**

During 2009, MHHD awarded cooperative agreement grants to Prince George’s County, Montgomery County, and Baltimore City to carry out minority health disparity demonstration projects in infant mortality and cardiovascular disease. The sites for these Disparity Reduction Pilot Projects were determined by analyses of disparities data and community needs assessments. The Projects are funded to assist the Local Health Departments in addressing infant mortality and cardiovascular disease in the minority population.

### **I. Minority Infant Mortality**

#### **A. Prince George’s County**

During 2009, the Prince George’s County Minority Infant Mortality Reduction Demonstration Project engaged in extensive planning and foundation building. An Infant Mortality Reduction Specialist was selected and assigned to the project from the Prince George’s County Health Department in December 2008. In addition, the project includes funding for two perinatal navigators. Project staff finalized recruitment and hiring procedures for the perinatal navigators during 2009. Project administrators also formed a countywide coalition of over 100 members. The coalition has become an organization that initiates its own activities and training to address the emerging issues from the group. Six coalition meetings took place during 2009.



In addition, the Project has enhanced the clinical services of the existing Healthy Women/Healthy Lives Program in Prince George's County. The enhanced clinical services began on April 1, 2009 and accept patients twice a week. Additional days will be added as the client enrollment increases. The clinic sees all patients regardless of insurance status and facilitates enrollment in Medicaid and other social services. The clinical services have resulted in the following:

- Sixty-one clients seen between April 1 and November 30, 2009.
- Ten babies were delivered with no complications or admission to Neonatal Intensive Care Units (NICU).

Additionally, through community outreach, the Project distributed nearly 1,000 copies of health education materials in churches, apartment complexes, salons, physician offices, colleges, and health fairs between April 2009 and August 2009. As a result of this outreach, patients have been seen by 13 of the 29 Medicaid accepting obstetricians in Prince George's County.

## B. Montgomery County

The Montgomery County Minority Infant Mortality Reduction Project aims to address the role of social determinants of health that impact minority infant mortality as well as emphasizing the importance of pre-conception and inter-conception health. The project aims to decrease infant mortality by: 1) using patient navigators/Health Promoters from the minority communities to broaden and enhance the County's approach; 2) creating a coalition of community stakeholders; and 3) developing community outreach and awareness programs to address the alarming and persistent high Black/African American (AA) infant mortality rates and the increasing teen birth rates for Hispanic teens in the County. A project director, under supervision of the County Health Officer, provides program oversight and coordination among contractual staff and community partners. The Montgomery County African American Health Program and the Latino Health Initiative work in collaboration on this project. These organizations are well established in the community and have a history of working with the Montgomery County Health Department on community-based health programs.

During 2009, the project staff identified community stakeholders for the Coalition, met with the Prince George's County Minority Infant Mortality Reduction Project staff to discuss collaborations, hired and trained three perinatal navigators/health promoters, and made referrals to community awareness programs for teens and at risk pregnant women.

In December 2009, an event to launch the Montgomery County Project was held at the VisArts Centers in Rockville, Maryland. The symposium, entitled "Reducing the African-American Infant Mortality: Programs That Work", featured Dr. Thomas Schlenker, Health Officer for Dane County, Wisconsin. Approximately 80 people attended the event, including Montgomery County Council members, Maryland state delegates and senators, and a representative of Congresswoman Donna Edwards.

## **II. Minority Cardiovascular Disease**

In May 2009, the Baltimore City Minority Adult Cardiovascular Disparity Reduction Demonstration Project received a cooperative agreement grant from MHHD to support a Community Health Worker Initiative and a Community Coalition. The Initiative is focused on reducing the incidence of cardiovascular disease and diabetes among minority residents of Baltimore City. The Baltimore City Health Department (BCHD) Division of Chronic Disease Prevention administers the Community Health Worker Initiative, which is one of five evidence-based strategies that BCHD is implementing to improve the cardiovascular health and quality of life for people living in the Baltimore City. As of December 31, 2009, BCHD has established the coalition, held two meetings, and hired four community health workers.

## **III. H1N1 (Swine) Flu Education and Awareness**

During 2009, MHHD was awarded \$432,000 by the CDC to fund H1N1 (Swine) Flu community outreach services in each of Maryland's 24 jurisdictions. In October 2009, MHHD released a Request for Applications to community groups and organizations to provide H1N1 (Swine) Flu education and outreach to targeted priority and ethnic/racial populations. As of December 31, 2009, MHHD awarded grants to 23 organizations to provide H1N1 (Swine) Flu outreach services through July 31, 2010.

## **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 2009.

### **I. DHMH Assessment and System Change Initiative**

The aim of this initiative is to identify and develop DHMH capacity and utilize program resources to address minority health disparities by using three components: DHMH Internal Assessment/Action Plans, Managing for Results (MFR) Review, and compiling best practices.

#### **A. DHMH Internal Assessment and Action Plans**

##### **1. State Health Department Internal Assessment and System Change**

The aim of the DHMH Internal Assessment component is to apply a "system change" approach to enhance the focus of DHMH efforts on reducing health disparities. "System change" describes specific strategies that state and local administrators, community organizations, providers, and consumers can implement to address minority health disparities. MHHD has engaged in the following strategies to develop the Internal Assessment:

- Literature reviews and web scans of other state, local, and national plans for reducing minority health disparities;
- Conducting a pilot survey on health disparity awareness in DHMH programs;
- Building partnerships with other state and national offices;
- Individual DHMH program assessment and technical assistance sessions; and
- Development of DHMH program Action Plans to address racial/ethnic health disparities.

