

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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

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**2013 ANNUAL REPORT**

**JANUARY 2014**



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Governor**

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## **I. Executive Summary**

The Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities (hereafter referred to as "MHHD" or the "Office") was established in 2004 by legislation to promote the reduction of racial and ethnic health disparities in Maryland. This report provides a summary of MHHD activities and accomplishments from July 1, 2012 to June 30, 2013. MHHD program activities arrayed in 5 categories: 1) Statewide and Local Health Equity Programs, 2) Statewide Health Disparities Initiatives, 3) Minority Outreach and Technical Assistance Programs, 4) Health Disparities Demonstration Projects, and 5) Federal State Partnership Grant Project. This report describes MHHD's specific activities under each of these categories during FY 2013.

MHHD has been involved in a variety of activities to implement its Plan to Eliminate Minority Health Disparities in Maryland. Some of the major efforts, initiatives and accomplishments during FY 2013 include the following:

- Published the *Cultural Competency and Health Literacy Primer* in March 2013 following 1.5 years of extensive research, collecting input from diverse sectors of the country, and partnering with the University of Maryland, School of Public Health College Park.
- Published racial and ethnic specific reports in 2013 for Asian and Pacific Islanders, American Indians and Alaska Natives, Hispanics/Latinos (English & Spanish), and Blacks or African Americans.
- Served on the Maryland Health Enterprise Zone (HEZ) Team providing Health Disparities expertise in implementing the Maryland Health Improvement and Disparities Reduction Act of 2012. Five HEZs were designated and cultural competency training is being established in a number of programs.
- Staffed the Cultural Competency Workgroup of the Maryland Health Quality and Cost Council (MHQCC), that submitted a December Report of recommendations to institutionalize cultural competency standards and training throughout the State's health delivery system.
- Sponsored and organized the tenth annual Minority Health and Health Disparities Conference, a regionally-focused health equity summit, titled *Health Reform to Health Equity on Maryland's Eastern Shore*, held on October 11, 2013, and attended by approximately 150 individuals.
- Funded 15 organizations through the Minority Outreach and Technical Assistance (MOTA) Program and funded 4 organizations through the Health Disparities Demonstration (DEMO) Program.

At the end of this report, we have included a Work Plan for the 2014 calendar year to continue MHHD's efforts in eliminating minority health disparities.

## **II. Health Disparities Progress and Success**

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

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

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

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

## **III. Statewide and Local Health Equity Initiatives**

### **A. Maryland Health Benefit Exchange:**

MHHD’s continuing role regarding the Maryland Health Benefit Exchange (MHBE) has been focused in two areas: 1) assisting the connector entities and their subcontractors with cultural, linguistic, and health literacy competency training for their staffs, and 2) continuing to emphasize in a variety of venues the importance of reaching minorities in insurance enrollment: two of every three Maryland non-elderly uninsured are members of a racial or ethnic minority group.

### **B. Transformation Grant:**

MHHD has expanded its efforts to mobilize grass roots ethnic and racial community-based organizations to improve chronic disease through the Minority Outreach and Technical Assistance (MOTA) Program. Ten MOTA community based organizations (CBO) have accepted

the challenge to integrate local activities on chronic diseases in jurisdictions receiving funding through the DHMH's Center for Chronic Disease Prevention and Control Grant from the Centers for Disease Control and Prevention's Community Transformation Grant (CTG). The MOTA CBOs are working at the community level in the 10 Maryland jurisdictions with the greatest chronic disease burden to train staff, and design and implement local intervention programs to reduce health disparities.

**C. Tobacco Program:**

MHHD has designated a staff person to serve on the Access to Wholistic and Productive Living Institute, Inc.'s (AWPLI) Advisory Team of State Leaders, along with DHMH's Center for Tobacco Prevention and Control Program. The Advisory Team will assist AWPLI in reducing tobacco use and associated disabilities and deaths among African Americans and other Ethnic Minorities and low socioeconomic communities by enhancing communication about tobacco, tobacco health prevention activities, and policy implementation on campuses and surrounding communities. This two-year initiative will provide training and guidance to increase the number of smoke-free/ tobacco-free Historically Black Colleges and Universities (HBCU) Maryland campuses, educate campus leaders on electronic cigarette and institute e-cigarette free policies, promote smoke-free housing policies, increase student and faculty smoke-free home policies, and increase the number of smoke-free playgrounds in close proximity to HBCU campuses. This funding is made possible by a grant to AWPLI from the National REACH Coalition funded by the Centers for Disease Control and Prevention.

**D. Maryland's Million Hearts Initiative:**

MHHD is committed to partnering with DHMH's Prevention and Health Promotion Administration Center for Chronic Disease Prevention and Control. Through this partnership, MHHD will enhance its partnerships with local ethnic and racial organization to implement Maryland's Million Hearts Initiative's five core components: improving clinical care, strengthening tobacco control, promoting a healthy diet, encouraging workplace wellness and incentivizing local public health action. As a partner, MHHD supports the overall health reform strategy that aims to expand access to high-quality healthcare to ethnic and racial populations in pilot jurisdictions.

**E. Cedarville Band of Piscataway Indians' Obesity in Native American Youth and Adults:**

MHHD was approached and has partnered with Maryland's Piscataway Indian Tribe. The Piscataway Indians received recognition in January 2012 under the leadership of Governor Martin O'Malley. According to Piscataway Tribal Leaders, the Piscataway Indians population has declined over the years due to chronic disease mortality. The Piscataway Indians have put forth a proposal to target Piscataway Indians residing in Charles and Prince George's Counties. The primary focus will be to conduct health workshops on chronic diseases, support local coalitions, address health disparities among Piscataway Indians, make recommendations to improve health issues, and to educate Piscataway Indians on healthy lifestyles.

## **IV. Statewide Health Disparities Initiatives**

### **A. Implementing State Health Disparities Plan:**

In March 2010, MHHD completed an update of the Plan, titled the *Maryland Plan to Eliminate Minority Health Disparities Plan of Action 2010 – 2014* (the Plan). The Plan identifies specific action steps and an implementation strategy that can be used during the next 5 years to continue Maryland's momentum towards Health Equity. The initial stages of the Plan's update process were guided by the U.S. Department of Health and Human Services, Office of Minority Health, and National Partnership for Action (NPA). During 2008 and 2009, MHHD held work sessions and sought input on the Plan update from the Maryland Health Disparities Collaborative. In December 2009, a draft of the Plan update was sent to 2,500 constituents and partners to obtain written comments and feedback. The *Plan of Action* is available for download on the MHHD Website at [www.dhmh.maryland.gov/mhhd](http://www.dhmh.maryland.gov/mhhd).

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

- Maryland Health Disparities Collaborative completed nine reports to the Secretary addressing various aspects of the Health Enterprise Zones (HEZ) implementation, addressing health equity, and engaging communities.
- Collaborative Chairs/Co-Chairs presented reports/recommendations at the Ninth Annual Health Disparities Conference (October 2012).
- Maryland Health Disparities Collaborative contributed towards the publication of the Primer and continued to publish and promote the Health Equity Guidelines and Principles (November 2012).
- Continued to expand the Health Disparities Clearinghouse by adding information and materials on minority health and health disparities, and disseminated the Clearinghouse 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.

