



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

December 22, 2014

The Honorable Martin O'Malley
Governor
State of Maryland
Annapolis, MD 21401-1991

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

Re: Health-General Article § 20-1006 – 2014 Annual Report
Office of Minority Health and Health Disparities (MHHD)

Dear Governor O'Malley, President Miller and Speaker Busch:

Pursuant to Maryland Health-General Article, Section 20-1006(a), the Department of Health and Mental Hygiene (the Department) submits this 2014 Annual Report. The report describes the projects and services developed and funded by MHHD and the health care problems that the grant funds are intended to ameliorate. Under Health-General Article, Section 20-1004, the Department is required to implement plans and undertake activities to eliminate minority health disparities in Maryland.

Addressing health disparities in Maryland is both essential and demanding. State data show that minorities experience disparities in mortality, health care utilization and social determinants of health. Maryland has made some progress in reducing mortality disparities, but there is much more work necessary to combat health inequalities. Throughout this past year, MHHD staff participated in on-going efforts to enhance the development of Maryland's Health Enterprise Zones through providing Culturally and Linguistic Appropriate Services and Cultural Competency Trainings to leadership, frontline staff and other health providers' partners to promote health programs that reduce health disparities.

If you have questions concerning this report, please contact Allison Taylor, Director of Governmental Affairs, at (410) 767-6481.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Allison Taylor
Arlee Wallace
Sarah Albert, MSAR#2973

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

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

2014 ANNUAL REPORT

JANUARY 2015



**Martin O'Malley
Governor**

**Anthony G. Brown
Lt. Governor**

**Joshua M. Sharfstein, M.D.
Secretary**

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I. Executive Summary

The Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities (hereafter referred to as "MHHD" or the "Office") was established in 2004 by legislation to promote the reduction of racial and ethnic health disparities in Maryland. This report provides a summary of MHHD activities and accomplishments from July 1, 2013 to June 30, 2014. MHHD program activities arrayed in 5 categories: 1) Statewide and Local Health Equity Programs, 2) Statewide Health Disparities Initiatives, 3) Minority Outreach and Technical Assistance Programs, 4) Health Disparities Demonstration Programs, and 5) Federal State Partnership Grant Project. This report describes MHHD's specific activities under each of these categories during FY 2014.

MHHD has been involved in a variety of activities aimed to eliminate minority health disparities in Maryland. Some of the major efforts, initiatives and accomplishments during FY 2014 include the following:

- Developed racial and ethnic specific health disparities infographics in 2014 for Asian and Pacific Islanders, Hispanics/Latinos (English & Spanish), and Blacks or African Americans.
- Produced the Language Diversity in Maryland and Maryland's Changing Population Infographics, which denotes the diversity of languages and the growth of the minority populations.
- Served on the Maryland Health Enterprise Zone (HEZ) Team providing health disparities expertise in implementing the Maryland Health Improvement and Disparities Reduction Act of 2012.
- Collaborated with the University of Maryland School of Medicine, Prevention and Health Promotion Administration and Maryland Community Health Resources Commission, with funding made possible by the Robert Wood Johnson Foundation, to present the *Maryland Health Enterprise Zones: Using Incentives to Drive Local Progress Conference* held on May 19, 2014.
- Funded 12 organizations through the Minority Outreach and Technical Assistance (MOTA) Program and funded 4 organizations through the Minority Health Disparities Demonstration Reduction (DEMO) Program.

At the end of this report, we have included a Work Plan for the 2015 calendar year to continue MHHD's efforts in eliminating minority health disparities.

II. Health Disparities Progress and Success

According to the 2010 US Census, 45.3% of Maryland's population 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, 2013 put this minority percentage at 46.7%. 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.

MHHD continues to monitor ethnic and racial health disparities in Maryland and finds that disparities continue, but progress toward elimination of some disparities is being made. This progress is most apparent in the area of Black or African American vs. White disparities in death rates from some of the most common causes of death. Data from the Maryland Vital Statistics Annual Report, 2012 show that between 2000 and 2012, the gaps between the Black or African American and White age-adjusted death rates (Black or African American rate minus White rate) were reduced as follows:

- **For All-Cause Mortality** **the gap was reduced by 56%**
- **For Cancer Mortality** **the gap was reduced by 58%**
- **For Heart Disease Mortality** **the gap was reduced by 33%**
- **For Stroke Mortality** **the gap was reduced by 64%**
- **For Diabetes Mortality** **the gap was reduced by 52%**
- **For HIV/AIDS Mortality** **the gap was reduced by 66%**

For each of these conditions, there was also meaningful reduction in both the Black or African American death rate, and in the White death rate between 2000 and 2012. The details of these findings are presented below:

- **For All-Cause Mortality** **the rate for Blacks fell by 28%**
- **For Cancer Mortality** **the rate for Blacks fell by 27%**
- **For Heart Disease Mortality** **the rate for Blacks fell by 34%**
- **For Stroke Mortality** **the rate for Blacks fell by 47%**
- **For Diabetes Mortality** **the rate for Blacks fell by 45%**
- **For HIV/AIDS Mortality** **the rate for Blacks fell by 65%**

- **For All-Cause Mortality** **the rate for Whites fell by 19%**
- **For Cancer Mortality** **the rate for Whites fell by 20%**
- **For Heart Disease Mortality** **the rate for Whites fell by 34%**
- **For Stroke Mortality** **the rate for Whites fell by 42%**
- **For Diabetes Mortality** **the rate for Whites fell by 37%**
- **For HIV/AIDS Mortality** **the rate for Whites fell by 47%**

(Similar comparisons for other racial and ethnic groups are not presented because the data may have technical limitations (misclassification, issues of outmigration, etc.) which could make the estimates generated not reflect the true disease burden in these smaller racial and ethnic populations.)

These results show that Maryland's investments in minority health improvement and minority health disparity reduction are bearing fruit, and that efforts must continue to complete the work of eliminating minority health disparities.