## 2. Department and Program Action Plans

The Action Plans include key recommendations with detailed action steps, timeframe of implementation, evaluation methods, data needs, and available resources. The Plans present program 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.

MHHD is working with all DHMH programs to develop and implement their Action Plans. In 2009, the Maryland Asthma Control Program (MACP), the Mental Hygiene Administration (MHA), and the Epidemiology and Disease Control Program (EDCP) of the Infectious Disease and Environmental Health Administration initiated steps to carry out recommendations in their Action Plans as follows:

- As part of a CDC grant application, MACP submitted plans for a Minority Asthma Disparity Reduction Demonstration Project to reduce the disparity in asthma mortality, asthma-related emergency room visits, and asthma-related hospitalizations among minorities by utilizing a community health worker model and piloting certain data collection methods. MHHD collaborated in the preparation of the application and will play an integral role in this project. The Minority Outreach and Technical Assistance (MOTA) network – a primary component of MHHD – will serve as the community base for the implementation of this Demonstration Project.
- MHHD provided technical assistance to MHA in its application to the National Policy Summit on the Elimination of Disparities in Mental Health Care hosted by the DHHS Substance Abuse and Mental Health Services Administration (SAMHSA). MHA was selected to participate in the Summit, and MHHD staff members were included in the Maryland delegation attending the Summit from June 8 to 11, 2009 in New Orleans, Louisiana.
- The Epidemiology and Disease Control Program has begun collaborating with the CDC and the DHHS Health Resources and Services Administration (HRSA) on a health disparities elimination project aimed at tuberculosis (TB) and the Hepatitis C virus (HCV). MHHD and EDCP staff attended The 2009 HRSA/CDC TB/HCV Health Disparities Elimination Project Harvesting Meeting on December 10 and 11 in Rockville, Maryland.

## B. Managing for Results (MFR)

Maryland Managing for Results (MFR) is a strategic planning, performance measurement, and budgeting process to continually improve State government programs. Each program within DHMH is required to have a strategic plan with goals and objectives that 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 2009, MHHD reported on MFR trends in objectives targeting minority health using FY06 MFR goals and objectives as a baseline measure. Results for FY10 identified 13 out of 223 (5.83%) goals and objectives related to reducing minority health disparities. No additional minority health objectives were added during FY10, and only one has been added (during FY08) since the baseline measurement in FY06. DHMH Administrations with minority-related MFR Objectives include: the Office of the Secretary, Operations, Family Health Administration, and Medical Care Programs. Findings were shared with DHMH program staff to promote development of more outcome measures for minority health and health disparities.

## C. Best Practices

MHHD continued to research and collect best and promising practices that 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. Best and promising practices in the conceptualization, implementation, and evaluation of health disparities reducing interventions and strategies continued to be identified through literature reviews, web scans, expert interviews, and other information sharing outlets. Identified practices were disseminated through technical assistance sessions, e-mail alerts, publications, and upon request.

## II. Cultural Competency and Workforce Diversity

During 2009, MHHD continued its engagement with the health professions schools in the state and initiated new discussions with the Schools of Public Health at University of Maryland, College Park and Johns Hopkins University through meetings focused on issues of workforce diversity and cultural competency. MHHD also held meetings with the Maryland Independent Colleges and Universities Association (MICUA) and the Maryland Higher Education Commission (MHEC) to share respective findings from the diversity and cultural competency reports submitted by institutions of higher education in response to House Bill 905 (2008) and House Bill 942 (2008).

MHHD finalized the collection and synthesis of House Bill 942 cultural competency reports submitted by the health professions schools, and submitted a final report to the Maryland General Assembly. The report was also shared with MHEC, MICUA, and the participating health professions schools. MHHD is currently providing technical assistance to MHEC in its development of a standardized reporting tool to be used by institutions of higher education in submitting future House Bill 905 reports on diversity activities.

MHHD held an initial meeting with the Maryland Association of Community Colleges (MACC) to discuss potential ideas for collaborating with nurse and allied health workforce programs at the state's community colleges. MHHD is currently keeping MACC informed of recently announced federal funding opportunities for community college-based health information technology training programs.

MHHD participated in the inaugural Maryland meeting of the Sullivan Alliance to Transform America's Health Professions, during which participating health professions schools agreed to begin efforts toward launching a State Health Alliance to increase diversity among the state's health professionals. MHHD is serving on the Health Alliance steering committee which will review current health career pipeline activities undertaken by various health professions schools and develop activities that seek to further eliminate barriers for students in the pipeline.

In September 2009, MHHD attended the Health Occupations Board Administrators Meeting and presented the most recent health professions school matriculation and graduation data. At the meeting, MHHD also provided suggestions and sought input from board administrators on the types of technical assistance available to the Health Occupations Boards through MHHD. In November 2009, MHHD staff gave a cultural competency presentation at the DHMH Council of Boards, New Board Member Training.