## **B. Implementing Health Enterprise Zones:**

MHHD's continuing role in the HEZ pilot has been focused in two areas: 1) assisting the HEZs with cultural, linguistic, and health literacy competency training for the HEZ providers, and 2) assisting in the development of the HEZ data reporting and evaluation metrics and tools.

- MHHD had served on the MHQCC Disparities Workgroup during July 2011. In FY 2013 MHHD contributed to the development of the data criteria for eligibility to apply for HEZ designation (metrics for poverty and for poor health), and MHHD contributed the thirteen key programmatic principles for HEZ's (which were also used as application review criteria).
- MHHD participated in finalizing the data reporting requirements for the HEZ. These data reporting requirements include population health measures, provider quality measures, and measures of service delivery, productivity, and reach.
- MHHD is focusing on promoting cultural, linguistic, and health literacy competency training within the five HEZ's and has developed a Cultural Competency Training Resource Kit to accompany MHHD's Cultural Competency and Health Literacy Primer.

## **C. Cultural, Linguistic, and Health Literacy Competency:**

During 2013, MHHD has significantly expanded its activities that address the issue of cultural competency. The increase in activity was spurred by several factors including MHHD's publication of the "Cultural Competency and Health Literacy Primer" (March 2013) and the "Maryland Cultural Competency Technical Assistance Resource Kit" (May 2013); the release of the HHS/Office of Minority Health's *enhanced* "National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care" (CLAS Standards) (April 2013); and a steady influx of requests for technical assistance on cultural competency issues from governmental and non-governmental health care organizations around the state.

MHHD has disseminated the Cultural Competency and Health Literacy Primer (the Primer) to more than 6,430 individuals through the MHHD Webpage and Newsletter and via direct email dissemination (March-August 2013). MHHD used similar methods to disseminate the Cultural Competency Technical Assistance Resource Kit to more than 2,980 individuals (May-August 2013).

While the Primer was developed primarily as a teaching resource guide for educators of current and future health professionals, the Cultural Competency Technical Assistance Resource Kit was developed in response to technical assistance requests from the HEZ awardees and other organizations around the state. The Resource Kit provides a directory of local consultants in Maryland who have expertise in cultural competency, health literacy, and language services and who can provide related assistance in organizational assessment, training, curriculum development, and language translation and interpretation. The Resource Kit also includes a

sample of free and fee-based online training opportunities, and it directs users to the Primer for additional training curricula.

MHHD provided additional cultural competency guidance and technical assistance during the year, including preparing a presentation on behalf of the DHMH Deputy Secretary for Public Health. The April 2013 presentation (“Leveraging Health Care Reform: Cultural Competency and Health Literacy Strategies”) was featured as part of a webinar series that was sponsored by the Maryland Women’s Coalition for Health Care Reform.

In addition, MHHD conducted over 70 technical assistance sessions (including conference calls and in-person meetings) with partners and other organizations throughout the year on activities related to cultural competency. Sessions were held with entities such as the following:

- Anne Arundel Health System (HEZ)
- Bon Secours Hospital (HEZ)
- DHMH Office of Primary Care Access
- DHMH Training Services Division
- Dorchester County Health Department (HEZ)
- Frederick County Health Department
- HealthCare Access Maryland
- Holy Cross Hospital
- Maryland Health Care Commission
- Maryland Health Quality and Cost Council
- Maryland Health Occupation Boards
- Maryland Health Benefit Exchange
- Prince George’s Health Department (HEZ)
- St. Mary’s Hospital (HEZ)
- Worcester County Health Department

MHHD is also partnering with the DHMH Office of Primary Care Access to align cultural competency requirements and documentation for both individual and organizational participants in the State Loan Repayment Program and the HEZs.

Throughout the year, MHHD disseminated information about workforce diversity and cultural competency resources through 582 email contacts with individuals representing a range of institutions, including health professions schools, local hospitals and health systems, health professional associations, the State Health Occupations Boards, and Statewide agencies.

Beginning in fall 2013, MHHD began to receive new queries regarding CLAS Standards Training to be implemented by MHHD under its third cycle of funding through the HHS/OMH State Partnership Grant (2013-2015). Although outside of the scope of the grant, the State’s Local Health Departments have expressed an interest in CLAS Standards training as a means of fulfilling a range of cultural competency requirements stipulated by the national public health accreditation process for state and local health departments.

#### **D. MHHD Statewide Annual Conference:**

The Eastern Shore Health Equity Summit, *Health Reform to Health Equity on Maryland’s Eastern Shore*, was the theme for the Tenth Annual Maryland Health Disparities Conference, sponsored by the Maryland Department of Health and Mental Hygiene’s Office of Minority Health and Health Disparities, and co-sponsored by the Maryland Community Health



Resources Commission, Chesapeake College, and Maryland Center for Health Equity, School of Public Health, University of Maryland.

Approximately 150 people attended the Summit that took place on October 11, 2013 at Chesapeake College in Wye Mills, Maryland. Summit participants highlighted advances in Maryland to help improve health among all Marylanders and reduce health disparities through the Affordable Care Act.

Dr. Carlessia A. Hussein, MHHD Director provided opening remarks. Delegates Shirley Nathan-Pulliam, Adelaide C. Eckardt, and Norman H. Conway made remarks. Dr. Thomas A. LaVeist, delivered the third annual address of the Shirley Nathan-Pulliam Health Equity Lecture Series.

The Summit featured sessions focusing on the Maryland Health Connection on the Eastern Shore, HEZs, and Health Reform: Local Health Improvement on the Eastern Shore.

#### **E. Maryland Health Disparities Data:**

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

MHHD was involved in various activities related to health disparities data in 2013:

- Collaborated with the Maryland Health Care Commission (MHCC) to publish the fourth annual Health Care Disparities Policy Report Card in December 2013.
- Developed four group-specific data reports for Asian/Pacific Islanders, Hispanics, American Indians and Alaska Natives, and Blacks or African Americans in Maryland.
- Made presentations regarding Health Reform and Minority population subgroup data to three of the Governor's Ethnic Commissions: Caribbean, American Indian, and African.
- Provided data regarding the proportion of Maryland uninsured that are minorities and other comments regarding ways to optimize health reform for underserved and minority groups to the MHBE Board and its advisory groups.
- Provided data update briefings to the General Assembly during the 2013 session.
- MHHD staff served on the HEZ steering committee, assisting in development of the HEZ data reporting and evaluation metrics and tools.
- Continued efforts to bring disparities focus to the DHMH StateStat process, which involved attending the DHMH SpeedStat sessions, and holding discussions with 11 different DHMH programs to assist them in identifying programmatic disparity issues and developing intervention strategies to address them.

- MHHD staff serves on the department-wide Virtual Data Unit (VDU).  
MHHD continues to monitor ethnic and racial health disparities in Maryland and finds that disparities continue, but progress toward elimination of some disparities is being made.

**F. Health Disparities-Related Legislation:**

MHHD conducted analyses and recommended positions on proposed legislation introduced during the 2013 legislative session. Specifically, MHHD staff reviewed and provided positions on 16 bills related to telehealth, minority health, health disparities, health benefits, and minority procurement. MHHD staff attended one committee briefing in Annapolis.