III. Statewide and Local Health Equity Initiatives

A. Community Transformation Grant:

MHHD has expanded its efforts to mobilize grass roots ethnic and racial community-based organizations to improve chronic disease through the Minority Outreach and Technical Assistance (MOTA) Program. Six MOTA community based organizations (CBO) accepted the challenge to integrate local activities on chronic diseases in jurisdictions receiving funding through the DHMH's Center for Chronic Disease Prevention and Control Grant from the Centers for Disease Control and Prevention's Community Transformation Grant (CTG). The MOTA CBOs are working at the community level in the six Maryland jurisdictions with the greatest chronic disease burden to train staff, and design and implement local intervention programs to reduce health disparities.

B. Tobacco Program:

MHHD's Deputy Director served on Access to Wholistic and Productive Living Institute, Inc.'s (AWPLI) Advisory Team of State Leaders, along with DHMH's Center for Tobacco Prevention and Control Program. The Advisory Team provided guidance to AWPLI on policies and best practices designed to reduce tobacco use, associated disabilities and deaths among African Americans and other ethnic minorities and low socioeconomic communities by enhancing communication about tobacco, tobacco health prevention activities, and policy implementation on campuses and surrounding communities. The Advisory Team participated in five meetings with Historically Black Colleges and Universities policy makers to aide in the implementation and sharing of information to improve smoke free policies on and around the campus. This relationship was strengthened through bridging a relationship with DHHS, Office of Minority Health, Region III Minority Health Consultant, Captain Elijah Martin; which led to the fall CEASE (Communities Engaged for a Smoke-free Environment) Conference in Baltimore.

C. Maryland's Million Hearts Initiative:

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

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

MHHD partnered with Maryland's Piscataway Indian Tribe to heighten the awareness of chronic disease. The Piscataway Indians is the only recognized Maryland Tribe. Governor

Martin O'Malley publicly recognized the Tribe in January 2012. According to the 2010 U.S. Census, in Maryland, 20,420 persons reported American Indian/Alaskan Native as their only race, and 58,657 persons reported AI/AN as some part of their racial heritage. A recognized leader of the Piscataway Indian Tribe reported a decline in the population to incidences related to chronic disease mortality. In 2014, Cedarville Band of Piscataway Indians put forth a proposal to target Piscataway Indians residing in Charles and Prince George's Counties. The proposal's primary focus included health workshops on chronic diseases and preventative health screening services. Two workshops focused on healthy eating/wellness and behavioral health. A Heart Health Round Dance was held which created an opportunity for the Piscataways Indians to meet health organizations and health providers for preventative health needs. The events reached 160 individuals, and over 200 persons were referred for various services. All activities were held at the Piscataway Indian Museum and Cultural Center.

IV. Statewide Health Disparities Initiatives

A. Capacity Building of Health Enterprise Zones:

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

- MHHD is focusing on promoting cultural, linguistic, and health literacy competency training within the five HEZs. MHHD completed two cultural competency training sessions with each HEZ, the first being an overview with leadership, and the second a full training with frontline staff. Pre and post training assessment tools were used to assess whether the training increased the participant's knowledge about health disparities and cultural competency. Additionally, MHHD has continued to make available to all HEZ personnel, a Cultural Competency Training Resource Kit and Cultural Competency and Health Literacy Primer.
- During 2014, MHHD participated in on-site technical assistance meetings with all five of the HEZs to assess the current activities of the HEZ and discuss HEZ staffing, organization and data collection. MHHD continues to participate in refining and finalizing the data reporting and evaluation requirements for the HEZ. These data reporting requirements include population health measures, provider quality measures, and measures of service capacity, productivity, and reach.
- MHHD contributed to the development of the criteria for eligibility for the position of the external evaluator of the HEZ program. Staff from MHHD also served on the selection committee for the evaluator.

B. Cultural, Linguistic, and Health Literacy Competency:

During 2014, MHHD has continued to expand its activities that address the issue of cultural competency. Much of MHHD's effort has centered on trainings to the Maryland Health

Connection's Regional Connector Entities, HEZs and/or associated organizations, and Minority Outreach & Technical Assistance (MOTA) grantees. As of June 30, 2014, three HEZs and all MOTA grantees have received cultural competency training. The remaining HEZ's received training in July. Additional interest has been spurred by these trainings and additional trainings have been extended to related groups not directly involved with connector entities or HEZs.

MHHD conducted more than 75 technical assistance sessions (including conference calls and in-person meetings) with partners and other organizations throughout the year on activities related to cultural competency. Cultural competency conference calls and training sessions were held with entities including:

- Access Health
- Anne Arundel Health System (HEZ)
- Asian American Center of Frederick County
- Associated Black Charities
- Bon Secours Hospital (HEZ)
- Chesapeake Multicultural Center
- City of Annapolis Housing Authority
- Dorchester County Health Department (HEZ)
 - School – based Wellness Centers
 - Mobile Crisis Unit
- Global Vision Community Health Center
- Health Connections
- HealthCare Access Maryland
- Holy Cross Health, Inc.
- Maryland Center at Bowie State Univ.
- Maryland Department of Aging
- Maryland Health Benefit Exchange
- Medstar St. Mary's Hospital
- Minority Outreach Coalition
- Morris Blum Community Clinic
- Mount Olive AME Church, CATS
- New Vision House of Hope Inc.
- Prince George's Health Department (HEZ)
- Resources for the Foreign Born, Inc.(FIRN)
- Restoration Community Development Corporation (RCDC)
- St. Agnes Hospital
- St. Stephens A.M.E. Church, OMT
- SEEDCO
- Total Healthcare
- Union Bethel A.M.E. Church
- Worcester County Health Department

MHHD continued to partner with the DHMH Office of Primary Care Access to align cultural competency requirements and documentation for both individual and organizational participants in the State Loan Repayment Program and the HEZs. Additionally, new tools were

developed by MHHD to assess cultural competency policies and practices in organizations receiving tax credits from the state.

Throughout the year, MHHD disseminated information about workforce diversity and cultural competency resources through 388 email contacts with individuals representing a range of institutions, including health professions schools, local hospitals and health systems, health professional associations, the State Health Occupations Boards, and Statewide agencies.

MHHD continues to receive new queries regarding Culturally Linguistically Appropriate Services (CLAS) Standards Training being implemented by MHHD under its third cycle of funding through the HHS/OMH State Partnership Grant (2013-2015). The activities conducted under the State Partnership grant are described in section VII of this report.