MHHD has been active with the Board of Psychologists in developing Board guidelines for continuing education credits in cultural competency and writing a cultural competency article for the Board's upcoming newsletter. MHHD has also initiated meetings with members of the Board of Occupational Therapists who have requested assistance in developing a tailored cultural competency training program for the Board's licensees. MHHD is including the DHMH Training Services Division in the training discussions.

### **Minority Outreach and Technical Assistance (MOTA)**

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.

The MOTA program selects grantees through a competitive grant application process in each jurisdiction. In Fiscal Year 2009, MHHD funded 15 minority or minority "servicing" organizations ("MOTA grantees") – one in each of 15 different Maryland jurisdictions. In Fiscal Year 2010, MHHD funded 13 MOTA grantees in 13 different jurisdictions.

MOTA grantees and sub-grantees organized and conducted a variety of activities to increase awareness among minority populations, advocate for an increase in cancer screening and tobacco cessation services to minority populations, recruit minorities to serve on local

tobacco and cancer coalitions, and promote partnerships to prevent tobacco use and minority cancer disparity awareness. However, due to Fiscal Year 2010 budget reductions for the MOTA program, grantees did not receive funding at the start of the fiscal year. Grantees only received funding for their activities in October 2009, and as a result, several grantees initiated activities at later dates than anticipated.

During the beginning of Fiscal Year 2010 (July to November, 2009), MOTA grantees organized approximately 668 cultural diversity fairs or events where about 53,000 pieces of educational material were distributed. Approximately 49,000 minority individuals received information about MOTA efforts to reduce tobacco-related disparities, the harmful effects of tobacco use, and cancer prevention strategies. Due to these outreach efforts, 510 minority individuals received referrals for cancer screening and 345 minority individuals received referrals to tobacco cessation programs. Fifty-three individuals received technical assistance in developing health education programs targeting minorities. Grantees also provided 30 technical assistance sessions to minority-serving community-based groups.

In March 2009, MOTA Program collaborated with the Maryland Asthma Control Program (MACP) to provide regional trainings to MOTA grantees, representing the first collaborative effort of this kind between MHHD and MACP. Approximately 25 individuals attended the training sessions which were offered in three regions (central Maryland, western Maryland, and eastern shore Maryland). During the training sessions, MOTA grantees learned how to become community health leaders and incorporate asthma control messages into their tobacco prevention programs. At the completion of the trainings, attendees received recognition as certified community health leaders.

## **Plans for 2010**

### **I. Overall**

- 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 Managing for Results goals and objectives.
- Continue to increase awareness among DHMH administrations regarding the need to target ethnic and racial groups with programs that are culturally and linguistically designed to measure and reduce health disparities. Encourage administrations to collect, analyze, and report health program data by ethnic and racial groups in Maryland and within each jurisdiction.
- 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 demonstration programs within each jurisdiction to reduce health disparities throughout Maryland.

## **II. Statewide Health Disparities Initiatives and Activities**

- Continue and create new collaborations with key stakeholders throughout the State to ensure implementation the *Maryland Plan to Eliminate Minority Health Disparities, Plan of Action 2010 – 2014*. Continue the partnership with the HHS Office of Minority Health in developing the first National Framework for Health Disparities Action Plan.
- Continue the newly established H1N1 (Swine) Flu Community-Based Outreach Network that has placed an outreach worker in each jurisdiction. Enhance the Outreach Network with sufficient infrastructure, training and certification to evolve to a permanent and reliable communication and outreach system that will operate throughout the year and provide a mechanism to address immunizations of all kinds and any public health emergencies that may arise.
- Expand county-specific data reporting and dissemination to local health officers, MOTA grantees, and other groups whose mission's address the reduction of health disparities in Maryland. Continue to provide assistance to the Maryland Health Care Commission (MHCC) in their effort to incorporate racial and ethnic data in their annual healthcare quality reports.
- Analyze 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.
- Assist in the implementation of minority health and health disparities legislation passed during the 2009 session by assisting health professions school 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.

## **III. Health Disparities Demonstration Projects**

- Work cooperatively with Prince George's and Montgomery counties on their Minority Infant Mortality Reduction demonstration projects, and with Baltimore City on its Minority Cardiovascular Disease Reduction project. Collect process and outcome data to ensure implementation of promising practices and to identify progress.
- Work with the Maryland Asthma Control Program and MOTA grantees to reduce asthma-related minority health disparities in Maryland.

## **IV. Federal-State Partnership Grant Projects to Improve Minority Health**

- Increase efforts to encourage DHMH programs to develop Action Plans that describe how resources will be used to measurably reduce or eliminate ethnic and racial health disparities in those programs where health disparities persist in Maryland. Expand

Minority Disparities Reduction projects in those jurisdictions with the highest disparities mortality rates as funds and resources become available.

- Continue partnership with DHMH Behavioral Health & Disabilities programs to produce Maryland's Policy Summit Action Plan that will initiate activities to eliminate disparities in behavioral health and disabilities throughout Maryland.
- Expand Workforce Diversity projects beyond the Medical, Nursing, Pharmacy and Dental Schools to Schools of Public Health, community colleges and Historical Black Colleges and Universities (HBCU). Continue partnership with the national Sullivan Alliance initiative to develop a Health Alliance in Maryland among the health-related colleges and universities.
- Continue partnership with the Maryland Higher Education Commission (MHEC), the Maryland Independent Colleges and Universities (MICUA), the Maryland Association of Community Colleges (MACC), and other statewide groups to enhance the quality and standardize the offering of cultural competency courses in curricula.

