

MARYLAND DEPARTMENT OF HEALTH

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

2017 ANNUAL REPORT

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I. Executive Summary

The Maryland Department of Health (MDH), 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 health disparities in Maryland. This report provides a summary of MHHD activities and accomplishments during the 2017 Calendar Year. The report provides a summary of the Minority Outreach and Technical Assistance (MOTA) Program activities, by their fiscal year funding and grant cycle, Fiscal Year 2017 (July 1, 2016 - June 30, 2017).

Maryland's minority population reached 48.5% of the total State population in 2016, continuing to increase at a rate of about 0.5 percentage points per year. On this trend, we expect Maryland to reach or exceed 50% minority population in 2019, and certainly by the 2020 census.

MHHD has been involved in a variety of activities aimed to eliminate health disparities in Maryland. Some of the major efforts, initiatives and accomplishments during 2017 include the following:

- Funded 16 organizations in 13 Maryland jurisdictions through the MOTA Program.
- Collaborated with the Environmental Health Bureau within MDH to solicit applications for community-based education and outreach activities utilizing the MDH Environmental Public Health Tracking (EPHT) network portal.
- In collaboration with the Center for HIV/AIDS and Health Services, funded 12 organizations to address HIV/AIDS, Hepatitis B and C, and other STDs in minority, medically underserved communities.
- Completed year two of a five-year award from the U.S. Department of Health and Human Services Office of Minority Health, the Educating Minorities on Benefits Received after Consumer Enrollment (EMBRACE) Initiatives.
- Hosted the 14th Annual Statewide Health Disparities Conference *Bridging Health Equity Across Communities: Coordination, Collaboration, & Opportunities in Maryland*, on December 7, 2017 at Martin's West in Baltimore. Approximately 400 attendees participated. The event was co-sponsored by the Maryland Behavioral Health Administration, Office of Workforce Development and Training and the Maryland Center for Health Equity, School of Public Health, University of Maryland.

At the end of this report, we have included a Work Plan for the 2018 calendar year to continue MHHD's efforts in eliminating minority health disparities.

II. Health Disparities Progress and Success

According to the 2010 U.S. Census, 45.3% of Maryland's population reported some ancestry from a racial or ethnic minority group (a group other than non-Hispanic White) in 2010. Current population estimates as of July 1, 2016 put this minority percentage at 48.5%. This characteristic of our population makes minority health and minority health disparities critical issues to the overall health of Maryland. As one example of this minority impact on the State's health, before the insurance expansion under the Affordable Care Act, about two-thirds of Maryland's non-elderly uninsured were members of racial or ethnic minority groups. Another example is that between half to two-thirds of the emergency department (ED) visits for asthma, diabetes, and hypertension (the ED visits tracked in State Health Improvement Process (SHIP) metrics) are attributable to the Black or African American population in Maryland.

MHHD continues to monitor racial and ethnic 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. Less progress is apparent in the area of rates of preventable utilization. This is illustrated in the table below, which shows the 2010 to 2015 Black trend in selected metrics, along with the Black-to-White ratio and difference (gap).

Black health improvements and a relatively small disparity ratio is seen for deaths from heart disease and cancer. Rapid progress is being made in deaths from HIV, cutting the Black rate almost in half since 2010. While the HIV disparity ratio is high at 11.0, this high ratio is due to a very low White rate. Reductions in Black diabetes death rates have lowered the disparity ratio below 2.0. Despite continuing improvements in Black rates, the disparity ratios for infant mortality and for ED visits due to diabetes, hypertension, and asthma remain greater than two to one. In particular, the ED visit disparity ratios range from about three to four times as high a rate for Blacks compared to Whites.

These results show that Maryland's investments in minority health improvement and minority health disparity reduction are bearing some fruit, particularly in the areas of mortality disparities for heart disease and cancer. These results also show that for other areas, particularly preventable health care utilization, progress is more limited, and that efforts must continue to complete the work of eliminating minority health disparities.

	2015 Black Rate	2010-2015 change	2010-2015 % change	2015 B/W ratio	2015 B/W gap
Heart Disease Deaths <i>(per 100,000)</i>	196.2	-20.6	-9.5%	1.19	31.5
Cancer Deaths <i>(per 100,000)</i>	176.5	-20.5	-10.4%	1.16	24.5
HIV Deaths <i>(per 100,000)</i>	7.7	-6.5	-45.8	11.00	7.0
Diabetes Deaths <i>(per 100,000)</i>	27.9	-7.5	-21.2%	1.78	12.2
Infant Mortality <i>(Per 1000 live births)</i>	11.3	-0.7	-5.8%	2.83	7.3
	2014 Black Rate	2010-2014 change	2010-2014 % change	2014 B/W ratio	2014 B/W gap
Diabetes ED visits <i>(per 100,000)</i>	309.4	-12.5	-3.9%	2.87	201.5
High Blood Pressure ED visits <i>(per 100,000)</i>	415.1	-6.1	-1.4%	3.67	301.9
Asthma ED visits <i>(per 100,000)</i>	1085.0	-221.0	-16.9%	4.06	818.0

III. Statewide Minority Outreach and Technical Assistance (MOTA) Program

A. Introduction of New MOTA Focus for Fiscal Year 2017

The MOTA Program began in 2001 under the auspices of the Cigarette Restitution Fund Program (CRFP). CRFP was established by Maryland State Legislation and began operations on July 1, 2000 as a major initiative within MDH. MOTA was established to implement the Cigarette Restitution Fund Act's provision requiring outreach and technical assistance to minority communities to ensure their participation in the tobacco and cancer community health coalitions. Minority communities include African Americans/Blacks, Asian and Pacific Islander, Hispanics/Latinos, and American Indians. In 2010, MDH announced the expansion of MOTA beyond tobacco and cancer to address other racial and ethnic health disparities throughout the

State of Maryland. The expanded focus now includes major health disparities that affect racial and ethnic minority communities such as cardiovascular disease, HIV/AIDS, diabetes, infant mortality, obesity, and asthma.

For Fiscal Year 2017 (FY17) the MOTA request for applications (RFAs) was revised to accommodate the changing healthcare landscape. MOTA applicants were required to focus on one or more of the following disease areas: birth outcomes, cardiovascular disease, diabetes, obesity, cancer, tobacco use, asthma, HIV/AIDS, lack of health insurance, and lack of medical home/non-use of medical home. The health conditions targeted by the MOTA Program have the following significance for Maryland's minority population:

Cardiovascular diseases: Heart disease is the leading cause of death in Maryland and stroke is the third leading cause. Heart disease accounts for about one quarter of deaths in Maryland. Heart disease death rates have the largest minority disparity from the perspective of excess minority deaths per 100,000 people.

Cancer: Cancer is the second leading cause of death in Maryland, very close behind heart disease. Cancer accounts for just under one quarter of deaths in Maryland. Cancer death rates have a significant minority disparity in excess minority deaths per 100,000 people.

Diabetes: Diabetes is the sixth leading cause of death in Maryland. Black diabetes death rates are twice as high as White death rates. Rates of emergency room visits and hospital admissions for diabetes are about three times as high for Blacks as compared to Whites. Diabetes is also a risk factor for cardiovascular disease.

Asthma: Asthma is a significant cause of activity limitation for adults and especially for children, and is responsible for a large amount of emergency room use and hospital admissions that could be prevented. Emergency room visit rates for asthma are four times as high for Blacks as for Whites.

Obesity: Obesity rates are higher for minority persons than for Whites. Obesity is a cause of cardiovascular disease, some cancers, diabetes, high blood pressure, and some types of arthritis.

Birth outcomes: Poor birth outcomes such as infant mortality, low birth weight, need for neonatal intensive care, and subsequent lifelong health problems are more common in Maryland's minority population. Black infant mortality is generally about 2.5 times as high as White infant mortality.

Tobacco: Smoking is a cause of heart disease, many cancers, chronic lung disease, and when a mother smokes, poor birth outcomes. Smoking in the home also contributes to childhood asthma. Reducing the rate of smoking among the minority population is key to reducing the burden of the MOTA targeted conditions.

HIV/AIDS: Minority population accounted for 85% of new HIV cases in 2013. New case rates for HIV compared to the rate in Non-Hispanic Whites, are about 9.5 times as high for the

Non-Hispanic Blacks and 2.5 times as high for Hispanics. The Black to White disparities in HIV new case rates and HIV death rates are some of the largest racial/ethnic disparities in Maryland.

B. MOTA Community Outreach & Public Health Linkages

In FY17, the MOTA Program awarded competitive two-year grants to 13 Maryland jurisdictions that contain the largest proportion of minorities. The funding amount ranged from \$25,000 to \$40,000. The Office of Minority Health and Health Disparities, through the MOTA Program, increased the following in racial and ethnic minorities and underserved communities:

- Assistance with coordination and navigation of primary and preventive health care services.
- Access to community-based health education.
- Linkage to health insurance enrollment.
- Linkage to primary and preventive care and social services.
- Awareness about MOTA priority health topics.
- Knowledge of the continuum of care for health conditions being addressed.
- Knowledge of prevention, screening, primary care resources for health conditions selected.
- Self-management support through home visiting programs using community health workers, visiting nurses, or other personnel.