C. MHHD Statewide Annual Conference:

Maryland's Eleventh Annual Health Disparities Conference, *The Future of Community Health Workers in Maryland: Their Role in Achieving Health Equity*, was held on Wednesday, October 29, 2014 at Martin's West in Baltimore and sponsored by the Maryland Office of Minority Health and Health Disparities and Maryland Center for Health Equity, School of Public Health, University of Maryland. Approximately 400 people attended the Conference. Conference participants highlighted developments in Community Health Workers in Maryland and how they can assist in improving health outcomes, addressing health disparities and promoting health equity.

Ms. Arlee Wallace, MHHD Acting Director provided opening remarks. Delegate Shirley Nathan-Pulliam and Senator Verna Jones-Rodwell provided opening statements. Dr. Carlessia A. Hussein delivered the fourth annual address of the Shirley Nathan-Pulliam Health Equity Lecture Series.

The Conference featured topics on Setting the Stage, the Impact of Community Health Workers in the Healthcare Industry, the Organization's Perspective, Learning from Practicing Community Health Workers, and the Training of Community Health Workers.

D. Maryland Health Disparities Data:

MHHD continued to compile and distribute minority health and health disparities data through various activities. The Office continued to produce annual statewide data updates and annual updates specific to individual race and ethnic groups.

MHHD was involved in various activities related to health disparities data in 2014:

- Collaborated with the Maryland Health Care Commission (MHCC) to publish the fifth annual Health Care Disparities Policy Report Card in December 2014.

- Completed a series of infographics on Maryland minority population increases, language diversity in Maryland, and major Statewide health disparity issues for minority populations.
- Provided data regarding limited English proficiency in Maryland, and the languages most in need of translation and interpretation services, to the Maryland Health Connection Navigator Program.
- Provided data update briefings to the General Assembly’s Health and Government Operations Committee Minority Health Disparities Subcommittee during the 2014 legislative session.
- MHHD data staff served on the HEZ steering committee, assisting in development of the HEZ data reporting and evaluation metrics and tools. Data staff also attended the five site visits in the summer of 2014.
- MHHD data staff attended the HSCRC workgroups related to implementing the new CMS waiver in Maryland. Data staff identified a need to add racial/ethnic adjustment to the current case-mix adjustment methods in order to fully risk-adjust certain performance metrics. This is consistent with a newly emerging recommendation from the National Quality Forum on socio-demographic adjustment, and may be important in two areas: **hospital quality comparisons** (especially where reimbursement is at risk and high minority-serving hospitals may be unfairly penalized without race/ethnic adjustment), **and Maryland to US comparisons for the waiver test**, where Maryland’s 30% Black population compared to the US 13% Black population may make it impossible for Maryland to match national rates without race adjustment.
- MHHD data staff serves on the department-wide Virtual Data Unit (VDU).

MHHD continues to monitor ethnic and racial health disparities in Maryland and finds that disparities continue, but progress toward elimination of some disparities is being made.

E. Health Disparities-Related Legislation:

MHHD conducted analyses and recommended positions on proposed legislation introduced during the 2014 legislative session. Specifically, MHHD staff reviewed and provided positions on 24 bills related to incarcerated mothers, minority health, health disparities, health benefits, community outreach, pharmacy access and minority procurement.

F. Health Disparities Presentations:

MHHD staff presented at numerous events within the State and region. Requests came from sources including DHMH programs, Maryland elected officials, private sector health care providers, health professional associations, local governments, special interest groups, higher

education institutions, and ethnic/racial minorities and advocates. See Section IX for a complete listing of presentations.

G. Internship / Learning Opportunity Initiative:

MHHD offers non-paid learning opportunities to students and professionals interested in the health equity-related issues. These opportunities include formal internships and fellowships, informal internships, volunteering, and job shadowing. MHHD has an ongoing relationship with Morgan State University's School of Community Health and Policy and the Kennedy Krieger Institute in which Interns are requested to be placed in the Office on a regular and annual basis. During FY 2014, MHHD has had:

- 2 volunteer undergraduate students from Morgan State University
- 2 formal graduate level internship students from Morgan State University, School of Community Health and Policy
- 2 formal fellowship students from Kennedy Krieger Institute (annual program)
- 2 medical student fellows from University of Maryland School of Medicine
- 1 student job shadowing

V. Minority Outreach & Technical Assistance Statewide Program

A. Community Outreach & Public Health Linkages:

In fiscal year 2014, the MOTA Program awarded competitive one-year grants to 12 jurisdictions in Maryland that contained the largest proportion of minorities. The funding amount ranged from \$20,000 to \$99,961. Throughout the year, local MOTA Programs used various outreach methods and techniques to raise awareness and promote action to reduce minority health disparities. These outreach methods included, but were not limited to, workshops, health fairs, one-on-one and group presentations, and the use of traditional and social media. Several programs used venues such as Facebook, Twitter, billboards, newspapers, and radio shows to provide health messages to a larger audience.

The local MOTA Programs partnered and participated in several state public health initiatives during the fiscal year to include the Community Transformation Grants (CTG), the Health Enterprise Zones (HEZs), ACA Enrollment, Million Hearts Initiative, and the State Health Improvement Process (SHIP):

- 5 previously funded MOTA programs and 1 new MOTA program continued to receive CTG funding to promote tobacco free lifestyles, active living, and healthy eating.
- 2 MOTA Programs continued to work closely with the HEZs in their jurisdictions (Dorchester County and St. Mary's County) to encourage minority groups to participate in the services provided by the HEZ.

- Local MOTA Programs encouraged community members, in their respective jurisdictions, to enroll for health coverage in the Health Benefit Exchange. 2 MOTA Programs (Frederick and Baltimore County) serve as assister entities.
- Local MOTA Programs were encouraged to participate in Maryland Million Heart activities and events. All 12 MOTA Programs received the monthly Million Hearts Newsletter, and several MOTA programs attended the First Annual Million Heart Initiative Conference in February, 2014.
- 11 of 12 MOTA Programs continue to have representation on their local SHIP Coalition. Due to the design of the Baltimore City SHIP Coalition, membership was restricted so the Baltimore City MOTA Program was not involved; however the Baltimore City MOTA Program continues to have a presence on other city health department-led coalitions.