#### **V. Minority Outreach and Technical Assistance (MOTA)**

- Provide training and guidance to the MOTA grantees to enhance their outreach abilities, penetrate larger sections of the target communities, and increase cancer screening, tobacco cessation, and cancer prevention behaviors among minority communities.
- Provide training to MOTA grantees to advance their skills in program and fiscal management, program evaluation, cultural and linguistic competency, and diversity training. Continue to enhance skills in grant writing, grant management, and resource development. Provide technical assistance to develop diverse community coalitions that draw together interest groups to collaborate in solving public health challenges.

For additional information on the projects and activities of the Office of Minority Health and Health Disparities, please visit [www.mdhealthdisparities.org](http://www.mdhealthdisparities.org). This website includes more information on the *Maryland Plan to Eliminate Health Disparities*, health disparities data and reports, funding opportunities, and links to other important information related to minority health and health disparities.





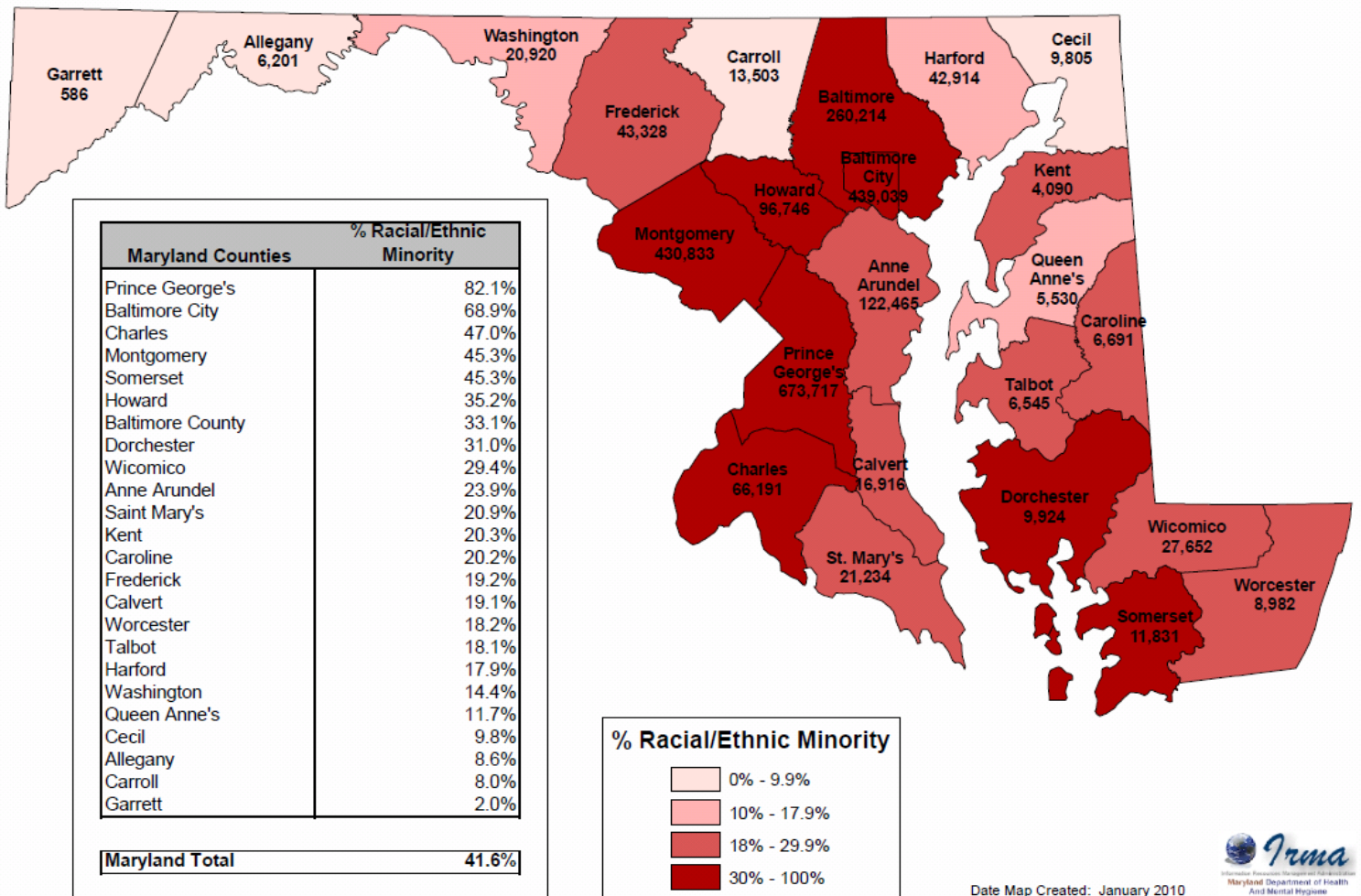
**Minority Health and Health Disparities**  
 Maryland Department of Health and Mental Hygiene

## Appendix 1

# Maryland Minority Health Disparities Selected Statewide Data

January 2010

**Racial or Ethnic Minority Population (Number and Percent), by Jurisdiction, Maryland 2008**



Date Map Created: January 2010



## Minority Population in Maryland

- Maryland is a state where the combined racial and ethnic minority population is approaching the Non-Hispanic White population. The 2008 estimated Maryland population is 41.6% minority, up by 0.3 percentage points from 2007 (41.3%).
- Eight of Maryland's 24 jurisdictions have minority populations over 30%. More than 20% of the population in the Eastern Shore is minority.