The MOTA Programs partnered and participated in several state public health initiatives during the fiscal year to include collaboration with other agencies within MDH such as the Infectious Disease Bureau, Environmental Health Bureau, local health departments, other MOTA partners and other community-based organizations. These partnerships provided the MOTA partners an opportunity to link clients to health services, conduct outreach, educate minority communities in their jurisdictions on available health services, as well as strengthen the referral system between the MOTA Program, local health and service providers. In addition, the MOTA partners participated in technical assistance, capacity building and program sustainability activities that included workshops, trainings, webinars and conferences.

Lack of past involvement of minority community-based organizations capable of providing technical assistance, infrastructure building, health education, awareness, screening, clinical trial, preventive health and resource limitation contributed to elevated medical costs, late diagnosis and higher death rate of minorities. Through the MOTA partners and in collaboration with their local health departments (LHDs), the above impediments continue to improve due to successful development and implementation of outreach activities and education programs in high-risk populations in the State where disparities are prevalent.

C. 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, as well as referrals with follow up, to ascertain linkage to care and services.

The MOTA partners developed and implemented programs to improve health education and outreach through ethnic and racial cultural events while also promoting and advocating for alliances to control chronic disease. The FY17 accomplishments of the local MOTA Programs include:

- Conducted approximately 676 events serving 16,770 minorities in 13 jurisdictions. Events included activities such as charlas (an informational act of talking/presenting; a chat) (Hispanic workshops), health fairs, workshops and monthly support group meetings for cancer survivors and their caregivers.
- 42 diabetes/hypertension workshops were conducted reaching 1,196 individuals. These workshops included disease self-management style classes for already diagnosed diabetics and hypertensive as well as diabetes prevention programs for pre-diabetic individuals to alter disease progression. These workshops also offered opportunities for on-site services such as blood pressure checks.
- Grantees referred attendees to various community services including primary care providers, smoking cessation, local cancer screenings, diabetes prevention program, prenatal care resources as well as services such as the Special Supplemental Nutrition Program for Women, Infant and Children (WIC). A total of approximately 2,000 referrals were completed.
- Follow-up was conducted to ascertain linkage to care and services resulting in a total of 259 linkages to health insurance and about 130 linkages to other types of services. Other linkages included services such as medical home, home visiting programs for pregnant women, as well as diabetes prevention programs for pre-diabetic clients at locations such as the local health department.
- 292 cervical, breast and colorectal cancer screenings were conducted for Latinos.
- Other activities such as exercise and healthy eating/ cooking events were also conducted. Approximately 71 of these events were conducted reaching 815 individuals.

The MOTA partners continue to exceed agreed upon performance measures thereby improving the health and wellbeing of communities they serve. The short-term impact of these activities have been assessed by measures such as pre/post testing which has shown knowledge gain by participants as well as measures such as weight change for longitudinal programs which has shown sustained weight loss in participants. The long-term impact of these programs can only be determined in the future; however by reason of what we currently assess, the health of these communities should show a sustained improvement.

D. Individual MOTA Program Highlights

The local MOTA Programs engaged communities and collaborated with other State and community partners through several types of events and activities throughout FY17. Below are MOTA partner program highlights for FY17:

- **Anne Arundel County: Hands of Hope**

Hands of Hope's disease focus areas proposed for FY 17 were coronary heart disease, diabetes and stroke because coronary heart disease and stroke are still the leading

mortality indicators with diabetes ranking in the top 10 of mortality in the county. The organization utilized science and data to describe and promote systems change directed toward eliminating health disparities with an emphasis on preventive health and healthy lifestyles.

With funding of \$25,000, Hands of Hope conducted 17 educational sessions with over 631 participants reaching over 2,500 people at community-wide events. Staff conducted health promotion, diabetes and high blood pressure screening, including referrals to local free diabetes education workshops, Giant Food and Shoprite store tours, free diabetes and blood pressure screening opportunities among other health and wellness resources.

- **Baltimore County: Nueva Vida, Inc.**

Nueva Vida is a new partner for FY 17 who received funding in the amount of \$30,000 to develop and implement programs to address cancer in the Hispanic population in Baltimore County. Nueva Vida conducted outreach and implemented education programs, successfully navigated clients through the cancer continuum and provided mental health support for breast cancer and cervical cancer survivors.

The organization successfully conducted 78 outreach and education activities that included 31 charlas (an informational act of talking/presenting; a chat); 23 educational workshops in hospital settings, and 24 outreach activities in the Latino community. Fact sheets were developed on the importance of breast, cervical and colorectal cancer screening in Spanish.

Additionally, Nueva Vida provided access to breast, cervical and colorectal screening for 285 clients and supported survivors and caregivers in six mental health support groups. Overall, the program was very successful and even surpassed its ambitious targets of almost a 100% due to the vigilance and dedication of the program manager.

- **Baltimore County: St. Stephen's Office Management & Technology, Inc. (OMT, Inc.)**

OMT, Inc. received \$30,000 in FY 2017 to develop and implement programs to address hypertension and diabetes among minorities in Baltimore County. Activities implemented to address the proposed disease focus areas were the completion of four Hispanic/Latino health education workshops facilitated by a Spanish speaking doctor by utilizing cultural and linguistic standards. In addition, the organization completed four health education workshops for African Americans with approximately 25 participants at each workshop. As proposed in their FY17 work plan, OMT, Inc., partnered with the Baltimore American Indian Center (BAIC) to conduct three health education workshops.

The organization completed three youth community outreach events in the first six months of the grant cycle by partnering with other community-based organizations

that sponsored youth events in the county. Another key accomplishment for OMT, Inc., was setting up health information display tables at four college campuses, which garnered referrals to federally qualified health centers. Other key partnerships in FY17 included staff attendance and participation at the Baltimore County Tobacco and Cancer Coalitions at the Baltimore County Health Department, and collaboration with MedStar Franklin Square Hospital to educate the provider community about health equity.

- **Dorchester County: Associated Black Charities**

Associated Black Charities (ABC) was awarded \$30,000 in FY17 to develop and implement programs to address diabetes and hypertension targeting minorities in Dorchester County. Through this MOTA funding, ABC was able to identify 88 community members who were at risk for diabetes and/or hypertension that were eligible for enrollment into quality diabetes or chronic disease self-management training programs.

The MOTA staff at ABC were successful in recruiting 20 community members who were at risk for diabetes and/or hypertension to participate in a six week, self-management training session specific to their health needs. In addition, they provided 11 independent diabetes and/or management follow-up sessions at 30, 60, and 90 day intervals for 60 community members who had completed the Diagnostic and Statistical Manual (DSM) or Clinical Decision Support Mechanism (CDSM) training program in either group sessions or an individualized basis.

As a community-based organization, ABC also provided eight “no cost” mobile food pantries to 1,343 households containing 3,632 community members with food burdens living in Dorchester County.

- **Frederick County: Asian American Center of Frederick**

Asian American Center of Frederick (AACF) engaged in extensive community outreach effort to the minority community throughout FY17. These efforts allowed AACF to offer educational materials and information on providers that offer services related to pediatric asthma, hypertension, prenatal care and diabetes education for community health workers (CHW). AACF’s health services events with a funding of \$40,000 included:

- A community health fair where MOTA staff provided face-to-face education, screening for diabetes, hypertension intervention and direct services for 81 individuals.
- Provided hypertension, diabetes, HIV screening and education for 95% of participants during Minority Health Month.
- Organized the “Boomers Talk” for minority seniors, which included communication about issues important to seniors, access to health care services and assistance with financial planning.
- Hosted a dental clinic day where free dental services were provided for minorities and those with serious dental conditions were referred to other

dental providers in the county with follow up care from CHWs and information and referral to other community health services.

- Collaborated with the Asian Indians for Community Services to provide instruction to six CHWs based on the Stanford Diabetes Self-Management training.

- **Harford County: Inner County Outreach**

Inner County Outreach (ICO) received funding in the amount of \$30,000 to develop programs in an effort to mitigate the effect of obesity and obesity-related diseases in the minority population of Harford County. The organization's focus was to influence glaring health disparities through education, training and hands-on coaching to rectify risky behaviors in the community. This was accomplished through the following activities:

- Hosted five youth cooking classes for 60 participants.
- Hosted 10 adult cooking classes for 75 participants.
- Conducted 54 exercise classes for 98 participants.
- 85% of the participants attended more than three exercise classes.
- Collaborated with staff from the Harford County Health Department to plan a health festival by providing valuable contacts that led to a very successful festival.