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

B. Program Outcomes:

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

Component: Enhance minority participation in local public health planning groups

- **59** Local Health Disparities Committee meetings were held throughout the jurisdictions in fiscal year 2014 with **831** individuals in attendance.

Component: Perform Outreach and Health Education to minority populations

- **509,603** minority individuals were reached through MOTA efforts. Minorities reached included those who participated in MOTA activities and events, attended coalition meetings, received health education and social determinants of health materials, and exposure to traditional and social media health messaging.
 - **338,676** pieces of health education materials distributed by MOTA grantees
 - **1,360** cultural fairs or events either participated or sponsored by MOTA grantees
 - **202** new minorities recruited and attended local coalition meetings
- **127** partnerships between MOTA and community groups were developed.

C. Individual MOTA Program Highlights:

The local MOTA Programs have engaged the community and have collaborated with the Local Health Departments through several types of events and activities throughout fiscal year 2014. During fiscal year 2014, the MOTA Programs reached 509,603 minority individuals throughout the state. Some of these activities include:

- Anne Arundel County: Restoration Community Development Corporation

Restoration Community Development Corporation (RCDC) opened its H2O 4 L.I.F.E. Club House – A youth Recovery Clubhouse modeled after the Georgia Clubhouse best practice on July 31, 2013. The MOTA program and LHDC members set up a booth at the grand opening event and provided information for health resources within the county. Over 200 people attended the grand opening and received information and education on tobacco use and prevention, cardiovascular health improvement, nutritional support and training, substance abuse reduction, and mental health information. RCDC partnered with Light of the World Family Ministries, Anne Arundel County Public School, The Partnership for Youth & Families, and Anne Arundel County Health Departments Learn to Live program for this event.

- Baltimore City: New Vision House of Hope

New Vision House of Hope (NVHOH), in collaboration with the Zeta Healthy Aging Partnership (Z-HAP), hosted a minority health month event in April 2014. A panel, which consisted of four speakers, spoke on topics of minority health disparities reduction. Blood pressure screenings were available as well as a health insurance agency and federally qualified health center to answer questions and to provide health materials. Approximately 125 people attended, with 118 being minority, and 100 education materials were distributed.

- Baltimore County: St. Stephens Office Management & Technology

St. Stephens Office Management & Technology (St. Stephens OMT) held the Third Annual Health and Wellness day in June 2014. There were approximately 15 vendors present and more than 100 people attended. Vendors included Baltimore County Cancer Program, Living Faith Outreach Ministries, Baltimore County General Services, Baltimore American Indian Center (BAIC), Sam's Club, Community College of Baltimore County, St. Stephens Health Ministry, Baltimore County Tobacco Coalition, and Luz Verdadera Church. Blood pressure screenings were also offered to attendees. 1,040 education materials were distributed.

- Caroline County: Union Bethel AME Church

Union Bethel AME Church, in collaboration with the Maryland Healthcare for All Coalition hosted "ACA 201" on August 27, 2013. This workshop was a follow up to previous workshops that had been held about the Affordable Care Act. The goal and

agenda for this workshop was to build skills to support robust local outreach and enrollment, review ACA 101 and updates, eligibility and enrollment process, and discuss best practices for outreach and enrollment. 24 minorities were in attendance and largely represented the faith-based community.

- Dorchester County: Associated Black Charities

Associated Black Charities (ABC) was invited to speak, in the fall and spring of FY 2014, on the Dr. Kay Radio Show, an eastern shore local broadcast. ABC discussed MOTA initiatives and the work being done in the community, highlighted the success of past events, and provided information on upcoming events. In addition, ABC provided information on the chronic diseases that plague minority communities such as breast and prostate cancer. The listening audience for the Dr. Kay Radio Show is approximately 103,367 with more than 40,000 being minority.

- Frederick County: Asian American Center of Frederick

In March 2014, the Asian American Center of Frederick (AACF) held the Asian Spring celebration that featured 13 performances, 28 vendors, and a crowd of almost 600 people throughout the day. At the MOTA table, there was information on cardiovascular disease, alcohol, drug, and tobacco prevention, Hepatitis B, diabetes, and hypertension. More than 100 education materials were distributed. Information on the ACA and insurance enrollment was also provided. On many occasions Elizabeth Chung, Executive Director of AACF, addressed the crowd where she delivered a message about ACA enrollment and other important topics, reaching all 600 participants. It is estimated that out of the 600 participants at least 300 were Asian, 100 Hispanic, 100 other minority (primarily Middle Eastern), 25 African American, and 75 Caucasian.

Also, in June 2014, Elizabeth Chung and the AACF were honored to receive this year's Diversity and Inclusion Award represented by the Frederick County Society for Human Resource Management. Mrs. Chung and AACF were nominated due to the language services, health fair, and community health outreach to reduce health disparities AACF conducts.

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

FIRN partnered with the Howard County Health Department to host a Flu Immunization Clinic at FIRN in December 2013. The purpose for the flu clinic was to encourage minorities to receive the vaccination. Forty minorities attended and 33 were immunized. Approximately 450 materials were distributed during this event, with every attendee receiving a MOTA bag with language/culture specific prevention and resource information.

- Kent County: Mt. Olive AME Church

As a new grantee in FY 14 Mt. Olive AME Church participated/sponsored 54 events, distributed 2,117 health education materials and reached 1,857 minorities in the county. One of Mt. Olive's events that was well received was a workshop entitled "You Don't Know My Story." 4 African American Females and 1 Caucasian Female gave presentations of their victory over cancer. The purpose of the event was to educate women on the importance of pre-screening such mammograms and pap smears. 38 individuals were in attendance.