**Table 1. Maryland Population, July 1, 2008 by Race and Ethnicity**

Race	All Ethnicity		Non-Hispanic		Hispanic	
White	3,611,787	64.1%	3,287,740	58.4%	324,047	5.8%
Non-White	2,021,810	35.9%	1,970,027	35.0%	51,783	0.9%
<i>Black</i>	1,692,495	30.0%				
<i>Asian/Pac Isle</i>	305,847	5.4%				
<i>American Indian</i>	23,468	0.4%				
<b>MD Total</b>	<b>5,633,597</b>	<b>100.0%</b>	<b>5,257,767</b>	<b>93.3%</b>	<b>375,830</b>	<b>6.7%</b>

Source: Maryland Vital Statistics Annual Report 2008

In the sections which follow Table 2, some reporting is limited to comparisons of the Black or African American population to the White population. Where data are not presented for American Indians, Asians and Pacific Islanders, or Hispanics/Latinos, this is because either

- The data have small numbers for these populations, generating statistically unstable estimates,
- The data have large numbers of persons who are missing race or ethnicity information. This creates a large potential for error in estimating the smaller racial and ethnic groups, or
- The data have other technical limitations (misclassification, issues of outmigration, etc.) where the estimates generated are likely to not reflect the true disease burden in these smaller populations.

**Table 2. Minority Population by Jurisdiction, Maryland 2008**

<b>REGION AND POLITICAL SUBDIVISION</b>	<b>TOTAL</b>	<b>Non-Hispanic White</b>	<b>Minority Population</b>	<b>Percent Minority</b>	<b>% Black or African American</b>	<b>% Asian or Pacific Islander</b>	<b>% American Indian or Alaska Native</b>	<b>Percent Hispanic or Latino</b>
<b>MARYLAND</b>	<b>5,633,597</b>	<b>3,287,740</b>	<b>2,345,857</b>	<b>41.6%</b>	<b>30.0%</b>	<b>5.4%</b>	<b>0.4%</b>	<b>6.7%</b>
<b>NORTHWEST AREA</b>	<b>473,041</b>	<b>402,006</b>	<b>71,035</b>	<b>15.0%</b>	<b>8.7%</b>	<b>2.5%</b>	<b>0.3%</b>	<b>3.9%</b>
GARRET	29,698	29,112	586	2.0%	1.0%	0.2%	0.1%	0.7%
ALLEGANY	72,238	66,037	6,201	8.6%	6.8%	0.7%	0.2%	1.1%
WASHINGTON	145,384	124,464	20,920	14.4%	10.2%	1.5%	0.2%	2.7%
FREDERICK	225,721	182,393	43,328	19.2%	9.4%	3.9%	0.3%	6.0%
<b>BALTIMORE METRO AREA</b>	<b>2,620,026</b>	<b>1,645,145</b>	<b>974,881</b>	<b>37.2%</b>	<b>29.8%</b>	<b>4.2%</b>	<b>0.4%</b>	<b>3.4%</b>
BALTIMORE CITY	636,919	197,880	439,039	68.9%	64.3%	2.2%	0.4%	2.7%
BALTIMORE COUNTY	785,618	525,404	260,214	33.1%	25.6%	4.5%	0.4%	3.1%
ANNE ARUNDEL	512,790	390,325	122,465	23.9%	15.9%	3.5%	0.4%	4.5%
CARROLL	169,353	155,850	13,503	8.0%	4.2%	1.8%	0.2%	1.9%
HOWARD	274,995	178,249	96,746	35.2%	18.0%	12.4%	0.3%	5.0%
HARFORD	240,351	197,437	42,914	17.9%	12.8%	2.4%	0.3%	2.7%
<b>NATIONAL CAPITAL AREA</b>	<b>1,771,532</b>	<b>666,982</b>	<b>1,104,550</b>	<b>62.3%</b>	<b>40.3%</b>	<b>9.6%</b>	<b>0.5%</b>	<b>13.9%</b>
MONTGOMERY	950,680	519,847	430,833	45.3%	17.5%	14.2%	0.5%	14.8%
PRINCE GEORGE'S	820,852	147,135	673,717	82.1%	66.7%	4.3%	0.6%	12.8%
<b>SOUTHERN AREA</b>	<b>331,040</b>	<b>226,699</b>	<b>104,341</b>	<b>31.5%</b>	<b>25.7%</b>	<b>2.4%</b>	<b>0.6%</b>	<b>3.2%</b>
CALVERT	88,698	71,782	16,916	19.1%	14.8%	1.6%	0.4%	2.5%
CHARLES	140,764	74,573	66,191	47.0%	39.9%	2.8%	0.8%	3.9%
SAINT MARY'S	101,578	80,344	21,234	20.9%	15.4%	2.4%	0.4%	2.9%
<b>EASTERN SHORE AREA</b>	<b>437,958</b>	<b>346,908</b>	<b>91,050</b>	<b>20.8%</b>	<b>16.8%</b>	<b>1.2%</b>	<b>0.3%</b>	<b>2.9%</b>
CECIL	99,926	90,121	9,805	9.8%	6.1%	1.1%	0.4%	2.4%
KENT	20,151	16,061	4,090	20.3%	16.1%	0.8%	0.2%	3.6%
QUEEN ANNE'S	47,091	41,561	5,530	11.7%	8.4%	1.2%	0.2%	2.1%
CAROLINE	33,138	26,447	6,691	20.2%	14.6%	0.8%	0.6%	4.8%
TALBOT	36,215	29,670	6,545	18.1%	14.1%	1.0%	0.2%	3.2%
DORCHESTER	31,998	22,074	9,924	31.0%	27.9%	1.0%	0.2%	2.2%
WICOMICO	94,046	66,394	27,652	29.4%	24.3%	1.8%	0.2%	3.4%
SOMERSET	26,119	14,288	11,831	45.3%	42.1%	0.9%	0.4%	2.4%
WORCESTER	49,274	40,292	8,982	18.2%	14.8%	1.0%	0.2%	2.4%

