



Statewide Health Disparities Committees
Executive Summary and Recommendations
for
The Maryland Plan to Eliminate Minority Health Disparities
Maryland Department of Health and Mental Hygiene
Office of Minority Health and Health Disparities

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TABLE OF CONTENTS

I. Introduction.....	1
II. Background.....	1
III. Findings and Recommendations.....	2
A. Access to Quality Health Services Recommendations.....	2
1. System Barriers to Quality Services	
2. Fiscal Barriers to Ending Disparities in Health Care Access	
3. Improvement of Health Promotion and Disease Prevention	
B. Health Professional Education Recommendations.....	3
1. Pre-Health Professional Education	
2. Professional Education	
3. Post-Professional Education	
C. Identifying Funding Strategies Recommendations.....	4
1. Develop Resources Necessary to Eliminate Health Disparities	
2. Develop and Expand the Leadership Base to Support Policy	
3. Improve Health Disparities Programs, Projects, and Initiatives	
D. Measuring Health Disparities Recommendations.....	4
1. Collection, Analysis, and Reporting of Racial and Ethnic Data	
2. Integration, Coordination, and Standardization Across Data Systems	
3. Other Measures Needed to Understand Racial and Ethnic Health Disparities	

INTRODUCTION

The Maryland 2004 Legislative Sessions enacted House Bill 86 (Chapter 319) and Senate Bill 177 (Chapter 443), establishing Maryland's Office of Minority Health and Health Disparities within the Office of the Secretary of the Department of Health and Mental Hygiene. The Office of Minority Health and Health Disparities has been commissioned by the Maryland General Assembly to develop a statewide plan to systematically address minority health disparities within the state.

In response to this mandate, the Office of Minority Health and Health Disparities established four statewide committees to develop recommendations for inclusion in the state plan. The four committees are: Access to Quality Health Services, Health Professional Education, Identifying Funding Strategies, and Measuring Health Disparities.

The committee members consisted of a diverse group of health professionals, health workers, service providers, community leaders, educators, and lay persons representing a wide variety of organizations concerned about racial and ethnic health disparities: state and county government (including state and local health departments), academic institutions, hospitals, health insurance organizations, local chapters of national disease-specific volunteer organizations, and community and faith-based organizations.

The committees met monthly and were charged with identifying issues and challenges in Maryland regarding health disparities and developing recommendations to overcome them. The committees reviewed and considered all recommendations from two statewide health disparities conferences held in 2004 and 2005, respectively. The committees also reviewed several key documents when developing their recommendations including but not limited to:

- 1) Unequal Treatment, Confronting Racial and Ethnic Disparities in Health Care by the Institute of Medicine
- 2) Healthy People 2010 by the US Department of Health and Human Services
- 3) National Healthcare Disparities Report, 2004 by The Agency for Healthcare Research and Quality
- 5) Missing Persons: Minorities in the Health Professions by The Sullivan Commission
- 6) "Recommendations for Action" derived from the First Annual Statewide Health Disparities Conference held June 2004
- 7) Improving the Collection and Use of Racial and Ethnic Data in Health and Human Services by DHHS Data Council Working Group on Racial and Ethnic Data and the Data Work Group of the DHHS Initiative to Eliminate Racial and Ethnic Disparities in Health
- 8) A journal article by Ruth Perot and Mara Youdelman entitled, "Racial, Ethnic, and Primary Language Data Collection in the Health Care System: An Assessment of Federal Policies and Practices"

BACKGROUND

Racial and ethnic health disparities in the prevalence of health risk factors, the incidence and prevalence of disease, mortality rates, and access to quality health care services have been well documented in Maryland and the nation as a whole. Any effort to eliminate health disparities must be multifaceted and focus on complete and accurate measurement of disparities, the development of a diverse healthcare workforce, and increased access to care. Additionally, sufficient resources are necessary to insure that effective programs and initiatives can be implemented. In order to overcome the challenges facing Maryland in eliminating racial and ethnic health disparities, the four statewide health disparities committees have submitted the following recommendations.

FINDINGS AND RECOMMENDATIONS

Access to Quality Health Services Recommendations

System Barriers to Quality Services

- Conduct more public awareness/education about health resources and services.
- Create an 800 number and/or an electronic system to access health resources or expand First Call for Help to include health.
- Vertically integrate the primary care system by creating a referral system from primary care to specialty care; establish a 24/7 hotline, staffed by a nurse, so that the public can easily access health information.
- Provide incentives for health care providers, especially in specialty care, (i.e., dental care) to serve residents in remote areas of the state.
- Utilize telemedicine to expand the availability of services.
- Streamline insurance-related paperwork for patients and health care providers and improve the continuity of patient care through programs like the Patient Navigator system and other advocacy services.
- Create a holistic health care system by treating the whole patient through effective referral and coordination of services.
- Provide multilingual web-based health information at public libraries.