**G. Health Disparities Presentations:**

MHHD staff presented at numerous events within the State and regions. Requests came from sources including DHMH programs, Maryland elected officials, private sector health care providers, health professional associations, local governments, special interest groups, higher education institutions, and ethnic/racial minorities and advocates. See Section IX for a complete listing of presentations.

**V. Minority Outreach & Technical Assistance Statewide Program**

**A. Community Outreach & Public Health Linkages:**

In fiscal year 2013, the MOTA Program awarded competitive one year grants to 15 jurisdictions in Maryland that contained the largest proportion of minorities. The funding amount ranged from \$19,000 to \$101,675. Throughout the year, local MOTA Programs used various outreach methods and techniques to raise awareness and promote action to reduce minority health disparities. These outreach methods included, but were not limited to, workshops, health fairs, one-on-one and group presentations, and the use of traditional and social media. Several programs used venues such as Facebook, Twitter, billboards, newspapers, and radio shows to provide health messages to a larger audience.

The local MOTA Programs partnered and participated in several state public health initiatives during the fiscal year to include the State Health Improvement Process (SHIP), the CTG, the HEZs, and Affordable Care Act (ACA) workshops:

- 14 out of 15 local MOTA Programs participated in the SHIP Local Health Improvement Coalitions (LHICs) to ensure the LHICs remain aware of MOTA activities within the community to address racial and ethnic minority health disparities; and to collaborate on projects and events that may benefit minority communities.
- All 10 MOTA programs eligible for CTG funding were awarded CTG funding to promote tobacco free lifestyles, active living, and healthy eating.

- 2 MOTA Programs partnered with the newly established HEZs in their jurisdictions (Dorchester County and St. Mary's County) to encourage minority groups to participate in the services provided by the HEZ.
- 6 local MOTA Programs collaborated with Health Care for All to host Regional ACA Town Hall Meetings. Approximately 130 people participated in the meetings across the state.

The partnerships listed above provided the local MOTA Programs the opportunity to link the minority communities in their jurisdictions to available health services, as well as strengthen the referral system between the MOTA Program and local health and service providers.

## **B. Program Outcomes:**

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

### Component: Enhance minority participation in local public health planning groups

- **1,073** minority individuals attended the Local Health Disparities Committee (LHDC) meetings, the local health department's cancer/tobacco coalition meetings, or other coalition meetings due to MOTA's recruiting efforts this year.
- **117** partnerships between the LHDC and community groups were developed.

### Component: Perform Outreach and Health Education to minority populations

- **314,408** minority individuals were reached through MOTA efforts. Individuals reached included minorities recruited to attend coalition meetings, minorities who attended coalition meetings and other events, and individuals who received MOTA materials. This reach included:
  - **349,983** pieces of health education materials distributed by MOTA grantees;
  - **985** cultural fairs or events either conducted by/with materials from MOTA grantees; and
  - **810** minorities recruited/attended coalition meetings.

## **C. Individual MOTA Program Highlights:**

The local MOTA Programs have engaged the community and have collaborated with the Local Health Departments through several types of events and activities throughout fiscal year 2013. During fiscal year 2013, the MOTA Programs reached 314,408 minority individuals throughout the state. Some of these activities include:

- Anne Arundel County: Restoration Community Development

Restoration Community Development completed a 36 week afterschool program in FY 2013. The MOTA program provided “Fit for Life” instruction and access to health resources throughout the countywide afterschool program. For eight (8) months over 90 youth and their caregivers received education on sun safety, tobacco use prevention, cardiovascular health improvement, nutritional support and training, substance abuse reduction and mental health information.

- Baltimore City: New Vision House of Hope

On June 22, 2013, New Vision House of Hope sponsored its Annual Community Health Fair, in partnership with Park West Health System. Two hundred and fifty (250) persons attended the health fair: 240 African Americans; 5 Latinos; 3 Native Americans; and 2 persons of other race. Admission was free; the Edmondson-Westside Steppers (a Marching Band) and the Brown Memorial Baptist Church Dance Group entertained attendees. Free healthy foods and drinks were provided. Twenty (20) vendors were present and provided health education materials, free health screenings, and giveaways.

- Baltimore County: St. Stephens Office Management Technology Program

St. Stephens Office Management Technology Program actively participated on the Baltimore County Cancer and Tobacco Coalitions. A grant was given to St. Stephens from the county to address smoking cessation among adolescents, and Ms. Pamela Johnson, MOTA Program Director for Baltimore County, was elected to serve as Vice Chair for the Cancer Coalition.

- Caroline County: Union Bethel AME Church

In January 2013, Union Bethel AME Church in collaboration with 27 community organizations, faith based organizations, businesses, and local government, held a Dr. Martin Luther King, Jr. “Day On and Not A Day Off” Freedom March. 330 cervical cancer health education materials were distributed in honor of Cervical Cancer Awareness Month. There were 152 African Americans, 8 Hispanics, 1 Asian, and 110 other individuals present for the event.

- Dorchester County: Associated Black Charities

Associated Black Charities, in partnership with the Hyatt Chesapeake Bay Resort, hosted the 1st annual MOTA Dorchester Event where community leaders and partners were invited to learn more about MOTA programming and funding as well as the organization as a whole. Individuals received information on the Dorchester MOTA work plans and the existing efforts within the community, and were also able to meet some of the current recipients of services funded through MOTA and some of the former MOTA sub-grantees. There were 47 attendees at the event and all received 3 health education messages through videos and a MOTA presentation. The ethnic breakdown of attendees

was 33 African Americans, 4 Hispanics, 2 American Indians, 2 Asians, and 6 persons of other race.

- Frederick County: Asian American Center of Frederick

Asian American Center of Frederick hosted the Frederick Community Health Fair in November 2012. The purpose of this event was to improve awareness about minority health, health disparities issues, and access to health care services. There were an estimated 500 attendees; approximately 350 Asians, 50 African Americans, 50 Hispanics, and 50 persons of other race. 30 health service agencies participated in this event, along with more than 100 volunteers, physicians, and health professionals. 1,500 educational fliers and health materials were given out at the event, providing information on tobacco prevention, Hepatitis B, HIV, diabetes, cancer, STDs, oral health, fire safety, vision, holistic health, hospices, Alzheimer's disease, housing, health insurance, MD Quitline, nutrition, and more. Dr. Nadine Gracia, HHS Deputy Assistant Secretary for Minority Health and Office of Minority Health Director, provided opening remarks for the event.

- Harford County: Inner County Outreach

Inner County Outreach partnered with Priority Partners, Upper Chesapeake and Aberdeen Middle School, Ebenezer Baptist Church, and Aberdeen Bible Church's Women and Men's Ministries to host its annual Harvest Dinner, which feeds families, singles, senior adults and children. This year there were 198 people in attendance and over 30 volunteers. The purpose of the Harvest Dinner was to provide the community with health screening and health information along with a healthy meal.

- Howard County: Foreign-Born Information and Referral Network (FIRN)

FIRN strengthened the relationship with the Howard County LHIC in FY 2013. FIRN's main purpose for serving on the LHIC is to provide technical assistance for best practices of information dissemination into minority communities. FIRN prepared the following suggestions/comments for the LHIC to consider: 1) obtain accurate and complete demographic data; 2) dis-aggregate the demographic data, e.g., African/ African American/Afro-Caribbean, Asian Pacific/South Asian, Hispanic/Latino, Middle Eastern, etc.; 3) empower residents and create and promote a Howard County Patients' Rights and Responsibilities program; 4) consider using the CTG to employ community outreach workers/ health advocates to work in the communities of the underserved residents, and 5) develop a mechanism to strongly encourage or enforce Howard County providers to adhere to CLAS Standards.