**Source: Maryland Vital Statistics Annual Report 2008**

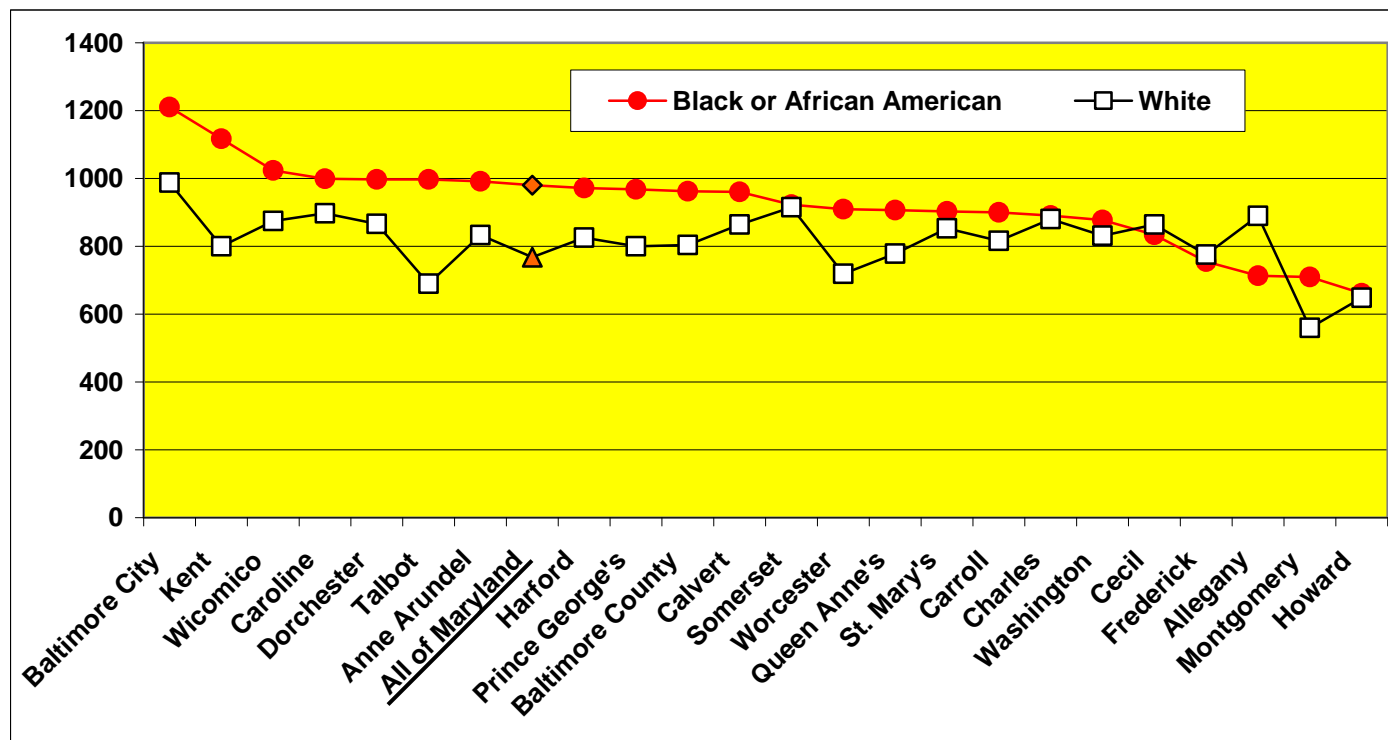
## Geographic Distribution of Mortality Disparities

Figure 1 displays mortality data for Blacks or African Americans and Whites for 2004 through 2006 combined, and shows that for this period, Black or African American death rates exceed White death rates in 20 of the 23 Maryland jurisdictions where the age-adjusted rates could be calculated.

While Baltimore City has the highest mortality rates for both Blacks or African Americans and Whites, the disparity in mortality, expressed as the difference between the rates, is larger in some other jurisdictions than it is in Baltimore City. Also apparent is a sizeable geographic difference in mortality rates within each racial group: mortality ranges from below 700 deaths per 100,000 to above 1200 for Blacks or African Americans; and ranges from below 600 to nearly 1000 deaths per 100,000 for Whites.