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

In FY17, FIRN was awarded \$40,000 to develop and implement programs focusing on health insurance enrollment, access to primary care, cardiovascular disease, asthma, diabetes, cancer, infant mortality and tobacco targeting minorities and foreign-born nationals. In FY17, FIRN accomplished the following:

- Successfully enrolled 137 residents in Howard County into a health insurance plan.
- Provided case management services for 170 clients.
- Connected 172 clients with primary care physicians.
- Partnered with One World Medical Group Practice and Clarii Health Medical Practice to provide primary care to clients who were not eligible for healthcare insurance coverage through Maryland Health Benefit Exchange.
- Partnered with Door to Healthcare to provide health insurance enrollment through the Maryland Health Benefit Exchange.
- Two of FIRN's CHWs received certification from the Centers for Disease Control and Prevention (CDC) as Diabetes Prevention Lifestyle Coaches.

- **Kent County: Mt. Olive AME Church**

In FY17, Mt. Olive AME Church Citizens Against Tobacco Smoke (CATS) Team was funded in the amount of \$25,000 to develop and implement programs focusing

on diabetes and HIV/AIDS. Key accomplishments of MOTA activities implemented were:

- Provided a 1-hour diabetes awareness education training session with 199 adult participants.
- Referred 37 clients to the Kent County Health Department for participation in the diabetes prevention program.
- Referred 17 clients to the Kent County Health Department for HIV counseling and testing.
- Organized and hosted a health screening by a county physician for 15 clients.
- Educated 15 youth who participated in nutrition and physical activity where they learned six new skills in diabetes prevention.

- **Montgomery County: Holy Cross Hospital**

Since FY05, Holy Cross Hospital (HCH) has been honored to be the lead organization and recipient of funding for the Minority Communities Empowerment Project (MCEP) from the MOTA grant to reduce racial and ethnic health disparities in Montgomery County.

In FY17, the MCEP, which included Holy Cross Health, Community Ministries of Rockville, and Mount Jezreel Baptist Church, received \$40,000 in funding to build an organizational and community capacity in hard-to-reach racial and ethnic communities around cardiovascular disease, obesity, diabetes, cancer, tobacco use, lack of health insurance and primary care.

With the overarching goal to reduce health disparities and improve health in target communities, the MCEP achieved the following through its programs activities:

- Coordinated 413 community outreach events and provided health education and awareness for 10,737 racial and ethnic community members.
- MCEP hosted its annual health disparities conference, Diversity in Action, a 2-day expo that focused on the importance of early cancer detection screenings and health insurance literacy/access with 43 community members in attendance.
- Collaborated with community partners to increase awareness for 150 community members on the Maryland Health Benefit Exchange.
- Referred 429 minorities for cancer screenings, smoking cessation programs, health and wellness programs during the grant year.

- **Prince George's County: Access to Wholistic and Productive Living Institute, Inc.. (AWPL)**

During the FY17 MOTA budget year, AWPL was funded in the amount of \$30,000 to develop programs geared toward reducing infant mortality among pregnant women and postpartum issues among African American and Latino/Hispanic women who resided in Prince George's County. A specific emphasis was placed on women living in zip codes

20710, 20743, 20746, 20748, 20782, 20784, and 20785. AWPL accomplished the following:

- Enrolled 25 women in maternal care coordination services.
- Enrolled 25 pregnant women in the Bright Beginnings in Home Visiting.
- Enrolled 11 pregnant women in birthing classes.
- Educated 132 women on the importance of prenatal care and birth outcomes.
- Linked 11 pregnant women to a medical home.
- Referred 13 clients to Dimensions Health Systems for prenatal care.
- Conducted nine outreach community events.

- **Prince George's County: La Clinica del Pueblo, Inc.**

La Clinica del Pueblo is a new organization in Maryland that applied and received MOTA funding in the amount of \$40,000 to develop and implement programs to increase awareness of diabetes, obesity and cardiovascular disease among Latino/Hispanic populations in Prince George's County. In its first year of funding, La Clinica del Pueblo surpassed the expected outcomes in each proposed goal and objective established in their FY17 MOTA work plan. Key accomplishments of implemented MOTA activities were:

- Educated 416 Latino participants through culturally competent small-group workshops, which greatly surpassed the original target of 300 participants.
- A total of 246 participants increased their knowledge and awareness of chronic disease prevention through pre- and post-tests applied during the small group workshops.
- Enrolled 22 participants in the behavior change program based on the CDC's Road to Health intervention. Within this group, 19 participants attended at least four sessions and 19 established lifestyle change goals. The total weight lost between the 19 participants was 134.2 lbs. with an average of 7.1 pounds per participant. There were 5 individuals that lost at least 10 pounds and one participant that lost a total of 17 lbs. over the course of the intervention.
- La Clinica hosted the Community Health Action Department's Annual Health Promoter Training and trained 65 new health promoters for the entire organization across the different programs. Out of the 65 new promoters trained, the Health Promotion program inducted seven new health promoters, increasing their total of CHWs available for outreach activities to 22 CHWs.

- **Taking Effective Action, Inc. (TEA)**

A fairly new organization to the MOTA Program, TEA was funded in the amount of \$25,000 in FY 17 to develop and implement proposed programs to address overweight and obesity in children and their parents. After a difficult implementation phase of its proposed work plan activities, with the permission of MHHD staff, TEA changed the location of the program.

The organization partnered with Ideal Child Care located in District Heights, Maryland to work with their youth ages 5 to 12 on Tuesdays and Thursdays from May 11

until June 8, 2017. The program began Thursday, May 11, 2017 with registration, Body Mass Index (BMIs) measurements and pre- / post-test surveys that continued until Tuesday, May 16, 2017. About 62 children participated in nutrition, physical fitness and behavioral health classes.

TEA partnered with New Beginnings Health Community Church that provided office space and provided volunteers who assisted with food demonstrations at the District Heights Gym when the Fit Families, Fit Kids program was being implemented.

- **Saint Mary's County: Minority Outreach Coalition, Inc. (MOC)**

In FY17, Minority Outreach Coalition received funding in the amount of \$25,000 to develop and implement activities focusing on tobacco cessation and e-cigarette awareness. Key accomplishments from the MOTA-funded activities were:

- Conducted workshops on the hazards of using tobacco with 250 adults in attendance.
- Conducted a Black History Month Health Fair with focus on tobacco health related issues and concerns, which reached 482 residents in St. Mary's County.
- Conducted workshops to raise awareness on e-cigarettes use with 89 adults in attendance and another workshop that targeted 209 youth.
- Educated 60 pregnant women on the hazards of tobacco use during pregnancy.
- Partnered with the St. Mary's County Health Department, MedStar Hospital Health Connections and faith-based organizations to conduct outreach and education on opiate use and overdose. Referrals were made to opiate addiction training.

- **Talbot County: Chesapeake Multicultural Resource Center, Inc.**

As proposed in their 2017 MOTA grant application, Chesapeake Multicultural Resource Center, Inc., (ChesMRC) received \$30,000 to develop and implement programs to address diabetes and the lack of health insurance in the minority communities in Talbot County. Planned MOTA activities for 2017 included but not limited to five healthy family eating events for 160 participants, two Zumba classes were organized for 112 community residents, which brought the Hispanic and African American community together to obtain health information on diabetes and health insurance.

ChesMRC also hosted a Teen Healthy Leadership Project to educate youth on how to access health information through reliable internet resources at the National Institute of Health. Students created brochures as part of service learning and presented their information at fairs and events throughout the year. Twelve students participated in the six-week course.

To help reduce health disparities in Talbot County, ChesMRC collaborated with the Talbot County Health Department, Talbot County Department of Social Services,

Talbot Branch of the NAACP, Talbot County Public Schools, Easton Church of God, and Talbot Partnership, among others, to provide culturally and linguistically appropriate health messages to minority communities to reduce health disparities.

- **Wicomico County: Community Empowerment Center, Inc.**

Community Empowerment Center, Inc., (CEC) received \$30,000 of MOTA funding to develop and implement programs on diabetes and asthma targeting minorities in Wicomico County. The organization increased its outreach activities through workshops and face-to-face contact to educate minorities on diabetes prevention.

In addition, CEC partnered with the Wicomico County Health Department to provide informational resources for a countywide health fair targeting about 500 residents. Another key partnership was with Apple Drugs, whose representative facilitated a workshop on diabetes and physical activity for 202 participants.

At CEC, in collaboration with the Eastern Shore Basketball League, where MOTA staff set up an informational display table on diabetes and asthma that reached 45 participants.

E. Collaborative Partnerships

- **Environmental Health Bureau (EHB) Grant**

Through MHHD, in collaboration with the Environmental Health Bureau, MDH solicited applications for community-based education and outreach activities utilizing the MDH Environmental Public Health Tracking (EPHT) network portal.