Fiscal Barriers to Ending Disparities in Health Care Access

- Develop a system of shared responsibility for quality care with key stakeholders such as hospitals, businesses, health care insurers, faith-based organizations, government (Medicaid / Medicare), and schools.
- Working together, the Insurance Commissioner and the Medicaid program should identify and remove regulations in the Medicaid program and commercial insurance that contribute to the high cost of health care and do not promote quality. Uniform performance standards for high quality care for the Medicaid program and commercial payers should be created.
- Commercial insurers and the Medicaid program should address, as part of their health plan coverage, the transportation barriers to health services for residents in rural or isolated areas.
- Offer incentives to counties to provide clinics where patients can receive low cost affordable care, including laboratory work, which is conducted in collaboration with the local health departments.
- Encourage the Department of Education to include health education and health literacy as part of the required curriculum for middle school and high school students in Maryland.
- Increase the Medicaid eligibility for adults to 200% of the poverty level.
- Encourage health-related businesses to allocate a percentage of their revenue to provide health promotion and disease prevention services to the community.

Improve Health Promotion and Disease Prevention

- Establish in commercial and government programs age-specific mandated screenings throughout the life cycle for adults (similar to childhood mandated health examinations) that will promote health and prevent disease. Some mandated benefits already exist in law for commercial insurance coverage for prostate, breast, and colorectal cancer screening.
- Include health promotion and disease prevention in health professional training curriculums; address health literacy in continuing education for all health professionals.
- Develop standards and criteria for Community Wellness Programs (instead of health fairs) with measurable outcomes and proper medical follow-up procedures.
- Launch statewide media campaigns with factual and effective messages to raise awareness about health issues.

Health Professional Education Recommendations

Pre-Health Professional Education

- Review the State of Maryland Department of Education comprehensive education conceptual framework and the implementation model to ensure curricula includes comprehensive health education content, focus on health careers and other exposure for pre-kindergarten to 12th grade students with parental involvement.
- Maryland State Department of Education should be required to incorporate an introduction to health professional careers and opportunities for exploration throughout pre-kindergarten through 12th grade.
- Maryland State Department of Education should be required to include training on counseling about health profession careers, for all students and all orientation programs for teachers, counselors, and administrators in pre-kindergarten to 12th grade.
- Maryland State Department of Education should require cultural diversity and multicultural training as part of the professional staff development for educators.
- DHMH should collaborate work with the Maryland State Department of Education to develop a comprehensive program to increase the number of health professionals with a strong foundation in math and science that provides exposure to health care professions, mentoring, and financial support for college and graduate school.

Professional Education

- Replicate successful health professional education programs at institutions of higher education
- Expand and deepen curricula in a required rather than elective fashion in these professional schools. For example, the committee recommended that through the school accreditation process, these schools be required to incorporate health disparities course work into their degree requirements
- Include community-based training experiences with appropriate funding of community physicians and health care providers in providing these educational experiences. Emphasis was also placed on education of educators within these professions and schools in issues of health care disparities
- Provide educational course work to all health professionals dealing with the issues of health care disparities and cultural competence be reviewed and be of high quality and of depth appropriate to each of the health professional careers for which the students are training
- Maryland's accreditation boards and institutions for health care professionals should be mandated to incorporate health disparities coursework and or continuing medical education (CME) credits in their licensure and re-licensure requirements.
- Pending the adoption of licensure requirements for health disparities coursework and/or CME credits, health professional institutions should be mandated to provide an education program that addresses health disparities in Maryland.

Post-Professional Education

- Licensing bodies should mandate a required percentage of continuing education credits be in appropriate programs dealing with health care disparities and/or cultural competencies.
- The completion of Health Disparities coursework offered with blended-learning options should be a mandatory requirement for licensing and re-licensing of all health care professionals in the State of Maryland.
- The Office of Minority Health and Health Disparities should involve itself directly in committing appropriate stakeholders to funding the cost of high quality continuing education programs in these arenas so that the mandated educational activities are of high quality and can be easily obtained. Stakeholders should include hospitals, health care agencies, insurance companies dealing with health care in the State of Maryland, foundations, and local governmental bodies.
- The Maryland Department of Health and Mental Hygiene should take a leadership role in coordinating, in partnership with other stakeholders, annual training [blended-learning approach] for health care professionals focused on health disparities.

- The Office of Minority Health and Health Disparities should assist foreign-trained health professionals, particularly those from minority populations who have difficulties in obtaining visas and licensure in the United States and the State of Maryland. Many of these individuals are appropriately qualified for such health professions and could make a contribution in this country.
- The Maryland Department of Health and Mental Hygiene should participate in statewide activities that provide an opportunity to highlight health disparities issues.