The mortality disparity by jurisdiction could not be calculated for other minority groups.

**Figure 1. Age-Adjusted All-Cause Mortality (rate per 100,000) by Black or White Race and Jurisdiction, Maryland 2004- 2006 Pooled**

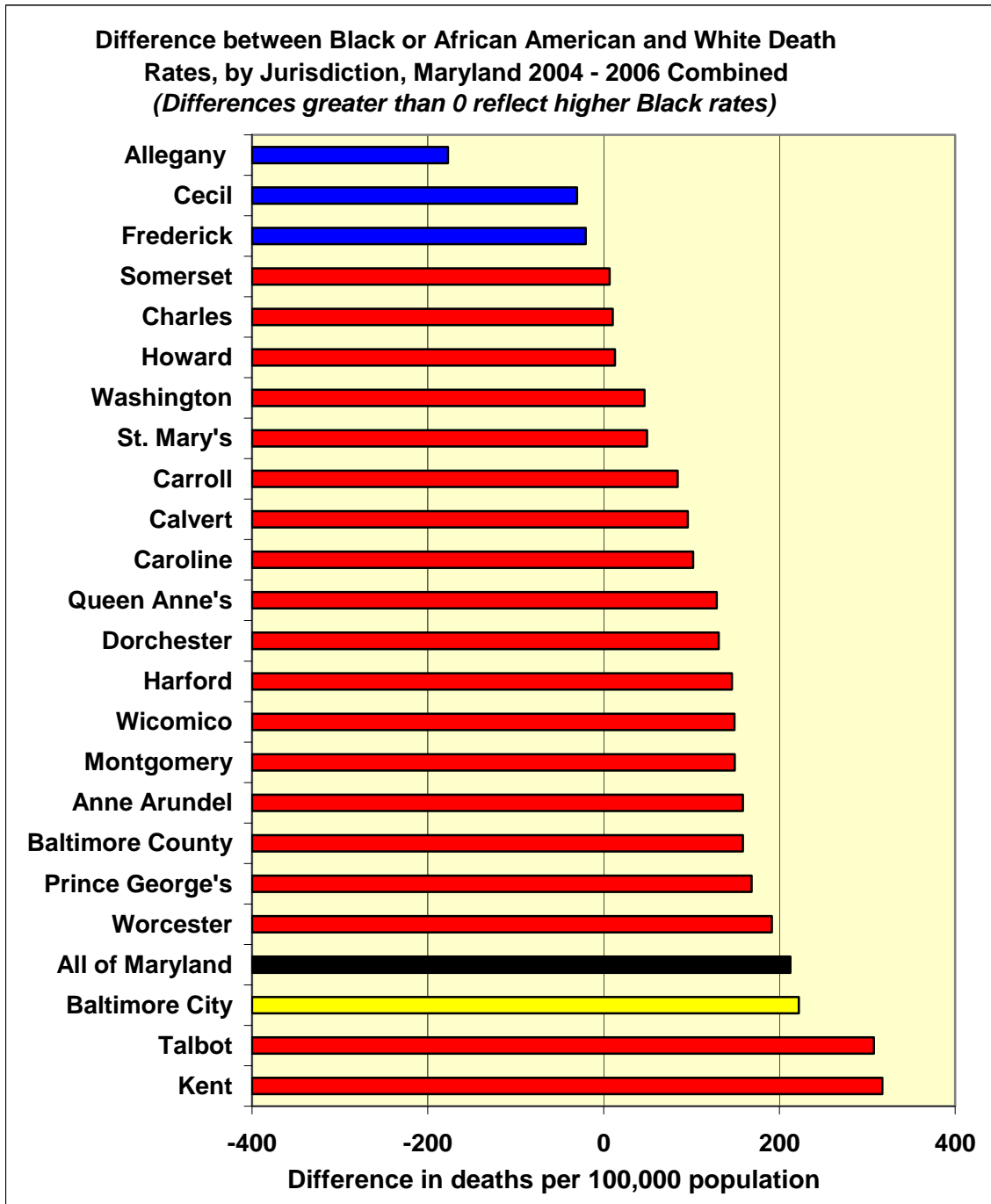


Age-adjusted death rates for Blacks could not be calculated for Garrett County

Source: CDC Wonder Mortality Data 2004-2006

Figure 2 displays the mortality disparity by jurisdiction (the difference between the Black or African American mortality rate and the White mortality rate) combining 2004 to 2006. During this period, the White death rate exceeded the Black or African American rate in three jurisdictions. In the 20 other jurisdictions where rates could be calculated, the Black or African American death rate exceeded the White rate.

**Figure 2 Black vs. White Death Rate Differences, by Jurisdiction, 2004-2006**



Source: CDC Wonder Mortality data 2004-2006

## Mortality Disparities for Leading Causes of Death

- Nine of the top 14 causes of death show a mortality disparity between Blacks or African Americans and Whites.
- Black or African American age-adjusted heart disease mortality exceeds that for Whites by 52.1 deaths per 100,000 population.
- Blacks or African Americans are 16 times more likely to die from HIV/AIDS than Whites.