The following community-based organizations applied and received funding to conduct environmental health-related outreach and education activities. The counties in which activities were completed are highlighted below:

ORGANIZATION	PROGRAM DESCRIPTION	OUTCOMES
Asian American Center of Frederick (AACF) Allegany and Frederick Counties	-Education of college students, public health professionals and community members on the availability of chronic disease data on the EPHT portal.	-Trained six staff and 40 community members on using the EPHT portal with the goal of training more community members through them - Reached 200 community members -Conducted three events (one at Frostburg State University in Allegany and the other two in the Frederick community)

<p>Associated Black Charities Inc. (ABC) Dorchester County</p>	<p>-EPHT portal to promote the use of data, maps and resources by communities for public health actions on cardiovascular health.</p>	<p>-Outreach at large community events such as the Juneteenth and Cinco De Mayo -Creation and distribution of brochures with information on accessing the EPHT portal -Two public service announcements focused on cardiovascular health and resources to improve it's outreach to several schools, churches and other faith based organizations as well as businesses to create awareness on the EPHT portal -Reached about 750 individuals through these efforts as well as approximately 90,000 people for each public service announcement</p>
<p>Foreign-Born Information and Referral Network (FIRN), Inc. Howard County</p>	<p>-Utilize CHWs in conducting outreach informing residents about the Environmental Public Health Tracking Portal and how environmental conditions can affect health conditions with emphasis on asthma and other respiratory conditions.</p>	<p>-Created and distributed a 2-page brochure with infographics from the EPHT portal on asthma titled, "Asthma and the Environment" -Distributed the EPHT portal link via both Twitter and Facebook -Distributed fact sheet on asthma from the CDC website -Outreach by CHWs at FIRN offices, health fairs, faith-based organization events, NAACP, coalition meetings and Harper House Apartments (low income community) utilizing resources previously detailed</p>
<p>Hands of Hope, Inc. Anne Arundel County.</p>	<p>-Educate community on Environmental Health and the use of the EPHT portal. Worked in collaboration with the Anne Arundel County Health Department, Healthy Anne Arundel Coalition and faith based organizations.</p>	<p>-Had four events reaching approximately 1,900 individuals with information on environmental health and disparities experienced by minority populations while also educating them on the use of the EPHT portal</p>
<p>Minority Outreach Coalition (MOC) St. Mary's County</p>	<p>-Several one on one contacts with information given on the EPHT -sponsorship of large events like the Juneteenth</p>	<p>-Created posters/brochures with EPHT information (distributed at least 500) -Launched St. Mary's County 2017 "More to Explore" Challenge with</p>

	<p>celebration where information was disseminated to a larger group</p> <p>-Online advertising</p>	<p>EPHT as a sponsor (300+ individuals registered during the grant period)</p> <p>-Increased awareness on the EPHT by sponsoring part of the St. Mary's County's Juneteenth Celebration where there were at least four demonstrations of the EPHT portal use. There were also hourly announcements for about eight hours during the celebration</p> <p>-An online ad ran for 30 days on the Enterprises Online News Release with an estimated reach of about 83,000 people</p>
<p>Office Management and Technology, Inc. Baltimore County</p>	<p>-Target head start programs in Baltimore County educating parents and teachers on using the EPHT portal to find information on asthma in their various zip codes</p>	<p>-Had eight Head Start face-to-face encounters reaching 105 parents and teachers (many highly interested because they have asthmatic kids) teaching them to utilize the EPHT portal to access environmental asthma related data</p>
<p>Taking Effective Action, Inc. Prince George's County</p>	<p>-Conduct a week long Kids for Healthy Living and EPHT Network Portal Demonstration Project</p>	<p>-Conducted the week long program with 11 youth attendees</p> <p>-Demonstrated use of the EPHT portal with attendees and shared link of website with parents</p> <p>-Created a heart healthy eating coloring book with 500 copies distributed at various locations in the District Heights community</p>

- **HIV/AIDS, Hepatitis B and C, and other STD's Grantees**

MHHD in collaboration with the Center for HIV/AIDS and Health Services solicited applications for community-based education and outreach activities that address HIV/AIDS, Hepatitis B and C, and other STDs in minority, medically underserved communities.

The following community-based organizations applied and received funding to conduct HIV/AIDS, Hepatitis B and C, and other STD outreach and education activities:

ORGANIZATION	PROGRAM DESCRIPTION
Asian American Center of Frederick (AACF) Frederick County	-Hepatitis B and C education and screening -Education events HIV/AIDS outreach -Social media campaign -Testing and referral for HIV, STDs, and Hepatitis B and C -In-home visits by CHWs as needed
Asian Indians for Community Service, Inc. (AICS) Montgomery County	-Community health education (Hepatitis B and C) -Social media outreach -Education materials distribution -Partnerships with non-profit organization
Access to Wholistic and Productive Living Institute, Inc. (AWPL) Prince George's County	-CHWs training on HIV awareness -Creation of survey to assess the knowledge regarding HIV, STDs -Display information at community centers and hospitals
Hepatitis B Initiative of Washington, DC (HBI-DC) Washington D.C.	-Scheduled community health screening events providing Hepatitis B and C, HIV, cholesterol, basil metabolic panels (BMPs), and complete blood counts (CBCs) screenings -Provide flu shots for the uninsured
Empowerment Center Prince George's County	-Provide Rites of Passage Program (education and outreach for HIV/AIDS, Hepatitis B and C, and STDs)
FIRN, Inc. Howard County	-Education and outreach for HIV/AIDS, STDs, Hepatitis B and C -Use of social media for education
Hands of Hope, Inc. Anne Arundel County	-Educational training for HIV/AIDS, Hepatitis B and C and STIs -Publish updated health resources directory
Heart to Hand, Inc. Prince George's County	-Plan a transgender life conference -HIV testing and PrEP education
JACQUES Initiative of the IHV, UMB Baltimore City	-Reduce incidence of HIV/HCV by <ul style="list-style-type: none"> · Education · Screening -Referrals and linkage to care for individuals who test positive

ORGANIZATION	PROGRAM DESCRIPTION
Total Health Care, Inc. Baltimore City	-Education
Metropolitan Washington Public Health Association (MWPHA) Washington, D.C.	-Education (outreach and written materials) on HIV, HCV and STD -Referrals for testing and treatment
Maryland Center at Bowie State University Prince George's County	-Distribution of health education materials on HIV, HCV and STDs -Outreach in partnership with other already established organizations centered around various national events such as the National Latino AIDS Awareness Day

IV. Health Equity Initiatives

A. United States Department of Health and Human Services State Partnership Grant - *Educating Minorities of Benefits Received After Consumer Enrollment*

On August 15, 2015, MHHD was awarded a new five-year award from the U.S. Department of Health and Human Services (DHHS) Office of Minority Health that has as its goal increasing rates of health insurance, increasing use of primary care services, and reducing rates of emergency department visits and hospital readmissions in six zip codes in Prince George's County that had high rates of uninsurance prior to implementation of the insurance expansion under the Affordable Care Act.

The grant project years run from August 1 to July 31, which approximates the State fiscal year. Result for the second year of the grant (State FY17):

- The community-based sub-grantee (Mary's Center) that conducts group and individual educational sessions, had the following outputs for grant project year 2 (State FY17):

Program Output	Aug-Oct Q1	Nov-Jan Q2	Feb-Apr Q3	May-Jul Q4	FY 2017 Total
Number of educational sessions	54	39	27	27	147

Program Output	Aug-Oct Q1	Nov-Jan Q2	Feb-Apr Q3	May-Jul Q4	FY 2017 Total
Number of attendees at sessions	295	285	272	230	1082
Number of informational materials distributed	911	724	733	1367	3735
Number of one-on-one sessions	210	200	152	447	1009
Number of referrals for insurance enroll	62	55	47	170	334
Number of referrals to primary care	81	79	78	202	440

- Qualitative evaluation is being performed by Morgan State University using focus groups (performed in October, 2016) and a survey (developed and administered in 2017) to assess the following:
 - a. health insurance status
 - b. level of usage of primary care and other health insurance services
 - c. satisfaction with care providers
 - d. attitudes towards the cost of care despite insurance in the targeted hot spot.
- The surveys were administered to 301 persons during May and June of 2017. The surveys were developed and distributed in the following domains;
 1. Knowledge and attitudes
 2. Experience using coverage under the Affordable Care Act
 3. Insurance maintenance, terms and costs
 4. Other health services utilization
- MHHD successfully submitted a renewal application for this project in May of 2017 and has been funded for FY18.

B. St. Mary’s County Asthma Control Program

In St. Mary’s County, Blacks are four times as likely as non-Hispanic Whites to visit the emergency room for an asthma-related condition. High emergency department (ED) utilization is indicative of lack of access to high quality care and the need for patient education, navigation to primary care, and effective asthma self-management. Thus, MHHD partnered with the St.

Mary’s County Health Department to provide funding and technical assistance to implement an asthma control program. Addressing these barriers will lead to improved health outcomes, decreased ED utilization, and decreased costs to the healthcare system.