- Montgomery County: Holy Cross Hospital

In recognition of American Indian Heritage Day and in collaboration with the Maryland Indian Tourism Association, Inc., an American Indian Pow Wow and Health Fair was held at Holy Cross Hospital in November 2013. Health screenings, cultural food, music and performances were provided. Approximately 70 people were in attendance including community members, cultural dancers, speakers, cultural musicians, and local partners. One hundred (100) pieces of literature on lung cancer, breast cancer, smoking cessation, and nutrition/exercise were distributed. Twenty (20) participants received body fat screenings, 25 received blood pressure screenings, and 15 received carbon monoxide screenings.

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

The Maryland Center at Bowie State University held several activities and a Health Fair in conjunction with Bowie State University Wellness Center, the Regional African American Tobacco Control Network, and other partners, for the students of Bowie State University. The Maryland Center primarily shared information about the dangers of smoking and tobacco use, but also held a lecture series in regards to health disparities in minority populations and a blood drive. More than 1,200 students attended the activities and events and approximately 1,364 education materials were distributed.

- Saint Mary's County: Minority Outreach Coalition

Minority Outreach Coalition (MOC) co-sponsored the annual Juneteenth Health Fair on June 21, 2014. More than 2,300 people were in attendance. There were 5 health stations set up with displays for Tobacco, Cancer, Chronic Disease, Diabetes, and Pregnancy/Infant Mortality Awareness; and one of the local dental partners set up an oral cancer/dentist station. Each event station consisted of distribution of health information and materials along with some one on one talks to answer the concerns of those who were in attendance. 2500 health education materials were distributed at the health fair by MOC.

- Talbot County: Chesapeake Multicultural Resource Center

As a new grantee in FY 2014, Chesapeake Multicultural Resource Center (CMRC), participated/sponsored 56 events, distributed 7,457 health education materials, and reached 5,083 minorities. A few of CMRC most notable events, done in conjunction with their Local Health Disparities Committee (LHDC) are the Healthy Eating event in October 2013 where the LHDC partnered with the Easton Farmer's Market and Chef Jordan Lloyd to promote healthy eating in our community; the Health & Wellness Forum that gathered dozens of health agencies together to promote their services in November 2013; the Pregnancy Classes in partnership with Choices Pregnancy Center that enrolled approximately 58 Hispanic women; and the Faith Forum that was developed through a partnership with Dorchester and Caroline County MOTA Programs in May 2014.

VI. Health Disparities Reduction Demonstration Programs

In FY 2014, MHHD awarded 5 new Minority Health Disparities Reduction Demonstration Grants (DEMO) to 3 health departments and 2 community based organizations. The jurisdictions were Anne Arundel, Charles, and Montgomery County for minority infant mortality reduction, and Baltimore City and Worcester County for minority adult cardiovascular mortality reduction. The jurisdictions were selected based on the high rates of minority infant mortality or minority adult cardiovascular disease.

MHHD encourages the use of community health workers to interact with the minority populations in each jurisdiction. The DEMO Program sites must have the ability of linkage to services. The minority infant mortality sites must have the ability to link women to prenatal and postnatal care and the minority adult cardiovascular disease sites must have the ability to link minority adults to cardiovascular disease management and care. This may be done through partnerships or agreements that exist between the community-based organization/local health department and a health care or service provider (e.g., physician practices, health systems, local health department). All DEMO Program sites are expected to provide referrals to social and other services as needed.

The DEMO Programs utilizes the following strategies to improve local minority health outcomes depending on community needs and available resources:

- Minority community health workers;
- Community coalitions and taskforces;
- Minority community outreach and education;
- Enhancement of clinical services; and
- Infrastructure for Program Sustainability.

A. Minority Infant Mortality Reduction Highlights:

The Minority Infant Mortality Reduction (MIMR) DEMO Programs have collaborated with local community serving organizations and providers and engaged the community through several types of events and activities. In fiscal year 2014, the DEMO Minority Infant Reduction

Programs distributed 75,297 maternal and child health-related education materials in Anne Arundel, Charles, and Montgomery Counties. Some of their activities included the following:

- Anne Arundel County – Anne Arundel County Department of Health FY 2014 Annual Accomplishment Summary

The Anne Arundel County Minority Infant Mortality Reduction Demonstration Program, known as the Healthy Babies Program, utilized funds from MHHD to create education materials, conduct home visits and telephone contact with pregnant mothers, and engage teens and young adults on contraception and family planning. During fiscal year 2014, Anne Arundel County DEMO Program accomplished the following:

- Enrolled 79 women into prenatal care through the DEMO Program;
- Distributed 44,754 health education materials to 733 minorities through one-on-one outreach, group presentations, health fairs, and education materials;
- Held 5 coalition meetings;
- Developed 23 partnerships with community groups, healthcare providers, and service providers; and
- Participated in 17 community events.

- Montgomery County – Holy Cross Health, Inc. FY 2014 Annual Accomplishment Summary

The Montgomery County Minority Infant Mortality Reduction Demonstration Program, known as the Community United for at Term Infants and Education (CUTIE), is a high impact program designed to address racial and ethnic infant mortality disparities in Montgomery County. Through community collaboration and navigation along the perinatal care continuum, CUTIE provides a multi-pronged approach that includes wrap around services for women before conception, during their pregnancy and up to one year after delivery. This integrated approach addresses prenatal and provider education, outreach, referrals to prenatal and medical care, and social determinants of health to reduce infant mortality disparities. During fiscal year 2014, the Montgomery County DEMO Program accomplished the following:

- Enrolled 49 women into prenatal care through the DEMO Program;
- Distributed 26,007 health education materials to 2,134 minorities through one-on-one outreach, group presentations, health fairs, and education materials;
- Held 16 coalition meetings;
- Developed 31 partnerships with community groups, healthcare and service providers;
- Participated in 57 community events; and
- Provided 343 referrals to service providers or social services.

- Charles County – Charles County Department of Health FY 2014 Annual Accomplishment Summary

The Charles County Minority Infant Mortality Reduction Demonstration Program utilized funds from MHHD to conduct several activities and programs such as preconceptional health workshops for minority women, collaborated with local Family Planning clinics to identify pregnant minority women and coordinate early prenatal care services, and used social and traditional media such as the local newspaper, Facebook, and electronic billboards to raise awareness about the importance of maternal and child health. During fiscal year 2014, the Charles County DEMO Program accomplished the following:

- Enrolled 51 women into prenatal care through the DEMO Program
- Distributed 4,536 health education materials to 2, 159 minorities through movie theater ads, one-on-one outreach, group presentations, health fairs, and education materials;
- Held 15 coalition meetings;
- Developed 9 partnerships with community groups, healthcare and service providers; and
- Participated in 22 community events.