- Kent County: Bethel AME Church

Bethel AME Church collaborated with the Mid Shore Health Improvement Coalition to implement the "Body and Soul, Healthy Eating and Healthy Living Program" in four African American churches throughout Kent County. The purpose of the program was to target African American communities throughout the mid-shore

region by raising awareness and implementing evidence based strategies for healthy eating and physical activity for children, adolescents, and adults. The participating churches in Kent County were Bethel AME Church, Mt. Olive AME Church, Grave's Chapel, and The Potter's House Ministries.

- Montgomery County: Holy Cross Hospital

In celebration of Heart Health Awareness month and in partnership with the African American Health Program, Holy Cross Hospital hosted the Annual Celebrate Heart Health Event in February 2013. A presentation on the National Million Hearts, Health Initiative as well as heart health awareness information was provided to 126 multi-ethnic community members; 1,399 pieces of literature on health insurance, oral cancer, men's health, women's health, cardiovascular health, diabetes, cholesterol, nutrition/exercise, bone health, vision/hearing, and lead poisoning were distributed; and 443 participants received oral cancer, body fat, bone density, glucose/cholesterol, vision/hearing, and blood pressure screenings.

- Prince George's County: The Maryland Center at Bowie State University

The Maryland Center at Bowie State University participated as an exhibitor in the Community Health Expo: Our Families, Our Research, Our Future, held at the Silver Spring Civic Building, in Silver Spring, Maryland in July 2012. The goals were 1) to increase awareness/education about healthy lifestyles, screening and research; 2) to engage families, friends, and individuals in fun and interactive bio specimen awareness/educational activities, alongside wellness and preventive screening opportunities, and 3) build connectivity between our diverse communities and researchers. The Maryland Center collaborated with the National Cancer Institute on this event. There were approximately 600 people in attendance and 600 health related materials and incentives were distributed.

- Saint Mary's County: Minority Outreach Coalition

Minority Outreach Coalition (MOC) in partnership with MedStar Hospital submitted an application and was designated a HEZ in St. Mary's County. MOC will work with MedStar Hospital to decrease health inequities for racial and ethnic minorities and the uninsured and medically underserved residents in the Greater Lexington Park area. MOC partnered with the local health department to unite all local health coalitions under one primary coalition known as the St. Mary's Healthy Partnership Coalition. MOC will serve as the liaison for minority groups on the coalition, in addition to actively recruiting minority groups to participate on the coalition.

- Somerset County: Somerset Alumni Group for Educational Strategies

Somerset Alumni Group for Educational Strategies in collaboration with St. James AME Zion Church MOTA Program, and Health Care for All hosted a Regional ACA Workshop in January 2013. The workshop was for residents of Somerset,

Wicomico, and Worcester Counties. There were approximately 20 individuals present and ACA health education materials were distributed to all participants.

- Washington County: Brothers United Who Dare to Care

Brothers United Who Dare to Care co-sponsored the 2013 Neighborhood Day of Hope with the City of Hagerstown Neighborhood 1st Medal of Honor Group, the 2013 Neighborhood Day of Hope in May 2013. The event offered free health screenings, community services, food, and other activities to attendees. Over 300 people (250 minorities) visited the event, and over 29 vendors participated (13 of whom are minority organizations with five of those being new partnerships), and several participants gave presentations. During the Day of Hope event, the Washington County MOTA program presented a tobacco health message, distributed about 205 health education brochures, and provided attendees fresh fruit, fruit drinks, and water.

- Wicomico County: St. James AME Zion Church

St. James AME Zion Church held a Community Back to School Night in August 2013 which was sponsored by LDHC members of MOTA. A presentation was given on diabetes, the importance of physical activity, and the dangers of flavored cigars. A display table was set up and 93 individuals were in attendance (60 youth and 33 adults). This event served as the “Targeted Event” to discuss the prevalent health disparity selected for this fiscal year, “Diabetes”.

## **VI. Health Disparities Demonstration Programs**

In FY 2013, MHHD continued to fund the four pilot Minority Health Disparities Reduction Demonstration Grant (DEMO) Programs. A management audit was conducted on all four DEMO Programs for the purpose of reviewing each program’s progress in terms of performance, outcomes, and sustainability, from initial inception to FY 2013. As a result of the audits, it was determined that all of the current DEMO Program sites had successfully fulfilled the requirements for the 3-5 year grant cycle. Statewide health disparities data were reviewed to identify the next jurisdictions which were in need of a greater focus on minority infant mortality and minority cardiovascular disease reduction. It was decided that there would be three new minority infant mortality program sites and two new minority adult cardiovascular disease program sites, representing 5 jurisdictions, beginning in FY 2014.

The Minority Health Disparities Reduction DEMO Program utilizes the following strategies to improve local minority health outcomes depending on community needs and available resources:

- Minority Perinatal Navigators, community health workers, and health promoters;
- Community coalitions and taskforces;
- Increased community outreach and education;
- Enhancement of clinical services;

- Infrastructure for Program Sustainability; and
- Inter-county collaboration.

**A. Minority Infant Mortality Reduction:**

The local DEMO Minority Infant Reduction Programs have engaged the community and have collaborated with the Local Health Departments through several types of events and activities throughout fiscal year 2013. In fiscal year 2013, the DEMO Minority Infant Reduction Programs delivered health messages to 961,215 minorities throughout the state. Some of these activities include:

- Prince George's County - FY 2013 Annual Accomplishment Summary

The Prince George's County Program is based around its two Perinatal Navigators and its Improved Pregnancy Outcome Coalition. During fiscal year 2013, the Prince George's County DEMO Program accomplished the following:

- Enrolled 168 women into prenatal care through the DEMO Program;
- Delivered health education messages to 18,916 minorities through one-on-one outreach, group presentations, health fairs, and education materials;
- Held 5 coalition meetings;
- Developed 8 partnerships with community groups, healthcare providers, and service providers;
- Provided 14 local representatives updates on minority infant health in the county;
- Participated in 18 community events;
- Provided 8,115 referrals to service providers or social services; and
- 46 out of 50 racial/ethnic minority babies delivered in the DEMO Program were born at >37 weeks and delivered with healthy birth weights (>2500g).