The asthma control program (ACP) utilizes community health workers and community health nurses to outreach and educate children and their families through home-based, multi-trigger, multicomponent interventions with an environmental focus. Adolescents (2-18 years old) diagnosed with asthma and living in St. Mary’s County are eligible for the program. Referrals are received through collaboration with community partners such as churches and schools, in addition to a strong presence at community events. To capture at least a 70% minority enrollment into the program, CHWs and nurses focus in the Lexington Park and Great Mills communities in the jurisdiction.

The following are goals of the program with data (from July 1, 2017 - current):

Measurement	Goal	Progress
# of children enrolled in the Asthma Control Program	20	10
# of children completing the Asthma Control Program	70% of enrolled	7 children; 70%
# of education and outreach events attended	30	26 outreach events attended with 56% of events in focus communities
# of community members reached through outreach efforts	700	492 community members reached

C. Health Equity Technical Assistance

MHHD has adopted an effort for calendar year 2017 to developed online trainings on cultural competency, unconscious bias, linguistic competency and workforce diversity for Maryland local health departments and leadership teams and frontline staff at the Maryland Department of Health. In addition to these online trainings, MHHD is currently engaged in the following:

- MHHD has worked closely with the Anne Arundel Health Department’s Office of Assessment and Planning on the Department’s quality improvement plan initiative, to address implicit bias and Culturally and Linguistically Appropriate Services (CLAS) Standards.

- MHHD has conducted several presentations addressing social determinants of health, CLAS Standards and implicit bias, including:
 - Minority Health Month: April 6, 2017. A total of 14 frontline staff participated in a two-hour presentation.
 - Healthy Anne Arundel Coalition Meeting: June 28, 2017. A total of 16 frontline staff participated in a 40-minute presentation.
 - Organizational Assessment Survey for Anne Arundel Health Department's Senior Staff on October 27, 2017, followed by a 90-minute presentation on assessment results.
 - The assessment results completed by 13 leaders showed the need for the following:
 - Linguistically-appropriate services for low English proficiency individuals who seek care at any facility at the Anne Arundel County Health Department
 - Cultural Competency training for frontline staff
 - Workforce diversity development plan
- MHHD has conducted three brown-bag events held at MDH
 - Implicit Bias Part I: June 30, 2017. A total of 45 staff members of MDH participated in the training activity.
 - Implicit Bias Part II: July 21, 2017. A total of 20 staff members of MDH participated.
 - In celebration of Hispanic Heritage Month, MHHD hosted a live webinar: Niños Saludables, addressing childhood obesity among Latinos on October 12, 2017. A total of 13 staff members of MDH participated.
- MHHD conducts 15 minute monthly presentations for new hire staff at MDH. The presentation takes place on the first Wednesday of each month. The goal of the presentation is to highlight the office's action plan in achieving health equity, introduce terms such as; social determinants of health, culturally and linguistically appropriate services, and available online trainings on cultural competency.
- Dr. Olivia Carter-Pokras, Professor of Epidemiology and Associate Dean for Diversity and Inclusion Department of Epidemiology and Biostatistics at the University of Maryland School of Public Health, is currently working on updating the links of the Primer (a guide for teaching health professionals and students cultural competency and health literacy). MHHD Acting Director, Stephanie Slowly will meet with Dr. Pokras to discuss next action steps to finalize all necessary updates.

D. Project Charters

The Office of the Secretary has three high-priority focus areas to improve the health of Marylanders. These priorities are: 1) Opioid Overdose Prevention, 2) Chronic Diseases, and 3) Infant Mortality. These project charters require MHHD to partner with offices within the State and MDH that are currently working to address these areas of health disparities. The role of MHHD on these project charters are to engage all necessary stakeholders to strategically map out how to address these focus areas through tailoring existing health programs and initiatives.

- **Opioid Overdose Prevention**

MHHD has begun preliminary discussion with the Opioid Operational Command Center (OCCC) to see if there is opportunity to incorporate community based interventions and outreach to the communities most impacted by the opioid epidemic. At this time, we are in very preliminary stages of this charter.

- **Chronic Diseases**

MHHD is engaged with the Cancer and Chronic Disease Bureau to look at the Diabetes Prevention Program and diabetes prevention strategies. The focus is to examine evidence-based programs that can target populations with high prevalence of diabetes diagnoses and incorporate strategies to eliminate the health disparities.

- **Infant Mortality**

MHHD is engaged with the Maternal and Child Health Bureau (MCH) within MDH to focus on reducing infant mortality in the State. This partnership requires reviewing Statewide data to assess the current state of infant mortality and connecting MCH programs to other programs. The project charter will look at the Perinatal Periods of Risk data and needs assessment of Title V recipients to assess the needs and capacity to address the needs of infant mortality. This charter will revise the Title V grant with an emphasis to target the areas that are gravely impacted and reallocate funding to support these jurisdictions. Additionally, there will be a greater emphasis on standardized outcome-based metrics that will focus on health equity goals.

E. Maryland Interagency Council on Homelessness

- **Background**

The Interagency Council on Homelessness (ICH) was established by [SB 796, Chapter 341 \(2014\)](#) to examine Statewide initiatives aimed at ending homelessness throughout the State of Maryland. The ICH includes representatives from 12 State agencies, the Governor's Office for Children, three representatives from local Continuums of Care (the 16 federally-recognized bodies created to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency) and nine advocates from throughout the State as well as a community member who has experienced homelessness. The MHHD Director was appointed by the Secretary as the MDH representative on the Interagency Council.

- **Interagency Council Activities**

Homelessness is a critical public health issue that is primarily the result of lack of access to affordable, adequate housing. Lack of income relative to cost of living, disabling conditions, domestic violence, and sudden income loss create barriers to housing access. In Maryland, high cost of living, unemployment and underemployment are pivotal to the problem of homelessness. The cost of living in Maryland has risen in the last year, increasing from eleventh to seventh among the 50 states and District of Columbia (2016 Annual Report on Homelessness, Maryland's Interagency Council on Homelessness).

Safe and affordable housing is one of the primary social determinants of health. Homelessness creates significant health problems and exacerbates existing health issues. Health conditions among homeless individuals are frequently co-occurring disorders, with a complex mix of severe physical, psychiatric, substance use, and social problems. Unhealthy and dangerous environments, chronic stress, and food insecurity often result in visits to emergency rooms and frequent hospitalizations. As a result, the homeless are three to four times more likely to die prematurely than their housed counterparts, and experience an average life expectancy as low as 41 years (National Health Care for the Homeless Council, 2011). Racial and ethnic minority groups are more likely to experience homelessness in Maryland. According to the Maryland Department of Human Services (formerly the Maryland Department of Human Resources) (2016), African Americans account for 58% of the homeless population.

Within the Interagency Council, MHHD leads the efforts of the Health Care and Homelessness Workgroup. The goal of the Workgroup is to improve the emergency services network for the homeless, by partnering with local stakeholders to create a comprehensive assessment and discharge planning process used at intake and discharge from medical facilities or jails. In FY17, the Workgroup accomplished the following:

1. Created a qualitative assessment tool known as the Medical Respite Assessment in Maryland (MRAM).
2. Analyzed/summarized findings from MRAM tool administration in 20 of 24 Maryland counties.
3. Created a tool known as the Re-entry and Exit Planning (REEP) qualitative assessment tool for assessing exit-planning strategies used by jails and other institutions to determine service and housing gaps. This tool is yet to be administered.

The Workgroup is currently continuing the efforts with plans to:

1. Assess how the homeless are accessing emergency care and study the manner in which they are being released from hospitals back into the community.
2. Work on increasing access to proper respite/convalescent care for the homeless Statewide and other findings/ recommendations from the MRAM assessment.
3. Administer the REEP tool in at least 18 of 24 Maryland jurisdictions.

The ICH and MHHD are committed to improving the health care delivery process for the homeless population. Achieving this goal will require improving access to safe and affordable housing and social supports for the homeless population. MHHD will continue to employ a multi-sectoral approach to address this complex problem within a health equity framework.

F. Health Equity-Related Legislation

MHHD conducted analyses and recommended positions on legislation introduced during the 2017 legislative session. Specifically, MHHD staff reviewed and provided positions on 22 bills related to health in all policies; CHWs; reconciliation and equity; and reporting of racial and ethnic health disparities information campaigns by health occupations boards.

- **Health in All Policies Workgroup**

Convened by the Maryland Center for Health Equity at the University of Maryland School of Public Health, in consultation with MDH, the Workgroup is to use a "Health in All Policies" framework. A Health in All Policies framework is a public health framework where health considerations that collaboratively improve health outcomes and reduce health inequities drive policy decision-making across the public and private sectors. The Office of Minority Health and Health Disparities holds a seat on the Work Group. Additionally, MHHD provides staff support to the Workgroup.