**Table 3. Black or African American vs. White Mortality Disparity, 14 Leading Causes of Death, Maryland 2008 (Source: Maryland Vital Statistics Annual Report 2008)**

Rate Ratio Disparity Rank	Rate Difference Disparity Rank	Statewide Cause of Death Rank*	Disease	Age-adjusted Mortality per 100,000		Ratio	Age-adjusted Difference per 100,000
				Black	White		
			<b>All Causes</b>	<b>919.5</b>	<b>736.4</b>	<b>1.25</b>	<b>183.1</b>
6	1	1	Heart Disease	240.1	188	1.28	52.1
7	2	2	Cancer	212.8	175	1.22	37.8
8	8	3	Stroke	45.1	38.3	1.18	6.8
		4	Chronic lung Disease	21.4	40	0.54	-18.6
		5	Accidents	24.8	26.4	0.94	-1.6
3	4	6	Diabetes	37.2	17.6	2.11	19.6
9	9	7	Alzheimer's Disease	19.2	18.6	1.03	0.6
		8	Flu&Pneumonia	16.8	18.3	0.92	-1.5
5	6	9	Septicemia	27.7	14.8	1.87	12.9
4	7	10	Kidney diseases	21.8	11.1	1.96	10.7
2	5	11	Homicide	21.7	3.7	5.86	18.0
		12	Suicide	4.4	10.5	0.42	-6.1
1	3	13	HIV/AIDS	21.7	1.4	15.50	20.3
		14	Chronic Liver Disease	6.3	7.2	0.88	-0.9

*(Yellow highlight indicates Black or African American death rate higher than the White death rate)*

## Other Disparities in Deaths, Disease Burden, and Health Care Access

### Infant Mortality and other Pregnancy Outcomes

In Maryland for the years 2004-2008 combined, compared to the White rate, the infant mortality rate was

- 2.6 times higher for **Blacks or African Americans**,
- 1.8 times higher for **American Indians**,
- Similar to Whites for **Asians and Pacific Islanders**, and
- Similar to Whites for **Hispanics/Latinos**.

*(Source: Maryland Vital Statistics Annual Reports 2004 to 2008)*

In 2004 in Maryland, regarding admissions to the Neonatal Intensive Care Unit (NICU)

- 7.8% of **Black or African American** newborns had a NICU admission, while only
- 5.0% of White newborns had a NICU admission.

In addition, in 2004 the average cost for **Black or African American** NICU admissions was 1.53 times higher than the White average cost, indicating more severe problems for the Black or African American newborns admitted to the NICU.

*(Source: Office of Minority Health and Health Disparities analysis of 2004 Maryland hospital discharge data)*

### End-Stage Renal Disease

Based on pooled data from 1991 through 2001, compared to Whites, the rates of new cases of End-Stage Renal Disease (kidney disease, referred to as ESRD) in Maryland have been about

- three times higher for **Blacks or African Americans**,
- three time higher for **American Indians**, and
- 1.2 times higher for **Asians and Pacific Islanders** in age groups over 64 years of age.

Based on pooled data from 1996 through 2001, compared to Non-Hispanic Whites, the rates of new cases of End-Stage Renal Disease in Maryland have been about

- 1.3 times higher for **Hispanics/Latinos** in the age groups older than 54 years of age.

*(Hispanic ethnicity was not collected prior to 1996)*

*(Source: Office of Minority Health and Health Disparities analysis of U.S. Renal Data System data)*

## Lack of Health Insurance

In 2004 to 2008, compared to Non-Hispanic Whites, the proportion of Maryland adults reporting no health insurance at the time of the survey was

- Over 2 times higher for **Non-Hispanic Blacks or African Americans**,
- About 4.7 times higher for **Hispanic/Latinos**, and
- About 1.7 times higher for **other minorities combined (Asian and Pacific Islander, American Indian, and other)**.

*(Source: Maryland Behavioral Risk Factor Surveillance System data, 2004 to 2008)*

## Inability to Afford Care

In 2004 to 2008, compared to Non-Hispanic Whites, the proportion of Maryland adults reporting an instance of being unable to afford care in the prior year was

- About 1.8 times higher for **Non-Hispanic Blacks or African Americans**,
- About 2.9 times higher for **Hispanic/Latinos**, and
- About 1.5 times higher for **other minorities combined (Asian and Pacific Islander, American Indians, and other)**.

*(Source: Maryland Behavioral Risk Factor Surveillance System data, 2004 to 2008)*

## Late or No Prenatal Care

From 2004 to 2008, compared to pregnant white women, the percent of pregnant minority women receiving late or no prenatal care was:

- Almost 3 times higher for **Black or African American** women,
- About 3.5 times higher for **Hispanic/Latino** women,
- About 1.3 times higher for **Asian/Pacific Islander** women, and
- About 1.1 times higher for **American Indian** women.

*(Source: Maryland Vital Statistics Annual Reports 2004 to 2008)*

## Utilization of Mental Health Services

Maryland's Behavioral Risk Factor Surveillance System (BRFSS) data demonstrates an underutilization of mental health services by minority populations. In each of the three major age groups, Non-Hispanic Whites are twice as likely as minority persons to report having ever seen a provider for a mental health problem, despite equal or greater burden of mental health disorders in the minority populations.

*(Source: Maryland Behavioral Risk Factor Surveillance System data, 2001 to 2007)*