- Montgomery County - FY 2013 Annual Accomplishment Summary

The Montgomery County Department of Health and Human Services, through their sub-vendor BETAH Associates, Inc. conducted outreach to African American and Hispanic/Latino women and men by using four health promoters that represent the two primary target populations. During fiscal year 2013, the Montgomery County DEMO Program accomplished the following:

- Enrolled 41 women into prenatal care through the DEMO Program;
- Delivered health education messages to 3,367 minorities through one-on-one outreach, group presentations, health fairs, and education materials;
- Held 9 coalition meetings;
- Developed 20 partnerships with community groups, healthcare and service providers;
- Provided 7 local representatives updates on minority infant health in the county;
- Participated in 54 community events;
- Provided 227 referrals to service providers or social services; and



- 11 out of 11 racial/ethnic minority babies delivered in the DEMO Program were born at >37 weeks and at healthy birth weights.
- Baltimore County - FY 2013 Annual Accomplishment Summary

Baltimore County's Minority Infant Mortality Reduction Program is based on teen outreach and media education and awareness campaigns. The teen outreach component includes an after school support group for pregnant teens and a year-long poster display that is available to 24 high schools in the county and includes topics relevant to reducing infant mortality. The DEMO Program also promotes a movie theater ad campaign which plays ads demonstrating safe sleep for infants and the harms of shaking infants prior to the showing of various movies. During fiscal year 2013, the Baltimore County DEMO Program accomplished the following:

- Delivered health education messages to 938,932 minorities through movie theater ads, one-on-one outreach, group presentations, health fairs, and education materials;
- Held 4 coalition meetings;
- Developed 17 partnerships with community groups, healthcare and service providers;
- Provided 4 local representatives updates on minority infant health in the county;
- Participated in 105 community events;
- Provided 601 referrals to service providers or social services; and
- 8 out of 9 racial/ethnic minority babies delivered in the DEMO Program were born at >37 weeks and 7 out of 9 were delivered at healthy birth weights (>2500g).

## **B. Minority Cardiovascular Disease Reduction:**

The local DEMO Minority Cardiovascular Disease (CVD) Program has engaged the community and has collaborated with the Local Health Department through several types of events and activities throughout fiscal year 2013. In fiscal year 2013, 209 minority adults were enrolled in the DEMO Minority CVD Program.

The Baltimore City Minority CVD Reduction Program worked with Baltimore Medical Systems, Inc. to focus on minority adult CVD reduction through the use of one African American and one Latina community health worker to reach high-risk minorities and increase their access to clinical care, screening, referrals, and health education. During fiscal year 2013, the Baltimore City DEMO Program accomplished the following:

- Enrolled 209 minority adults into the DEMO Program;
- Provided 208 referrals to service providers or social services;
- Conducted 23 education classes and reached 395 men and women through those classes;
- Distributed 2,972 education materials; and
- Assisted 385 patients with adhering to medical appointments for CVD management.

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

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

In May 2013, MHHD submitted a proposal for a third cycle of funding through the HHS/OMH State Partnership Grant. MHHD received notice of award for the State Partnership Grant in late August 2013. The funding award is for \$300,000 (\$150,000 per year) for the period of September 1, 2013 through August 31, 2015.

Under the new grant, MHHD will conduct training and promote the adoption of the newly re-launched CLAS Standards. The training will be conducted among a select group of 16 health care delivery organizations, including hospitals, patient-centered medical homes, Federally-qualified health centers, and facilities located within Maryland's HEZs. The project will also include a second component that focuses on increasing the capacity of health care delivery organizations to educate consumers regarding how the CLAS Standards improve access to and use of health services.

### **A. Systems Change & Capacity Building:**

#### **Strategic Partnerships**

During 2013, MHHD established partnerships with one non-profit advocacy organization and two agencies that are addressing the social determinants of health, and MHHD's local health disparities programs (MOTA and DEMO) established several partnerships with local organizations and agencies to address minority health disparities.

- **Health Care for All**

Health Care for All partnered with MHHD for the purpose of conducting ACA training workshops across the state of Maryland. The target audiences for these workshops were community based groups and individuals interested in learning about how the ACA will affect them, their families, and their communities in Maryland. MHHD, in conjunction with the local MOTA Programs, worked with Health Care for All to conduct 6 regional trainings from December 2012 - February 2013. Approximately 130 people attended these workshops.

- **The Joint Center for Political and Economic Studies and Equity Matters**

MHHD has partnered with The Joint Center for Political and Economic Studies and Equity Matters, Inc. in the release of Baltimore's Community Health Equity Report (CHER). The CHER discusses the correlation between Baltimore's neighborhood conditions and minority health outcomes. This joint partnership will serve as a focal point

to address eliminating health disparity inequities by addressing their root causes derived from social, political, and economic influences.

- Maryland Department of Natural Resources

MHHD partnered with Maryland Department of Natural Resources (DNR) for their Black History Month Program in February 2013. As part of this program, MHHD presented on current disparity initiatives in the State and addressed environmental issues which directly impact minorities and exacerbate health disparities in minority communities. Efforts are underway to provide information and outreach at other DNR associated events, such as the Unity Day event in Baltimore City in May, and both MHHD and DNR will continue to highlight the effect of the environment on minority health disparities.

- Baltimore City Health Department (DEMO Program)

- In January 2013, the Baltimore City CVD Reduction DEMO Program partnered with Zeta Healthy Aging in order to develop heart health promoting activities for senior citizens.
- In March, the Baltimore City CVD Reduction DEMO Program partnered with the Red Circle Wellness Program at the Baltimore American Indian Center to share educational materials and a curriculum around obesity, diabetes, and hypertension in the American Indian community.

- Prince George's County Health Department (DEMO Program)

In April 2013 the Prince George's County Minority Infant Mortality Reduction DEMO Program developed two separate partnerships with the Women and Newborn Center at Southern Maryland Hospital and the Afterschool Institute. The partnership with the Women and Newborn Center included a joint training on newborn care, safe sleep practices, and other new parent tips, and the partnership with the Afterschool Institute focused on providing technical assistance regarding teen risk reduction activities and teen health promotion.

- Baltimore County Department of Health (DEMO Program)

In February 2013, the Baltimore County Minority Infant Mortality Reduction DEMO Program partnered with the obstetric and newborn nursery leadership at St. Agnes Hospital to plan collaborative activities and jointly promote infant mortality reduction.

- Montgomery County Department of Health and Human Services (DEMO Program)

- In January 2013, the Montgomery County Minority Infant Mortality Reduction DEMO Program entered a partnership with the University of Maryland

Extension's Expanded Food and Nutrition Program (EFNEP) in order to provide a series of nutrition education and physical activity classes to DEMO program participants, which consist of an educational session, food demonstration and tasting and an interactive physical activity lesson.

- In May 2013, the Montgomery County Minority Infant Mortality Reduction DEMO Program entered a partnership with Capital Women's Care, a physician group that provides obstetric and gynecological services to women throughout Maryland, Washington DC, and Virginia. This formal partnership agreement included in-home nurse case management and a referral system for pregnant minority women who are patients of Capital Women's Care or who are enrolled in the DEMO Program.

### **Capacity Building**

In July and August 2012, Program Orientations were held for the FY 13 MOTA and DEMO Program grantees. The Orientations focused on programmatic and reporting updates, reviewing program expectations for the new fiscal year, and connecting the grantees to other offices and initiatives within DHMH such as Chronic Disease, Maternal and Child Health, and SHIP.

Mandatory Monthly Health Disparities Training Sessions for all funded FY 13 local health disparities programs (MOTA and DEMO) were implemented in August 2012. The trainings were held once a month via conference call or webinar for one hour. The purpose of the trainings was to enhance the knowledge, skill, and availability of resources on health disparities and chronic diseases that affect minority populations for the local programs. MHHD partnered with the DHMH's Office of Chronic Disease, Center for Cancer Prevention and Control, and Maternal and Child Health Bureau to conduct the trainings.