Identifying Funding Strategies Recommendations

Develop Resources Necessary to Eliminate Health Disparities

- The State of Maryland should support the Office of Minority Health and Health Disparities.
- The State of Maryland should allocate funds and otherwise support educational, health care, and regulatory institutions in promoting health careers and in offering cultural competency training programs.
- Health care facilities and health licensure agencies should remove barriers to the licensure and accreditation of qualified minority health professionals who received training outside of the United States.
- The State of Maryland should allocate funds for data collection, analysis, and reporting on minority groups who are underrepresented in existing epidemiological reports; e.g. Native Americans, Asians, and Hispanics.
- The State of Maryland should promote the provision of employee health insurance by small businesses.
- The Office of Minority Health and Health Disparities should research private funding opportunities; e.g., foundations and corporations.
- Health care entities, businesses, and educational institutions should utilize internal resources to take actions within their organizations that are designed to eliminate racial and ethnic health disparities.

Develop and Expand Leadership Base to Support Policy

- The Office of Minority Health and Health Disparities should convene an annual leadership forum to promote resource and partnership development among stakeholders committed to eliminating health disparities.
- Local leadership from political, business, health care, community-based, faith-based, and educational entities should collaborate to enumerate and disseminate the financial and public health benefits of eliminating racial and ethnic health disparities in Maryland.

Improve Health Disparities Programs, Projects, and Initiatives

- The Office of MHHD should promote collaboration among local health care institutions, local businesses, local educational institutions, and community groups to develop approaches to eliminate racial and ethnic health disparities in specified geographic locations.

Measuring Health Disparities Recommendations

Collection, Analysis and Reporting of Racial and Ethnic Data

- Health data collection systems in Maryland should collect and report racial and ethnic data by the 1997 OMB categories as a minimum, using self-identification of race and ethnicity.
 - This manner of data collection is already required of State government entities (State Government Article, §10-606 (C)).
- Where feasible, these data systems should collect and report additional racial and ethnic detail (such as primary language, country of origin).
- Conduct the necessary methodological research and develop and implement a long-range plan for state surveys to:
 - over-sample minority groups and target certain populations, and
 - periodically conduct targeted surveys of racial and ethnic groups and their sub-groups.
- Agencies should expand existing or establish new registries for certain health outcomes targeted in the elimination of health disparities, including cancer, diabetes, heart disease, stroke, and environmentally-related

conditions like asthma and lead poisoning. The quality of racial and ethnic data should be improved in existing and future registries.

- Publish periodic reports on the health and health outcomes of racial and ethnic groups, and services received, compared to all races and white populations. Reports that focus on specific groups also are needed.

Integration, Coordination, and Standardization Across Data Systems

- Adequately support Department of Health and Mental Hygiene (DHMH) efforts to improve health data infrastructure and collection and reporting that allow increased data access and meaningful data analysis for the measurement of health disparities throughout the State. Support small demonstration projects at the local level to provide insight into data collection and reporting methods that may prove successful statewide.
- Form a state health data users committee to assure the inclusion and reporting of race/ethnicity data in data sets used throughout Maryland; and to assure that local communities have access to health data. The committee would be a forum for health data project developers to exchange information and best practices, and serve to educate other public health workers who need access to health data.
- Create and maintain a searchable, Web-based data portal that contains descriptions and links to datasets and related resources and allows or supports the creation of customized reports.
- Explore availability of data from community-based groups and faith-based organizations and the role these data can play in understanding health disparities at the community level.
- Improve the quality of new and existing health data by:
 - establishing procedures to ensure that major health data sets conform with existing data standards,
 - developing a multi-media training program that stresses the importance of proper data procedures to assure that data accuracy and integrity are maintained, and
 - developing an audit system to monitor the accuracy and completeness of data collection.
- Linkages of data should be used whenever possible, with due regard to proper use and protection of confidentiality, in order to make the best use of existing data without the burden of new data collection.

Other Measures Needed to Understand Racial and Ethnic Health Disparities

- Health data systems in Maryland should collect the following measures along with race and ethnicity information in order to produce analysis that will promote the understanding of racial and ethnic health disparities:
 - Socio-Demographic measures
 - Demographic measures (age, race, ethnicity)
 - Socio-economic position (education, occupation, income)
 - Location of residence (county, zip code)
 - Acculturation (proxies include primary language, place of birth, time and generation in the United States)
 - Health care access and quality measures
 - Health insurance status
 - Health care utilization
 - Health care process indicators
 - Health status indicators
 - Risk factors
 - Morbidity
 - Mortality
- Data collection systems designed to evaluate the performance of the health care system should:
 - Collect and report data on health care access, health care utilization, and health care system performance by patient's race, ethnicity, socio-economic status, and where possible, primary language,

- Collect representative survey information that provides information on provider and patient attitudes and beliefs regarding health care, and
 - Include questions that allow respondents to additionally identify how they believe their race and ethnicity is perceived by the health care system.
- Agencies should collect data to monitor the progress toward elimination of health disparities, and study the impact of program interventions on minority populations by tracking the exposure to the intervention and measuring intermediate and ultimate health outcomes.