The Workgroup is tasked with examining the current health status of Maryland citizens, and how State and local governments might collaborate to improve the health of Marylanders. The effect of the following factors on health are to be considered: access to safe and affordable housing; economic stability; educational opportunities; employment prospects; environmental factors; public safety issues; social justice; and workplace factors, such as inclusion, diversity, equity, and barriers to promotion and advancement. The Workgroup will study and make recommendations on how health considerations can be incorporated into decisions by government agencies and entities that interact with them. Moreover, it will recommend how to foster collaboration between State and local governments in devising and implementing laws and policies that improve health and reduce health inequities. A report is due to the Maryland General Assembly on January 31, 2018.

G. Workforce Development

- **Internship/Learning Opportunity Initiative**

MHHD offers non-paid learning opportunities to students and professionals interested in health equity-related issues. These opportunities include formal internships and fellowships, informal internships, volunteering, and job shadowing designed to build the skills and competence of the future workforce to address health equity. MHHD has an ongoing relationship with the following academic institutions: Morgan State University's School of Community Health and Policy; University of Maryland School of Medicine; Coppin State School of Social Work; University of South Florida School of Public Health; George Washington University School of Public Health; and the University of Maryland Eastern Shore. Additionally, MHHD has taken part in the following internship programs: U.S. Department of Health and Human Services, Office of Minority Health, Youth Health Equity Model of Practice; Kennedy Krieger RISE-UP; Public Health Applications for Student Experience (PHASE); and the Governor's Summer Internship Program.

Projects that 2017 MHHD interns have been engaged in include: Minority Outreach and Technical Assistance program evaluation; opioid overdose messaging in minority communities; chronic disease data analysis; housing and reentry research of the Health and Homelessness Workgroup; cultural competency training development; community health worker workforce development; health equity policy review; and minority health outreach and program planning.

During 2017, MHHD has hosted 12 students that have represented the following academic programs:

- One undergraduate volunteer student from Towson University.

- Three undergraduate internship students from Salisbury University and Morgan State University, School of Community Health and Policy; and Coppin State School of Social Work.
- Two master's degree level internship students from the University of Maryland School of Public Health; and George Washington University School of Public Health.
- One medical resident student from the University of Maryland School of Medicine.
- One fellowship from the University of Maryland Eastern Shore.
- One doctoral student in public health from Morgan State University.
- Three internship students representing the following programs: U.S. Department of Health and Human Services, Office of Minority Health, Youth Health Equity Model of Practice; Kennedy Krieger RISE-UP; and Public Health Applications for Student Experience (PHASE).

- **Community Health Worker Workforce Development and Advisory Committee**

- **Background**

In response to Senate Bill 592 / House Bill 856, Chapters 259/181 of the Acts of 2014, MDH and the Maryland Insurance Administration established the Workgroup on Workforce Development for Community Health Workers (Workgroup) to study and make recommendations regarding workforce development for CHWs in Maryland. The final report was prepared and submitted to the Senate Education, Health and Environmental Affairs Committee, the Senate Finance Committee, and the House Health and Government Operations Committee in June 2015.

In 2017, SB988 / HB1113 - Health Occupations – Maryland Community Health Worker Act were introduced. The bills incorporated many recommendations and findings from the 2015 Workgroup report and established a State Board of CHWs in MDH; defined the purpose and composition of the Board; required the Board to adopt certain regulations; addressed certification and grandfathering. Ultimately, the bills did not pass.

In June 2017, the Department received a letter request from Health and Government Operations Committee Chair, Shane Pendergrass, requesting an update on any progress that has been made on the training and oversight of CHWs in Maryland and include MDH's recommendations regarding potential legislation for consideration next session.

- **Community Health Worker Advisory Committee**

Acting on the efforts of the Workgroup, MHHD established the CHW Advisory Committee in 2016 to lead the initiative to obtain feedback from CHWs on the Workgroup's recommendations. The process involves convening the CHW Advisory Committee to provide feedback on the recommendations and overall guidance on CHW workforce development. The advisory committee continues to provide feedback to MDH on many related issues around CHW workforce development.

H. Maryland Health Disparities Data

Technical assistance to MOTA grantees regarding program design, data collection, and program evaluation was the main data program function in 2017, with reduced emphasis on production of data reporting products compared to previous years. MHHD data staff was involved in various data-related activities in 2017:

- Served on the Health Enterprise Zone (HEZ) State Team as it worked to develop HEZ sustainability options, including working with the Robert Wood Johnson-funded sustainability consultant. MHHD data staff also review and advise on the evaluation operations and reporting from the evaluation subcontractor.
- Developed new reporting templates for the MOTA Program, and provided data collection/reporting and program design resources, templates and training to the MOTA grantees.
- Performed monthly review of the MOTA data reports.
- Serve as the Project Director/Principal Investigator for the EMBRACE grant, with primary responsibility for quarterly narrative reports, separate quarterly data reports, and preparation of the yearly renewal application.
- Prepared a grant application for childhood obesity, which did not receive funding.
- Identified an error in race-specific SHIP data in certain jurisdictions, identified the source of the error being variable degrees of missing of identification of Hispanic ethnicity, or not in some counties from year to year, and proposed a work-around to this problem by using race categories without regard to Hispanic ethnicity (instead of the current Non-Hispanic race categories).

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.

I. Minority Health Month – April 2017

The theme for National Minority Health Month 2017 was *Bridging Health Equity Across Communities*. Led by the U.S. Department of Health and Human Services Office of Minority Health (HHS OMH) each year, this national observance joins federal, state, tribal, local and territorial partners across the country in calling for a renewed commitment to eliminate health disparities and achieve health equity.

MHHD chose activities to highlight the theme of *Building Health Equity Across Communities* that focused on raising awareness about efforts across health, education, justice, housing, transportation and employment sectors to address the factors known as the social determinants of health – environmental, social and economic conditions that impact health. MHHD hosted the following events during the month of April:

- An Open House for MDH staff to visit each MHHD staff member and learn about the health equity initiatives MHHD is engaged in and discuss ideas for collaboration. Each staff member provided visitors an overview of their primary projects and offered a “health equity take-away message or challenge.”

Approximately 21 employees attended the Open House and positive feedback was received.

- A panel discussion entitled *Social Determinants of Health: Upstream Effects*. The event featured speakers from the federal government, non-profit organizations, and community advocacy. Approximately 65 individuals attended from both state agencies as well as the public.
- A Diversity Day event in the lobby of MDH. The event featured health exhibitors, interactive activities, MDH representatives speaking on how they address diversity in their programs, a Native American presentation, and a meet and greet with Department of Health Secretary Dennis Schrader.
- A 1-Mile Walk for Health, in celebration of National Public Health Week and National Minority Health Month. Approximately 40 individuals participated. Healthy prizes were offered for the top three finishers.

Additionally, MHHD sought proposals from FY17 MOTA partners that outlined a plan to organize and facilitate a community caucus in recognition of Minority Health Month (April) within the partners' funded jurisdiction. The purpose of the caucus was to engage various sectors (local government leaders, legislators, education boards, housing and community development, transportation and mobility, environmental groups, public safety and corrections, agriculture, health care providers and hospital system/federally qualified health centers), and community members to discuss the challenges and possible solutions for addressing the health needs of the community.

MHHD funded five MOTA partners who applied for the supplemental funding to host five caucus events throughout the month of April. Highlights of partner's caucus events included:

- Office Management and Technology, Inc. (OMT) organized and hosted two forums in Baltimore County to engage stakeholders and partners like MedStar-Franklin Square Family Practice residents and the Southeast Network to generate dialogue and address health equity and identify social determinants of health. They used the MOTA model to promote "Achieving Health Equity" as a solution to eliminate health disparities.
- In Talbot County, Chesapeake Multicultural Resource Center, Inc. identified various sectors and community members to discuss challenges and potential solutions for addressing the health needs in the community and steps that can be taken to decrease health disparities in the county. The meeting was held at the Eastern Shore Conservation Center located on a main downtown Easton thoroughfare.
- Minority Outreach Coalition of St. Mary's County engaged the following partners, Committee for Afro-American Contributions, Lexington Park Pegg Road Assisted Living Association, Fidelity Chapter-Order of Eastern Star, St. Mary's Chapter of NAACP and military residents in the County to discuss and address the health needs in the communities and raise awareness about the economic conditions and social determinants that impact health.
- Associated Black Charities of Dorchester County hosted two community meet and greet with various community partners and a multisectorial partners that were

listed as ABC CHWs to raise awareness about programs planned for Minority Health Month. The meet and greet was held at the Family Dollar store and a multi-housing unit.

- In Frederick County, Asian American Center engaged in a discussion with various stakeholders in the community on aging as it relates to the changing demographics in Frederick County with an increasing minority and adult (>60 years) profile. Another meeting was also held to discuss the work of the Local Health Improvement Plan committee on aging to address transportation, behavioral health, and language barriers in communication.