### **Health Disparity Reduction Demonstration Programs**

In January 2013, MHHD evaluated the progress and performance of the four existing DEMO Programs since their inception in order to determine continuation of funding for the next fiscal year. Based on the program components of the Minority Health Disparities Reduction DEMO Program and overall individual program achievements, MHHD determined that the Prince George's County, Montgomery County, Baltimore City, and Baltimore County Programs had (1) engaged the public via a county health coalition/taskforce; (2) conducted outreach to minorities in the community; (3) provided technical assistance to healthcare providers, insurers, health advocates and other groups; and (4) created a sustainable structure for the program. As a result, the recommendation was that funding for the programs would come to an end as of June 30, 2013.

In March 2013, a Request for Applications (RFA) was disseminated to five jurisdictions that have high rates of minority infant mortality or minority adult cardiovascular disease. As of July 1, 2013, the funding that was being provided to the four (4) existing programs was moved to the five (5) new programs to continue to address the issues of minority infant mortality and

minority adult cardiovascular disease. Funding remained in Baltimore City for minority adult cardiovascular disease and Montgomery County for minority infant mortality; however the funding was provided to one community based organization in each of these jurisdictions instead of the local health departments. Two new health departments were funded to address minority infant mortality in Anne Arundel County and Charles County; and one new health department was funded to address minority adult cardiovascular disease in Worcester County.

## **B. Workforce Diversity & Cultural Competency:**

### **Partnerships**

MHHD continues to enhance its development of strategic partnerships devoted to promoting cultural competency and increasing health workforce diversity. For example, MHHD is partnering with the DHMH Office of Primary Care Access to align cultural competency requirements and documentation for both individual and organizational participants in the State Loan Repayment Program and the HEZs.

Increasing individual practitioner-level cultural competence is also the focus of MHHD's relationship with the Maryland Health Occupation Boards. The Boards annually invite MHHD to conduct a presentation on cultural competency during the "New Board Member Orientation" (November 2012 and November 2013). This year, the Maryland Board of Dental Examiners invited MHHD to conduct a presentation on "Cultural Competency and the Oral Health Professions" at its annual Board Retreat in June 2013. MHHD arranged to conduct the presentation in conjunction with a representative from SRA International, a contractor of the HHS/Office of Minority Health and developer of an e-learning cultural competency program for oral health professionals.

Other statewide partners include the MHQCC and the MHCC. MHHD facilitates the MHQCC Cultural Competency Workgroup, in partnership with the MHCC. Established under the Maryland Health Improvement and Disparities Reduction Act of 2012, the Workgroup's purpose is to develop recommendations on how the State can increase the cultural competency of health providers and health care delivery organizations throughout Maryland. Since its initial convening in November 2012, the 51-member Workgroup has held three full meetings in 2013 (January, March, and May), with numerous meetings of its three Subcommittees along the way. Internal Workgroup planning meetings convened by MHHD numbered more than 30 throughout the year. The final report of the recommendations of the Workgroup subcommittees will be compiled by MHHD and submitted to MHQCC in December 2013.

In addition, MHHD has ramped up its working relationship with the MHBE. In August 2013, MHHD conducted a presentation to the MHBE Connectors' Learning Collaborative on the business case for cultural and linguistic competency. Subsequently, in September 2013, MHHD was invited to make a similar presentation to the leadership of the Central Maryland and Lower Eastern Shore Connector Entities. These presentations culminated in MHHD conducting a cultural competency and health literacy training session for the navigator staff of both Connector Entities prior to the October 2013 rollout of the Maryland Health Connection.

## **Workforce Diversity**

MHHD also continued to expand its partnerships with non-governmental agencies. In June 2013, MHHD and the Association of American Medical Colleges (AAMC) conducted a Medical School Information Workshop for advisors and administrators at Maryland's community colleges and Historically Black Colleges and Universities (HBCUs). The purpose of the Workshop was to bring together health program administrators and advisors to learn about and discuss the following topics:

- News about the medical school admission process;
- Promising practices to increase diversity in the medical education pipeline; and
- Information about student supports that are available for minority students who have an interest in the health professions.

These particular higher education sectors were the focal audience for the Workshop because they account for the largest proportion of underrepresented minority students enrolled in Maryland's higher education institutions. Administrators and advisors from all 4 HBCUs and 16 community colleges were contacted (via email and telephone) and invited to attend. The Workshop was held in Baltimore at DHMH, and was attended by 30 representatives from 14 institutions. Institutions from every region of the state were represented. Participants evaluated the Workshop with a score of 4.8 out of 5 to rate each workshop session and indicate how well the learning objectives were met. Many attendees indicated that they would like to see the Workshop held again in the future. AAMC and MHHD have remained in contact with the participants, as well as non-participant invitees, to provide follow-up information that would be pertinent to students in the health professions pipeline.

MHHD is expanding its reach to a broader base of colleges and universities through implementation of House Bill 679 (2012) and the higher education provisions of the Maryland Health Improvement and Disparities Reduction Act. In December 2012, MHHD collected and began to conduct summary analysis of the reports on "cultural competency training and other health disparities reduction activities" that were mandated by the two statutes and were submitted to MHHD by the higher education institutions in the state. MHHD collected reports from 106 health profession degree programs offered by 32 non-profit, higher education institutions in Maryland. Both qualitative and quantitative analysis of these and future reports will be necessary in order to maximize usage of the information provided by the institutions.

## **Cultural Competency and Health Literacy Primer**

MHHD's ongoing collaboration with the University of Maryland School of Public Health and its Center for Health Literacy resulted in publication of the "Cultural Competency and Health Literacy Primer" in March 2013. MHHD jointly conducted a series of four workgroups during the period of October 2011 - September 2012 to provide external input and feedback on the development of the Primer's framework and its content. In fall 2012, a final draft Primer was completed to incorporate feedback obtained from the four Workgroups.

In December 2012, MHHD conducted a poster presentation on the Primer at the annual “Science of Eliminating Health Disparities Summit” sponsored by the National Institute of Minority Health and Health Disparities (NIMHD). A second poster presentation was conducted in March 2013 at the 8th National Conference on Quality Health Care for Culturally Diverse Populations (DiversityRx Conference) held in Oakland, California. Information about the Primer was shared with the nearly 800 attendees of the conference, through the poster presentation and handouts, materials posted on the conference Website, and a panel presentation by the MHHD Director titled “Statewide Collaborative Initiatives to Address Cultural Competence and Disparities.”

Upon publication of the Primer in March 2013, MHHD disseminated information about the document and its Web link to a target audience of 1,048 individuals, and reached an additional 5,382 viewers through the MHHD Website, Newsletter, and social media channels (Facebook and Twitter) during the period of March - August 2013.

In response to the DHMH press release about the Primer, MHHD was contacted by the Urban Health Beat Radio Show on WEAA 88.9 FM (Morgan State University) to participate in a May 2013 radio panel discussion about health disparities and the relevance of the Primer. The radio audience for WEAA is approximately 80,000 listeners in the Baltimore region.