B. Minority Cardiovascular Disease Reduction Highlights:

The Minority Adult Cardiovascular Disease (CVD) DEMO Programs have engaged the community and have collaborated with local community organizations, faith leaders, civic organizations and providers through several types of events and activities. In fiscal year 2014, 44,570 CVD-related health education materials were distributed in Baltimore City and Worcester County.

- Baltimore City – The Faith Center for Advancement and Wellness FY 2014 Annual Accomplishment Summary

The Baltimore City Minority Adult Cardiovascular Disease Mortality Demonstration Program addressed the issues that exist within the minority populations in the City by working with established community partners and health service providers to provide a linkage to health and social services, refining and expanding the Community Health Worker program initiated under their Healthy Heartbeats Program, and raising awareness about the issue through social media campaigns, community newsletters and forums. During the fiscal year 2014, the Baltimore City DEMO Program accomplished the following:

- Enrolled 796 minority adults into the DEMO Program;
- Provided 55 referrals to service providers or social services;
- Conducted 361 education classes;
- Distributed 25,514 health education materials to 8222 minorities; and
- Participated in 19 community events.

- Worcester County – Worcester County Health Department FY 2014 Annual Accomplishment Summary

The Worcester County Minority Adult Cardiovascular Disease Mortality Demonstration Program utilized funds from MHHD to conduct several community outreach initiatives such as to promote physical activity participation among minority men and women through the “Just Walk” and “Lifestyle Balance” programs, collaborating with local organizations to provide an annual cultural diversity and minority health summit, and work with faith-based partners to raise awareness about healthy food choices. During the fiscal year 2014, the Worcester County DEMO Program accomplished the following:

- Enrolled 97 minority adults into the DEMO Program;
- Provided 19 referrals to service providers or social services;
- Conducted 63 health education classes;
- Distributed 19,056 health education materials to 1,182 minorities; and
- Participated in 54 community events.

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

Under a two-year State Partnership Grant (September 1, 2013 through August 31, 2015) for \$300,000 (\$150,000 per year) from the DHHS Office of Minority Health, MHHD is continuing to promote increased cultural competency of health professionals in the state.

Through the current (3rd) cycle of the State Partnership Grant, MHHD is implementing the CLAS Standards Training Project. The purpose of the project is to promote adoption and implementation of the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), which were re-launched by the DHHS Office of Minority Health in April 2013. The project encompasses the following two goals:

- Goal 1: Increase the cultural competency of selected health care delivery organizations in Maryland through training and promoting the adoption of CLAS Standards.
- Goal 2: Increase the capacity of health care delivery organizations to educate consumers and minority communities regarding how CLAS Standards improve access and use of health services.

MHHD will provide training on and promote adoption of the CLAS Standards for a select group of 16 targeted health care delivery organizations in Maryland, including hospitals, patient-centered medical homes, federally-qualified health centers (FQHCs), and facilities located within the Health Enterprise Zones (HEZs). The project is also providing training for the MOTA and DEMO Program grantees in order to increase their capacity to improve consumer awareness and knowledge about practical expectations for delivery of culturally-competent health care services.

Specific project activities include: (1) Conducting an introductory leadership presentation for each participating health delivery organization; (2) Conducting a baseline assessment of the current knowledge and implementation of the CLAS Standards; (3) Developing a tailored training workshop and toolkit for health delivery organizations; (4) Conducting a training session for staff and managers at the target health delivery organizations; (5) Providing follow-up and ongoing technical assistance; (6) Conducting a post-training assessment of intent and progress toward implementation of the CLAS Standards among the target health delivery organizations; (7) Developing a CLAS Standards training and toolkit for outreach workers and pilot-testing the materials within local MOTA and DEMO Programs; and ultimately (8) Disseminating and promoting utilization of both CLAS Standards Toolkits for use by various types of health delivery organizations, including the project's 16 target health delivery sites. MHHD has developed the CLAS assessment tools and training materials and is in the process of tailoring and scheduling the training sessions to meet the needs of each participating organization.

Underpinning the CLAS Standards Training Project is MHHD's ability to nurture relationships with identified organizational partners and the target health care delivery sites. MHHD secured letters of commitment from the Maryland Hospital Association, Maryland Community Health Resources Commission (HEZs), the Maryland Department of Health and Mental Hygiene/Health Services and Infrastructure Administration (federally-qualified health centers - FQHCs), and the Maryland Health Care Commission (patient-centered medical homes - PCMHs). MHHD held partnership and planning meetings with leadership from the four entities listed above, as well as with the Mid-Atlantic Association of Community Health Centers (MACHC), which represents FQHCs and several PCMHs in Maryland.

In addition, MHHD met with executive leaders and representatives of individual hospitals, FQHCs, PCMHs, and HEZs in Maryland, and conducted formal introductory presentations about the CLAS Standards to executive leaders at the following meetings:

- Maryland Hospital Association's (MHA) Council on Clinical Quality Issues Meeting (January 2014). The MHA Council is composed of 26 individuals who are CEOs, chief physicians, chief nurses, and chief quality personnel from the member hospitals of MHA.
- Maryland Learning Collaborative convening of 130 leaders and representatives from 53 patient-centered medical homes around the state (May 2014).
- A separate CLAS Standards breakout session for 6 FQHCs at the Annual Conference of the Mid-Atlantic Association of Community Health Centers (MACHC) (September 2014).
- CLAS Standards Webinar hosted by MACHC and attended by leadership from 4 FQHCs as well as several other organizations (September 2014).

In total, MHHD's leadership presentations about the CLAS Standards Project have reached 98 health organizations, including the Virginia Department of Health, seven local health districts in Virginia, and four organizational partners of the Virginia Department of Health, Office of Minority Health and Health Equity.

