

Office of Minority Health and Health Disparities, Maryland MHHD Programs 2017 Year-in-Review Highlights

Minority Outreach and Technical Assistance (MOTA)

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.

For Fiscal Year 2017 and 2018 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.

For FY 2018, MHHD funded 15 organizations that are local MOTA partners implementing health programs in 12 counties, (Anne Arundel, Baltimore, Dorchester, Frederick, Harford, Howard, Kent, Montgomery, Prince George's, St. Mary's, and Wicomico, as well as Baltimore City). [Learn more here.](#)

Educating Minorities of Benefits Received After Consumer Enrollment (EMBRACE)

On August 15, 2015, MHHD was awarded a new five-year award from the U.S. Department of Health and Human Services 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 insurance prior to implementation of the insurance expansion under the Affordable Care Act. The grant project years run from August 1 to July 31. Highlights from the last fiscal year include:

- Qualitative evaluation is being performed by Morgan State University using focus groups (performed in October, 2016) and a survey (developed and administered in 2017).
- The surveys were administered to 301 persons during May and June of 2017.
- MHHD successfully submitted a renewal application for this project in May of 2017 and has been funded for FY18.

[Learn more about EMBRACE here.](#)

Asthma Program

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 Emergency Department (ED) utilization, and decreased costs to the healthcare system. The asthma control program (ACP) utilizes community health workers (CHWs) 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. [More information can be found here.](#)

Health and Homelessness Work group of the Maryland Interagency Council on Homelessness

MHHD chairs the Health and Homelessness Work group of the Maryland Interagency Council on Homelessness (ICH). The ICH was established by [SB 796, Chapter 341 \(2014\)](#) to examine statewide initiatives aimed at ending homelessness throughout the State of Maryland. The goal of the Health and Homelessness Workgroup is to improve the emergency services network serving the homelessness to prevent a return to hospitals or jails.

In 2017, the Workgroup had several accomplishments including creation of a qualitative assessment tool known as the Medical Respite Assessment in Maryland (MRAM) which was administered in 20 of 24 Maryland Jurisdictions. Analysis of findings from this assessment revealed the presence of 3 medical respite programs (all located within shelters) in Maryland and unraveled the need and desire by several counties and/or hospital systems to have such programs in their community. We are currently finalizing 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. For more information on the goals and objectives of this work group, [click here.](#)

MHHD Health Equity 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. Dr. E. Albert Reece, delivered the seventh annual address of the Shirley Nathan-Pulliam Health Equity Lecture Series. 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. [Click here for the conference program and select conference presentations.](#)