News of the Primer was picked up and disseminated by the HHS Office of the Assistant Secretary for Health and the Health Resources and Services Administration, the National Association of State Offices of Minority Health, the Association of Schools of Public Health, the Journal of Health Communication, and the Equity of Care organization which is a partnership of the American College of Healthcare Executives, American Hospital Association, Association of American Medical Colleges, Catholic Health Association of the United States, and America’s Essential Hospitals (formerly the National Association of Public Hospitals and Health Systems). Furthermore, MHHD has been informed of interest in the Primer from abroad, most notably the New Zealand Ministry of Health.

## **VIII. MHHD Work Plan for 2014**

### **A. Statewide Health Disparities Initiatives:**

- Create new collaborations with key stakeholders throughout the State to ensure implementation of the Maryland Plan to Eliminate Minority Health Disparities, Plan of Action 2010 – 2014 and begin work on identifying priorities for the next version of the Plan.

### **B. Health Disparities Reduction Demonstration Programs:**

- Provide technical assistance to the five newly established DEMO Programs in Anne Arundel County, Baltimore City, Charles County, Montgomery County, and Worcester County. Three of the jurisdictions will address minority infant mortality and two of the jurisdictions will address minority adult cardiovascular disease.

- Continue to develop and mature the role of the community health worker as the primary outreach component for the DEMO Program.
- Improve the linkage of DEMO Program participants to healthcare and service providers before the end of the fiscal year. The community based organizations awarded must have agreements or partnerships with healthcare and service providers, and the health departments must have partnerships with community based organizations to assist with the referrals into the DEMO Program.
- Develop programs and workshops for DEMO Program participants, as well as participate in other community workshops, health fairs, forums, etc.
- Develop a data form to follow women and babies delivered in the Program up to one year postnatal.

**C. Federal-State Partnership Grant Project:**

- Develop new project-based partnerships with health care delivery organizations, including hospitals, patient-centered medical homes, Federally-qualified health centers, and facilities located within Maryland's HEZs.
- Develop and conduct a CLAS Standards training program for a select group of 16 health care delivery organizations.
- Develop and conduct a CLAS Standards train-the-trainer pilot program for MOTA Program outreach workers.
- Maintain existing partnerships and identify avenues to incorporate partners into new and ongoing MHHD activities focused on increasing cultural competency and promoting the CLAS Standards.
- Continue to disseminate the Primer to health professional educators and other interested stakeholders, as needed.
- Continue to foster partnerships with the state's higher education institutions in an effort to enhance the integration of cultural competency curriculum into existing health professions training programs.

**D. Minority Outreach and Technical Assistance (MOTA):**

- Reach over 685,000 minorities before the end of the fiscal year. This will be accomplished through one-on-one outreach, group presentations, health fairs, workshops, health education materials, traditional and social media, etc.
- Develop monthly health disparities trainings for program staff to enhance their knowledge in specific areas of chronic disease and other disparities that are



commonly encountered in local minority communities in Maryland; and to inform program staff about resources and services that are available statewide.

- Work closely with local MOTA Programs as they establish and maintain LHDCs in each jurisdiction to organize and energize community groups to work cooperatively to reduce and eliminate specific health disparities affecting their jurisdiction.
- Encourage local MOTA Programs to work collaboratively with other state initiatives such as the SHIP, HEZs, Million Hearts Campaign, and CTG.

## **IX. Publications, Presentations, and Resources**

### **A. Publications**

**Primer on Cultural Competency and Health Literacy** | March 2013 |

<http://dhmh.maryland.gov/mhhd/CCHLP/SitePages/Home.aspx>

**Maryland Cultural Competency Technical Assistance Resource Kit** | July 2013 |

<http://dhmh.maryland.gov/mhhd/SitePages/cultural-competency-trainings.aspx>

**Maryland Chartbook of Minority Health and Minority Health Disparities Data** | December 2012 |

[http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Chartbook%20of%20Minority%20Health%20and%20Minority%20Health%20Disparities%20Data,%20Third%20Edition%20\(December%202012\).pdf](http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Chartbook%20of%20Minority%20Health%20and%20Minority%20Health%20Disparities%20Data,%20Third%20Edition%20(December%202012).pdf)

**Hispanics in Maryland: Health Data and Resources (English and En Español)** | May 2013 |

<http://dhmh.maryland.gov/mhhd/Documents/Maryland-Hispanic-Health-Disparity-Data.pdf>

**Asians and Pacific Islanders in Maryland: Health Data and Resources** | May 2013 |

<http://dhmh.maryland.gov/mhhd/Documents/Maryland-API-Data-Report-2013.pdf>

**American Indians and Alaska Natives in Maryland: Health Data and Resources** | July 2013 |

<http://dhmh.maryland.gov/mhhd/Documents/Maryland-American-Indian-Data-Report-July-2013.pdf>

**Maryland Plan to Eliminate Minority Health Disparities, 2010 – 2014** | March 2010 |

<http://dhmh.maryland.gov/mhhd/Documents/Health%20Disparities%20Plan%202010.pdf>

## **B. Presentations**

**The Role of DHMH and the Health Occupations Boards in Addressing Health Disparities and Cultural Competence.** MHHD Health Occupations Boards and Commission: New Board and Commission Member Orientation, November 4, 2013.

**Power and Politics in Healthcare Organizations.** Legislative Black Caucus of Maryland Weekend, November 1, 2013.

**Cultural Competency and MHHD.** The Continuity of Care Social Work Group, October 15, 2013.

**Cultural Competency Training.** HealthCare Access Maryland's Health Connection Navigators, September 25, 2013.

**Core Principles and Business Case for Cultural and Linguistic Competency.** MHBE Connectors' Learning Collaborative, August 27, 2013.

**American Indian Data Presentation.** American Indian Commission, August 5, 2013.

**Cultural Competency and the Oral Health Professions.** Maryland State Board of Dental Examiners Board Retreat, June 19, 2013.

**What Administrators Need to Know, Medical School Information Workshop.** AAMC, MHHD, June 18, 2013.

**Healthiest Maryland Panel Presentation.** University of Maryland, June 6, 2013.

**Cost of Disparity Analysis & Using Disparity Data for Policy.** NE RHEC Meeting, May 15, 2013.

**Health Disparities Panel Presentation.** Urban Health Beat Radio Program (WEAA - FM), May 8, 2013.

**Morgan State University Class Presentation.** Morgan State University, May 6, 2013.

**HEZ Launch,** Dorchester County, May 2, 2013.

**Health Disparities Among Minority Women.** 2nd Annual Multicultural Women's BLOOM Conference, April 20, 2013.

**Health Disparities, Health Equity.** State Innovation Models (SIM) Kick-Off Summit, April 12, 2013.

**MOTA Program RFA Training/Technical Assistance Session,** March 26, 2013.

**DEMO Program RFA Training/Technical Assistance Session**, March 20, 2013.

**Updates on Health Enterprise Zones (HEZs)**. Maryland Health Quality and Cost Council, March 18, 2013.

**Health Professions Training: Introducing Cultural Competence Early and Often**. DiversityRx Conference Panel Moderator, March 12, 2013.

**A Unique Health Equity Collaboration Model for State Policy Implementation**, DiversityRx Eighth National Conference on Quality Health Care for Culturally Diverse Populations, March 12, 2013.

**Statewide Collaborative Initiatives to Address Cultural Competence and Disparities**. Panel Presentation at the DiversityRx Conference, March 12, 2013.