VIII. MHHD Work Plan for 2015

MHHD plans to undertake the following activities during FY 2015:

A. Statewide Health Disparities Initiatives:

- MHHD will expand on collaborative efforts underway within DHMH's programs as well as external efforts involving key stakeholders within the State to publish and ensure implementation of the Third Maryland Plan to Eliminate Minority Health Disparities, Plan of Action 2015 – 2019. The components of the Plan will include strategies, best practices, findings, and recommendations of existing Health Initiatives within DHMH and other State Agencies/Entities that aims to reduce ethnic/racial health disparities.
- MHHD staff will serve on the Center for Chronic Disease Prevention and Control's Planning Team to heighten awareness of chronic disease and their risk factors that impact of minority and other populations locally and nationally.

B. Health Disparities Reduction Demonstration Programs:

- MHHD will continue to develop and mature the role of the community health worker as the primary outreach component for the DEMO Program.
- MHHD will conduct site visits to local DEMO Programs to receive an updated on management and day to day operations of the program and staff.
- MHHD will improve the linkage of services component of the DEMO Program; connecting community based organizations to health care or service providers and vice versa.

C. Federal-State Partnership Grant Project:

- During August 2014 through October 2014, MHHD will conduct four regional CLAS training sessions for outreach workers and administrative staff of the MOTA and DEMO Programs. The regional trainings will take place in the Eastern Shore, Western Maryland, Southern Maryland, and Baltimore Metro Regions. Follow-up technical assistance on CLAS-related issues will be provided to the MOTA and DEMO Programs.
- Staff trainings and additional leadership presentations will take place in October and November 2014 at Shady Grove Adventist Hospital, Sinai Hospital of Baltimore, Gerald Family Care (PCMH), and The Pediatric Group (PCMH). (More staff training dates have been scheduled for calendar year 2015.)

- Conduct CLAS Standards training for an additional 12 targeted health care delivery organizations and provide technical assistance as needed.
- Refine and disseminate the CLAS Standards Training Toolkit for Health Delivery Organizations.
- Refine and disseminate the CLAS Standards Training Toolkit for Outreach Workers.
- Assess post-training adoption and implementation of the CLAS Standards among the total targeted 16 health care delivery organizations.
- Facilitate collaborative meetings on CLAS Standards implementation between local health disparities programs and targeted health care delivery organizations situated within the same jurisdictions.
- Maintain existing partnerships and identify avenues to incorporate partners into new and ongoing MHHD activities focused on increasing cultural competency and promoting the CLAS Standards.
- Continue to disseminate the Cultural Competency and Health Literacy Primer to health professionals, health professional educators, and other interested stakeholders, as a reference tool for CLAS Standards-related trainings.

D. Minority Outreach and Technical Assistance (MOTA):

- Reach approximately 534,500 minorities before the end of the fiscal year. This will be accomplished through one-on-one outreach, group presentations, health fairs, workshops, health education materials, traditional and social media, and other means.
- Offer and refer local MOTA Program staff to trainings to enhance their knowledge in specific areas of chronic disease, social determinants, CLAS Standards and Cultural Competency, and other important issues that are commonly encountered in local minority communities in Maryland; and to inform program staff about resources and services that are available statewide.
- Encourage and support the participation of local MOTA Programs on the DHMH Community Health Worker Workgroup.
- Continue to encourage local MOTA Programs to participate and work collaboratively with other state initiatives such as the Maryland Million Hearts Initiative and the 100 Congregations for Million Hearts Initiative.
- Connect local MOTA Programs to representatives from the Governors Ethnic and Racial Commissions to assist with outreach to minority populations.

E. Implementing State Health Disparities Plan

- During 2015 MHHD will undertake the research and publication of their 3rd Maryland Health Disparities Plan. This will occur under several guiding groups: DHMH Secretary and Leadership; U.S. Department of Health and Human Services, Office of Minority Health; input and guidance from the Maryland Health Disparities Collaborative, as well as the public.

F. Community Health Worker Workgroup

- MHHD staff will serve on the Internal Working Group responsible for the guidance and technical assistance to DHMH Community Health Worker (CHW) Workgroup. There will be at least 6 CHW Workgroup meetings held between September and December 2014.
- MHHD will advise on the selection criteria of the CHW Workgroup members and the selection of Workgroup members, provide guidance and input on CHW practices within MHHD funded programs, and offer logistical support.
- MHHD 11th Annual Conference will be used as a platform to discuss the role of CHWs in Maryland and the purpose for the CHW Workgroup.

G. Capacity Building of Health Enterprise Zones

- MHHD will continue to support the data reporting and evaluation functions of the HEZ program by participating in the internal HEZ data workgroup and the larger HEZ oversight workgroup. MHHD will participate in one-on-one meetings and work sessions with individual HEZs.
- MHHD will continue to support cultural, linguistic, and health literacy competency of the HEZs by offering further training and technical assistance to organizations associated with the HEZs.

H. Cultural Competency

- Conduct Cultural Competency training for the remaining Maryland Health Connection entities and provide technical assistance to health providers affiliated with the HEZs.
- Conduct Cultural Competency training for local health departments and other health and healthcare organizations as requested and provide technical assistance as needed.

- Maintain existing partnerships and identify avenues to incorporate partners into new and ongoing MHHD activities focused on increasing cultural competency and promoting the CLAS Standards.
- Continue to disseminate the Cultural Competency and Health Literacy Primer to health professionals, health professional educators, and other interested stakeholders, as a reference tool for cultural competency-related trainings.

I. Maryland Health Disparities Data

- The MHHD data program will focus in 2015 on developing minority health and health disparity trend data reports at the statewide and jurisdictional level, for the key indicators of mortality, hospital utilization and cost, and prevalence of diseases and risk factors. Compilations of SHIP data in user-friendly formats will be the initial focus of this effort.
- The MHHD data program will also continue to update its usual data products, including a fourth edition of the Maryland Chartbook of Minority Health and Minority Health Disparities Data.