J. MHHD Statewide Annual Conference

MHHD hosted its 14th Annual Statewide Health Equity Conference *Bridging Health Equity Across Communities: Coordination, Collaboration, & Opportunities in Maryland*, on December 7, 2017 at Martin's West in Baltimore. The event was co-sponsored by the Maryland Behavioral Health Administration, Office of Workforce Development and Training, and the Maryland Center for Health Equity, School of Public Health, University of Maryland.

Approximately 400 people attended the conference. The conference highlighted programs that work to achieve health equity through cross-sectoral collaborations and community engagement.

Ms. Stephanie Slowly, MHHD Acting Director and Ms. Cheri Wilson, Conference Moderator, provided opening remarks. Senator Shirley Nathan-Pulliam and MDH Secretary Dennis Schrader provided opening statements. Dr. Howard Haft provided an overview of Maryland's Primary Care Program. Dr. E. Albert Reece, delivered the seventh annual address of the Shirley Nathan-Pulliam Health Equity Lecture Series. Dr. Matthew Lin, Deputy Assistant Secretary for Minority Health and Director of the U.S. Department of Health and Human Services, Office of Minority Health also provided remarks.

The conference featured the following sessions: Public Health Implementation Strategies for Improving Population Health; Maryland's Two Generation Approach; Collaborative Opioid Overdose Prevention Efforts in Maryland; Bridging Health Equity Across Communities: Insights from National Minority Health Month 2017 Community Conversations; and Collaborations for Workforce Development: Community Health Workers in Maryland.

K. Sustainability and Capacity Building of Health Enterprise Zones (HEZ)

MHHD staff serve on the internal MDH State HEZ Team, attending planning meetings, and meetings with the HEZs (individually or as a group). In this final year of program funding from the State, much of this effort has been focused on planning for the future sustainability of the HEZs. This has included applying for and receiving Robert Wood Johnson (RWJ) funding for sustainability planning, including a sustainability summit in November 2016.

During 2017 MHHD staff participated in several meetings with the HEZs and with a sustainability consultant hired under the RWJ grant to produce sustainability plans for the zones

going forward. During the latter half of 2017, MHHD, the State HEZ team and the HEZs have been meeting to develop manuscripts for publication describing the process and results of the HEZ Program.

V. MHHD Work Plan for 2018

A. MHHD Strategic Plan: 2016-2018

In order to advance health equity within Maryland and improve health outcomes for all Marylanders regardless of race, ethnicity, gender, social class, sexual orientation, sexual identity or geography, it is imperative that a comprehensive, multi-disciplinary, multi-sectoral, health equity lens is integrated in all the work conducted within MDH. MHHD uses the Triple Aim of Health Equity as the guiding framework for its strategic priorities and goals.

Background: The Maryland Department of Health Office of Minority Health and Health Disparities was established in 2004 by statute, under the Health General Article, Section § 20-1001 to § 20-1007, to address minority health disparities in Maryland.

Mission: To address the social determinants of health and eliminate health disparities by leveraging the Department’s resources, providing health equity consultation, impacting external communications, guiding policy decisions and influencing strategic direction on behalf of the Secretary of Health.

Vision: To achieve health equity where all individuals and communities have the opportunity and access to achieve and maintain good health.

Health Equity Framework: This framework is a multi-pronged approach to improve health equity by:

- 1) Expanding our understanding of what creates health.
- 2) Implementing a Health in All Policies approach with health equity as the goal.
- 3) Strengthening the capacity of communities to create their own healthy future.

Strategic Priority A: Expand the understanding and conversation of health equity.		
Goals	Strategies	Progress
Conduct a health equity training needs assessment among MDH staff	Partner with the MDH Workforce Collaborative (MDH-WC) to develop training needs assessment for Public Health Services (PHS)	Complete Complete

	<p>Partner with the MDH-WC to deploy training needs assessment for Public Health Services</p> <p>Partner with MDH programs to identify needs and deploy trainings</p> <p>Participate in initiatives such as the rural health workgroup and MDH charter projects, to assess needs of specific populations</p>	<p>Ongoing</p> <p>Ongoing</p>
Identify the skills, organizational practices and infrastructure necessary to achieve health equity	<p>Administer organizational self-assessment to MDH staff</p> <p>Conduct health equity trainings at MDH new hire orientation and provide resources for ongoing trainings</p>	<p>Ongoing</p> <p>Ongoing</p>
Implement training programs and activities on how to advance health equity	<p>Develop curriculum for Health Equity: 101 and 102 training series</p> <p>Meet with MDH Human Resources and MDH-WC to discuss plans for training development and implementation</p> <p>Provide cultural competency training for internal and external partners</p> <p>Implement Diversity Day during Minority Health Month (annually)</p> <p>Implement the bi-monthly health equity lunch series</p>	<p>Complete</p> <p>Ongoing</p> <p>Complete & Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
Make training and opportunities for dialogue on implicit bias and the social determinants of health available for MDH leadership and staff	<p>Conduct 2-part training on Implicit Bias for MDH staff</p> <p>Offer regular trainings and dialogue opportunities around implicit bias and the social determinants of health</p>	<p>Complete</p> <p>Ongoing</p>
Use a collaborative approach to implement the Annual Health Equity Conference	<p>Seek partnerships internally, externally, locally and regionally to plan and implement the Annual Health Equity Conference</p>	<p>Ongoing</p>

Maintain an informative and engaging website that provides accurate health disparities data	Continue to revise the MHHD website by updating content	Ongoing
	Provide recommendations for creating a culturally and linguistically appropriate MDH website	Ongoing
Provide health equity resources to MDH boards and commissions	Provide health equity, health disparities, cultural and linguistic competence, and social determinants of health training resources to Maryland’s boards and commissions	Ongoing
Strategic Priority B: Implement a health in all policies approach to embed health and equity into institutional policies and practices.		
Goals	Strategies	Progress
Participate in the Health in All Policies Workgroup, created during the 2017 Legislative Session, to embed health and equity criteria in policies, programs and strategic plans	Participate and provide consultation to the Workgroup	Ongoing
	Explore the option of working with the Office of Government Affairs to create a MDH Health in All Policies Workgroup	Projected for 2018
Conduct an assessment of health equity policies and practices within MDH	Consult with Minnesota Department of Health to learn best practices for policy assessment	Ongoing
	Administer a health equity policy assessment to MDH policy analysts	Ongoing
Provide health equity training for MDH policy analysts	Work with MDH’s Office of Government Affairs to implement a series of health equity trainings	Ongoing
Participate as the MDH appointee on the Interagency Council on Homelessness (ICH)	Chair the Health and Homelessness Workgroup (Chair transitioned from MHHD)	Complete
	Work to achieve the goals of the Health and Homelessness Workgroup	Ongoing
Participate as a MDH representative on the Rural Health Care Workgroup	Participate as a member of the Vulnerable Populations workgroup	Ongoing

Work collaboratively with PHS to embed health equity in the strategic planning process	Participate in the planning and implementation of the PHS strategic planning process	Ongoing
Strategic Priority C: Strengthen the capacity of local communities to reduce health disparities.		
Goals	Strategies	Progress
Strengthen the capacity of MOTA partners to reduce health disparities in local jurisdictions	Continue to fund local health equity projects	Ongoing
	Conduct comprehensive MOTA partner needs assessment to inform training, technical assistance and grant funding	Ongoing
	Provide training and technical assistance for MOTA grantees	Ongoing
	Facilitate collaborative relationships between internal and external units and MOTA partners	Ongoing
	Provide health equity training and technical assistance to local health departments	Ongoing
Strategic Priority D: Build the capacity of the public health workforce to effectively advance health equity.		
Goals	Strategies	Progress
Strengthen the health equity workforce by creating pipeline development programs	Create a structured internship program for high school, undergraduate, and graduate interns	Complete and Ongoing
	Create a plan for CHW workforce development	Ongoing
Strategic Priority E: Support and implement evidence-based interventions to reduce health disparities.		
Goals	Strategies	Progress
Administer comprehensive lead/asthma prevention programs in local jurisdictions	Work collaboratively with MDH's Environmental Health Bureau to develop and implement a childhood lead and asthma prevention program	Ongoing

	Partner with St. Mary’s County Health Department to administer an asthma control program	Ongoing
Administer the Federal OMH EMBRACE grant	Continue the activities of the OMH State Partnership grant to increase insurance enrollment, enhance health insurance literacy and prevent unnecessary utilization of emergency rooms	Ongoing
Create and publish a health equity dashboard	Review grant applications being submitted by MDH programs to ensure SMART goals and objectives are included and health equity is being addressed Create a dashboard to track, monitor and demonstrate how MDH is moving health equity forward	Ongoing Projected for 2018

B. Federal-State Partnership Grant Project (EMBRACE)

In 2018 MHHD will continue to operate the EMBRACE project in six zip codes primarily in Prince George’s County with some extension into Montgomery County. Mary’s Center, the community-based sub-grantee, will continue to hold educational sessions, provide one-on-one counseling, and make referrals to appropriate services. Morgan State University will assist in the development of pre- and post-session testing to assess knowledge gained and satisfaction with the program.