**Hepatitis B and Hepatitis C Viruses**. Public Awareness, Treatment, and Outreach, Cameroon American Council, February 25, 2013.

**Closing Remarks. 100 Congregations for a Million Hearts Event**, February 21, 2013.

**African Americans: Environmental Justice and Health Disparities**. Maryland Department of Natural Resources Black History Program, February 21, 2013.

**Minority Health and Health Disparities 2013 Legislative**. Maryland General Assembly, Minority Health Subcommittee Hearing, February 20, 2013.

**Public Health Disparities in Maryland and the Maryland Disparities Reduction Act**. Greater Mondawmin Coordinating Council Executive Committee Meeting, February 18, 2013.

**Addressing Health Disparities in Maryland: Health Enterprise Zones**. University of Maryland - Baltimore, Affordable Care Act Series, February 11, 2013.

**The Affordable Care Act & The Workforce - Impact of the Law on Health Care Professionals**. University of Maryland - Baltimore, ACA Series, February 8, 2013.

**Addressing Health Disparities in the Maryland Asian Community**. Pan-Asian Community Summit, January 28, 2013.

**Aligning State Offices of Minority Health and Regional Health Equity Councils' Work with the National Partnership for Action through a State Department of Health Lens**. SOMHS and RHEC Meeting, December 19, 2012.

**Implementing the National Prevention Strategy: Government Action to Eliminate Health Disparities**. 2012 NIH Summit of Science of Eliminating Health Disparities: Informing the Policy Cycle, December 17, 2012.

**Poster Presentation, Cultural Competency and Health Literacy Primer.** National Institute of Minority Health and Health Disparities Summit, December 17, 2012.

**Cultural Competency for Health Professionals.** Continuum of Care for Breast Health Prince George's County, December 11, 2012.

**Addressing Health Disparities Among the Racial and Ethnic Minority Population in Jails.** Health Reform and Criminal Justice Conference, December 6, 2012.

**Addressing Health Disparities: Health Enterprise Zones (HEZs).** The 19th Annual Maryland State Council on Cancer Control Cancer Conference, December 5, 2012

**The Affordable Care Act and the Maryland Health Improvement and Health Disparities Reduction Act: How Can Implementation Lead to Environmental Justice and Health Equity.** University of Maryland, College Park, School of Public Health First Annual Symposium on Environmental Justice and Health Disparities in Maryland and DC (Session C2), December 1, 2013.

**Public Health Disparities in Maryland and the Maryland Disparities Reduction Act.** Johns Hopkins School of Public Health, November 26, 2012.

**Black Health in Maryland: Data, Accomplishments and New Directions.** Legislative Black Caucus of Maryland, November 16, 2012.

**Public Health Disparities in Maryland.** Morgan State University Public Health Program, November 5, 2012.

**New Board Member Orientation Presentation.** Health Occupations Boards, November 5, 2012.

**The Pharmacist's Role in Reducing Health Disparities.** University of Maryland, Baltimore Student National Pharmaceutical Association Health Disparities Forum, September 24, 2012.

Over 70 Cultural, Linguistic, and Health Literacy Technical Assistance Sessions held with partners and other organizations via conference calls and in-person meetings.

## **C. Resources**

**2012 National Healthcare Disparities Report.** Agency for Health Care Research and Quality (AHRQ). U.S. Department of Health and Human Services, 2013.

[http://www.ahrq.gov/research/findings/nhqrd/nhdr12/nhdr12\\_prov.pdf](http://www.ahrq.gov/research/findings/nhqrd/nhdr12/nhdr12_prov.pdf)

**CDC Health Disparities and Inequalities Report — United States, 2011.** Centers for Disease Control and Prevention, MMWR 2011; 60 (Supplement): [1 – 116], U.S. Department of Health & Human Services, 2011. <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>

**Toolkit for Community Action.** National Partnership for Action to End Health Disparities, Rockville, MD: U.S. Department of Health and Human Services, Office of Minority Health, 2011. [http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA\\_Toolkit.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf)

**Assessing the Costs of Racial and Ethnic Health Disparities: State Experience.** Hanlon, C. & Hinkle, L., Healthcare Cost and Utilization Project, June 24, 2011. <http://www.nashp.org/sites/default/files/costs.ethnic.racial.disparities.pdf>

**National Stakeholder Strategy for Achieving Health Equity.** National Partnership for Action to End Health Disparities. Rockville, MD: U.S. Department of Health & Human Services, Office of Minority Health, April 2011. <http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>

**HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care.** U.S. Department of Health and Human Services, April 2011. [http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf)

**Ensuring that Health Care Reform Will Meet the Health Care Needs of Minority Communities and Eliminate Health Disparities.** A Statement of Principles and Recommendations. U.S. Department of Health and Human Services Advisory Committee on Minority Health, July 2009. [http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMH\\_HealthCareAccessReport.pdf](http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMH_HealthCareAccessReport.pdf)

**National Prevention Strategy: America's Plan for Better Health and Wellness.** National Prevention, Promotion and Public Health Council, June 2011. <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>

**2012 HHS Environmental Justice Strategy.** U.S. Department of Health and Human Services, February 2012. <http://www.hhs.gov/environmentaljustice/strategy.pdf>

**Healthy People 2020.** U.S. Department of Health and Human Services, December 2010. <http://www.healthypeople.gov/2020/default.aspx>

**The Health Communicator's Social Media Toolkit.** Centers for Disease Control and Prevention, July 2011. [http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/SocialMediaToolkit\\_BM.pdf](http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/SocialMediaToolkit_BM.pdf)

**Attributes of a Health-Literate Organization.** Discussion Paper, Institute of Medicine Roundtable on Health Literacy, January 2012. <http://www.iom.edu/Global/Perspectives/2012/Attributes.aspx>

**Eliminating Health Care Disparities: Implementing the National Call to Action Using Lessons Learned.** American Hospital Association, Association of American Medical Colleges, American College of Healthcare Executives, Catholic Health Association of the United States,

and National Association of Public Hospitals and Health Systems, February 2012.  
[http://www.albany.edu/sph/cphce/mrt/aha\\_equity\\_of\\_care.pdf](http://www.albany.edu/sph/cphce/mrt/aha_equity_of_care.pdf)

**The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?**  
Institute of Medicine, July 2012. <http://www.iom.edu/Reports/2012/The-Mental-Health-and-Substance-Use-Workforce-for-Older-Adults.aspx>

**Cultural Competence Education for Students in Medicine and Public Health: Report of an Expert Panel.** Association of American Medical Colleges and the Association of Schools of Public Health, July 2012.  
[https://members.aamc.org/eweb/upload/Cultural%20Competence%20Education\\_revisedl.pdf](https://members.aamc.org/eweb/upload/Cultural%20Competence%20Education_revisedl.pdf)

**Improving Patient Safety Systems for Patients with Limited English Proficiency: A Guide for Hospitals.** U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, September 2012. <http://www.ahrq.gov/populations/lepguide/>

**State of Urban Health: Eliminating Health Disparities to Save Lives and Cut Costs.**  
National Urban League Policy Institute, December 2012.  
[http://iamempowered.com/sites/default/files/nul\\_state\\_of\\_urban\\_health\\_2012\\_report\\_.pdf](http://iamempowered.com/sites/default/files/nul_state_of_urban_health_2012_report_.pdf)

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

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