IX. Publications, Presentations, and Resources

A. Publications

- **2014.** Maryland's Changing Population Infographic; Maryland Office of Minority Health and Health Disparities
<http://dhmh.maryland.gov/mhhd/SitePages/Health%20Equity%20Data.aspx>
- **2014.** Language Diversity in Maryland, 2008-2012 Infographic; Maryland Office of Minority Health and Health Disparities
<http://dhmh.maryland.gov/mhhd/SitePages/Health%20Equity%20Data.aspx>
- **2014.** Non-Hispanic Black or African American Health Disparities - Compared to Non-Hispanic Whites in Maryland Infographic; Maryland Office of Minority Health and Health Disparities
<http://dhmh.maryland.gov/mhhd/SitePages/Health%20Equity%20Data.aspx>
- **2014.** Hispanic Health Disparities Compared to Non-Hispanic Whites in Maryland Infographic; Maryland Office of Minority Health and Health Disparities
<http://dhmh.maryland.gov/mhhd/SitePages/Health%20Equity%20Data.aspx>

- **2014.** Non-Hispanic Asian Health Disparities - Compared to Non-Hispanic Whites in Maryland Infographic; Maryland Office of Minority Health and Health Disparities <http://dhmh.maryland.gov/mhhd/SitePages/Health%20Equity%20Data.aspx>
- **2014.** Hussein CA, Luckner M, Samson R, Matsuoka K, Mann DA, Rekhi R, Richardson E, Hurson J, Reece EA, Sharfstein JM. Working with Communities to Achieve Health Equity in Maryland's Five Health Enterprise Zones. *Journal of Healthcare for the Poor and Underserved* 25: 4-10.
- **2014.** Maryland Cultural Competency Technical Assistance Resource Kit {Health Literacy, Language Services, Workforce Diversity} (Updated Version); Maryland Office of Minority Health and Health Disparities.

B. Presentations

- Organizational Leadership Presentation to the Maryland Hospital Association (MHA) Council on Clinical Quality Issues (January 2014).
- Million Hearts Symposium Panel Presentation and Moderation (February 2014).
- Cultural Competency Training Presentation to the Anne Arundel County Health Enterprise Zone (February 2014).
- Health and Government Operations Committee; Minority Health Disparities Subcommittee; Minority Health and Health Disparities Legislative Update 2014; (February 2014).
- Minority Infant Mortality in Maryland (2006-2012) update to the Maryland State General Assembly (February 2014).
- University of Maryland Social Justice Issues; Health Disparities to Health Equity in Maryland; University of Maryland Baltimore (February 2014).
- 2014 National Association of Counties Legislative Conference; Health Enterprise Zones: A Community-Based Strategy for Reducing Health Disparities (March 2014).
- DHMH Virtual Data Unit Meeting; Lies, Damn Lies, and Statistics: Limitations of Data Analysis, Interpretation and Presentation (March 2014).
- Australian Researchers' Overview of Minority Outreach and Technical Assistance, (March 2014).
- CLAS Standards Presentation to the Virginia Office of Minority Health and Health Equity, local health districts, and local partners (April 2014).

- Informational Slides for DHMH Employees and Visitors, Minority Health Month; Maryland Minority Population and Health for (April 2014).
- CLAS Organizational Leadership Presentation to Shady Grove Adventist Hospital, Sinai Hospital of Baltimore, MedStar Montgomery Hospital, Frederick Memorial Hospital (May 2014).
- CLAS Organizational Leadership Presentation to Patient-Centered Medical Homes at the Meeting of the Maryland Learning Collaborative (May 2014).
- Cultural Competency Training Presentation to the Dorchester County Health Enterprise Zone (May 2014).
- Cultural Competency Training Presentation to the West Baltimore Health Enterprise Zone (May 2014).
- Maryland National Organization for Women Annual State Conference; Rich and Sick: Maryland's Infant Mortality Paradox (May 2014).
- MOTA Grantee Orientation on Cultural Competency and the CLAS Standards (June 2014).
- Training for Cultural Competency: A Colloquium for Social Worker Educators at Howard University School of Social Work (May 2014).
- 2014 Maryland Diabetes Symposium; Impact of Social Determinants of Health on Chronic Disease and Diabetes (June 2014).
- DHMH Infectious Disease Update; The Diversity and Immigration Context of Hispanic Health in Maryland (June 2014).
- DHHS/OMH and ASTHO Webinar; Maryland's Health Enterprise Zones: Policy and Administrative Initiatives to Address Health Disparities and Advance Health Equity (June 2014).

C. Resources

- *2013 National Healthcare Disparities Report*. Agency for Health Care Research and Quality .
- (AHRQ). U.S. Department of Health and Human Services, 2014.
<http://www.ahrq.gov/research/findings/nhqrd/index.html>

- **2013 National Healthcare Quality Report.** Agency for Health Care Research and Quality (AHRQ). U.S. Department of Health and Human Services, 2014.
<http://www.ahrq.gov/research/findings/nhqrd/index.html>
- **Cultural Competency Program for Oral Health Professionals,** Office of Minority Health, U.S. Department of Health and Human Services, April 2014.
<https://oralhealth.thinkculturalhealth.hhs.gov/>
- **The State of Health Equity Research: Closing Knowledge Gaps to Address Inequities,** Association of American Medical Colleges, 2014.
<https://www.aamc.org/initiatives/research/healthequity/402654/closingknowledgegaps.html>
- **The Economic Case for Health Equity,** Association of State and Territorial Health Officials, 2014.
<http://www.astho.org/Programs/Health-Equity/Economic-Case-Issue-Brief/>
- **Smoking and Tobacco Use,** Center for Disease Control Surgeon General's Report, 2014.
http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm?s_cid=cs_692
- **Antimicrobial Resistance: Global Report on Surveillance,** 2014.
<http://www.who.int/drugresistance/documents/surveillancereport/en/>
- **New Report: Health Insurance Marketplace will Have 25 Percent More Issuers in 2015.**
<http://www.hhs.gov/news/press/2014pres/09/20140923a.html>
- **Infant Mortality in Maryland,** Maryland Department of Health and Mental Hygiene Vital Statistics Administration, September 2014.
<http://dhmh.maryland.gov/vsa/AnalyticsReports/2013.pdf>
- **Global Status Report on Alcohol and Health 2014.**
http://www.who.int/substance_abuse/publications/global_alcohol_report/en/

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