Our community partner, Mary’s Center, had been working with the Medicaid program and with Adventist Hospital to develop the mechanisms for making referrals of high utilizers to the Mary’s Center CHW. Only a small number of these referrals have occurred and MHHD will revisit this part of the program with the Medicaid program and with Adventist Hospital in 2018. We may also open discussions with other area hospitals about being referral sources. Discussions with the Medicaid program may be delayed until several leadership vacancies there are filled.

MHHD will update the social determinant of health data in the Health Equity Profile and will begin to compile the utilization data for the targeted zip codes.

C. Minority Outreach and Technical Assistance (MOTA)

In FY17, MHHD revised the MOTA Request for Applications (RFA) and emphasized improvement and impact of health outcomes of racial and ethnic minority communities through community engagement, partnerships, outreach, and technical assistance. MOTA applicants were

required to focus on one or more areas of the following expanded key areas: birth outcomes, cardiovascular disease, diabetes, obesity, cancer, tobacco use, asthma, HIV/AIDS, lack of health insurance, lack of a medical home, and non-use of a medical home. In an effort to effectively monitor and evaluate tangible outcomes of the MOTA Program in FY17, MHHD developed the workplan below as a guide in achieving the FY18 outcomes.

Activity	Month	Responsible Party/Parties
Development and Dissemination of 2018 MOTA Request for Proposals (RFA)	May-June 2017	MHHD MOTA Staff
Review of Applications and Award of Grants	July 2017	MHHD MOTA Staff
Revision and Finalization of 2018 MOTA Data Reporting Tool	Ongoing 2018	MHHD Data Analysts
Monitoring and Evaluation of FY18 MOTA and Collaborative Initiative Reports	October 2017 - July 2018	MHHD MOTA Staff/MOTA
First Grantee/Partnership Meeting. This includes all MOTA and Collaborative Initiative partners	September 2017	MHHD MOTA Staff/MDH/MOTA and Collaborative Initiative Partners
Second Grantee/Partnership meeting	December 2017	MHHD Staff/MDH/MOTA and Collaborative Initiative Partners
MOTA Grantee Site Visits	September 2017 - May 2018	MHHD MOTA Staff/MOTA Partners
Third Grantee/Partnership Meeting	March 2018	MHHD MOTA Staff/MDH/MOTA and Collaborative Initiative Partners
Development and dissemination of 2019 MOTA Request for Proposals (RFA)	April-May 2018	MHHD MOTA Staff
Fourth Grantee/Partnership Meeting	June 2018	MHHD MOTA Staff/MDH/MOTA and

		Collaborative Initiative Partners
Compilation and Analysis of MOTA Data and Narrative Reports	July 2018	MHHD
MOTA Continuation Reports	June 2018	MHHD/MOTA

D. Maryland Health Disparities Data

In 2018 the data program staff will continue to provide programmatic oversight for the EMBRACE Project and data/evaluation technical assistance to the MOTA Program. As the new design of MOTA program data reporting becomes more routine to the grantees, less time will be required for MOTA support and should allow the production of two data products:

- The fourth edition of the Maryland Chart book of Minority Health and Minority Health Disparities Data, which will include data through 2016.
- The beginning of a series of reports, each focused on a specific SHIP indicator and displaying for each jurisdiction and Statewide, the race and ethnic specific trends in those metrics. This will allow an assessment of the degree to which Statewide improvements in minority health and Statewide reductions in health disparities also exist in the individual jurisdictions.

E. Health Equity Dashboard

This dashboard is being developed to track, monitor and demonstrate how the Maryland Department of Health is moving health equity forward. MHHD reports directly to the Secretary of Health and we are asked and required to review all grants prior to the Secretary’s signature. As a result, we identify areas and ways we can improve health outcomes and work with programs to develop SMART goals with equity-based metrics. This dashboard is currently in development and review within MHHD.

VI. Presentations & Events and Health Equity Resources

A. Presentations & Events

- The Office of Minority Health and Health Disparities Acting Director, Ms. Stephanie Slowly presented on a panel presentation at the Legislative Black Caucus of Maryland Weekend event. (10/27/2017, Annapolis, MD)
- The Office Minority Health and Health Disparities Director and Deputy Director presented at the University of Maryland Eastern Shore to approximately 130 students and

15 faculty on MHHD's activities and how students can become engaged in health equity in their professional careers. (7/26/2017, UMES)

- The MHHD hosted the second part of the Implicit Bias Discussion. The discussion was facilitated by Ms. Cheri Wilson. The discussion was also available via webinar. This Part 2 built on Part 1 by engaging in discussions around applying de-biasing techniques and mitigated implicit bias. (7/21/2017, Baltimore, MD)
- MHHD hosted a presentation and discussion on Implicit Bias, Part 1 of a 2-part Series. The presentation took place at the Department of Health. Approximately 95 individuals registered, representing both Department of Health employees, as well as collaborative partners. The objectives of the presentation and discussion were to explore how implicit bias works in our everyday lives and health care; recognize micro aggressions, micro assaults, micro insults, and micro invalidations; and examine implicit bias as a contributing factor to health and healthcare disparities. (6/30/2017, Baltimore, MD)
- MHHD hosted an Open House for the Department of Health staff to visit each MHHD staff member and learn about the health equity initiatives the Office is engaged in and discuss ideas for collaboration. Each staff member provided visitors an overview of their primary projects and offered a "health equity take-away message or challenge." Approximately 21 employees attended the Open House and positive feedback and thanks were received. (4/3/2017, Baltimore, MD)
- MHHD hosted a panel discussion titled *Social Determinants of Health: Upstream Effects*. The event featured speakers from the federal government, non-profit organizations, and community advocacy. The session was held in celebration of National Minority Health Month. (4/21/2017, Baltimore, MD)
- MHHD hosted a Diversity Day event, in celebration of National Minority Health Month Celebration, in the lobby of the Maryland Department of Health. The event featured health exhibitors, interactive activities, MDH representatives speaking on how they address diversity in their programs, a Native American presentation, and a meet and greet with Secretary Dennis Schrader. (4/28/2017, Baltimore, MD)
- MHHD Deputy Director, Ms. Stephanie Slowly presented at the Norfolk State University Health Equity Conference on Health Equity and the Social Determinants of Health. (4/17-4/18/17, Norfolk, VA)
- MHHD Deputy Director, Ms. Stephanie Slowly presented at the Infectious Disease Bureau, Minority Health Month Brown Bag event. This event featured a community collaborations presentation from the Baltimore County Minority Outreach and Technical Assistance (MOTA) Grantee from Office Management & Technology, Inc. (OMT). (4/12/17, Baltimore, MD)
- MHHD hosted a 1-Mile Walk for Health, in celebration of National Public Health Week and National Minority Health Month. Healthy prizes were offered for the top 3 finishers. (4/7/2017, Baltimore, MD)
- MHHD Senior Program Specialist, Ms. Karen Gutierrez presented at the Anne Arundel Health Department, *Introduction to the Culturally and Linguistically Appropriate Services Standards and Health Equity*, followed by a 30-minute documentary viewing of the Unnatural Causes episode, Place Matters. (4/6/2017, Anne Arundel County, MD)
- MHHD staff hosted an infant mortality documentary screening and discussion for Department staff in celebration of Black History Month. (2/17/17, Baltimore, MD)

- MHHD former Director, Dr. Shalewa Noel-Thomas and Epidemiologist, Dr. David Mann provided a briefing to the Health and Government Operations Committee, Subcommittee on Public Health and Minority Health Disparities that included an overview of the office and a presentation on the latest data regarding health disparities in the State. (1/25/2017, Annapolis, MD)

B. Health Equity Resources

- 2016 National Healthcare Quality and Disparities Report. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/research/findings/nhqrdr/nhqdr16/index.html>
- Association of State and Territorial Health Officials (ASTHO) website, state health equity reports and plans: <http://www.astho.org/Programs/Health-Equity/Health-Equity-Reports-by-State-and-Territory/>
- American Public Health Association. *Better Health Through Equity: Case Studies in Reframing Public Health Work*. March, 2015
https://www.apha.org/~media/files/pdf/topics/equity/equity_stories.ashx
- National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in action: Pathways to health equity*. Washington, DC: The National Academies Press.
<http://nationalacademies.org/hmd/reports/2017/communities-in-action-pathways-to-health-equity.aspx>
- Centers for Disease Control and Prevention. *CDC Health Disparities and Inequalities Report — United States, 2013*. MMWR 2013;62(Suppl 3).
<https://www.cdc.gov/minorityhealth/chdireport.html>
<https://www.cdc.gov/mmwr/pdf/other/su6203.pdf>