

Maryland Primary Care Program

Office of Minority Health and Health Disparities' Health Equity
Conference

December 7th, 2017

Howard Haft, M.D., MMM. C

Maryland Department of Health



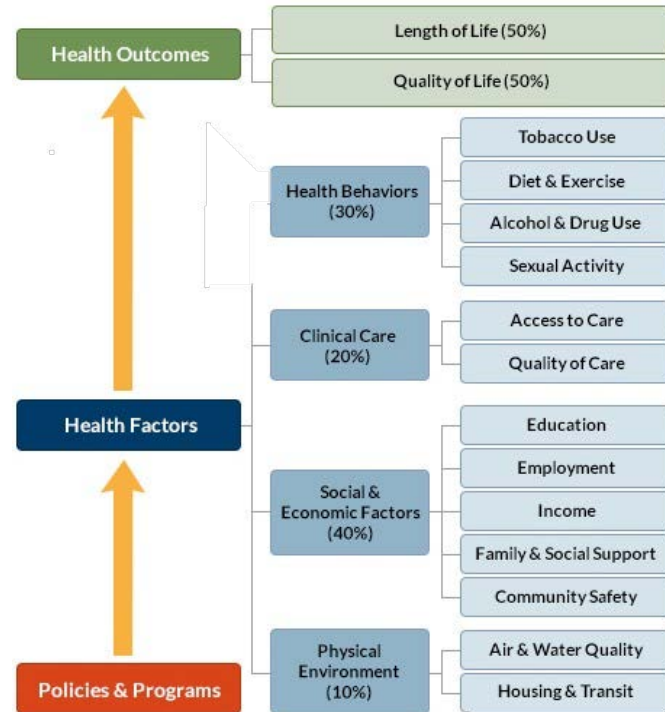
Population Health Framework

Population health is both:

- Health outcomes of a group of individuals, and
- Distribution of such outcomes within the group

Improving population health requires both:

- Clinical management of individuals in the group, and
- Addressing underlying determinants of health status across the group



County Health Rankings model, 2014
UWPHI

Planning for Population Health Improvement

Health Disparity: Difference in health outcomes among groups of people

Health Equity: Attainment of highest level of health for all people

Assessment of health disparity and inequity is driven by social determinates of Individual Health Status:

20%: Clinical Care

40%: Socioeconomic factors

10%: Physical Environment

30%: Health Behaviors

Social Determinates of Health: reliance upon Non-Medical Infrastructure

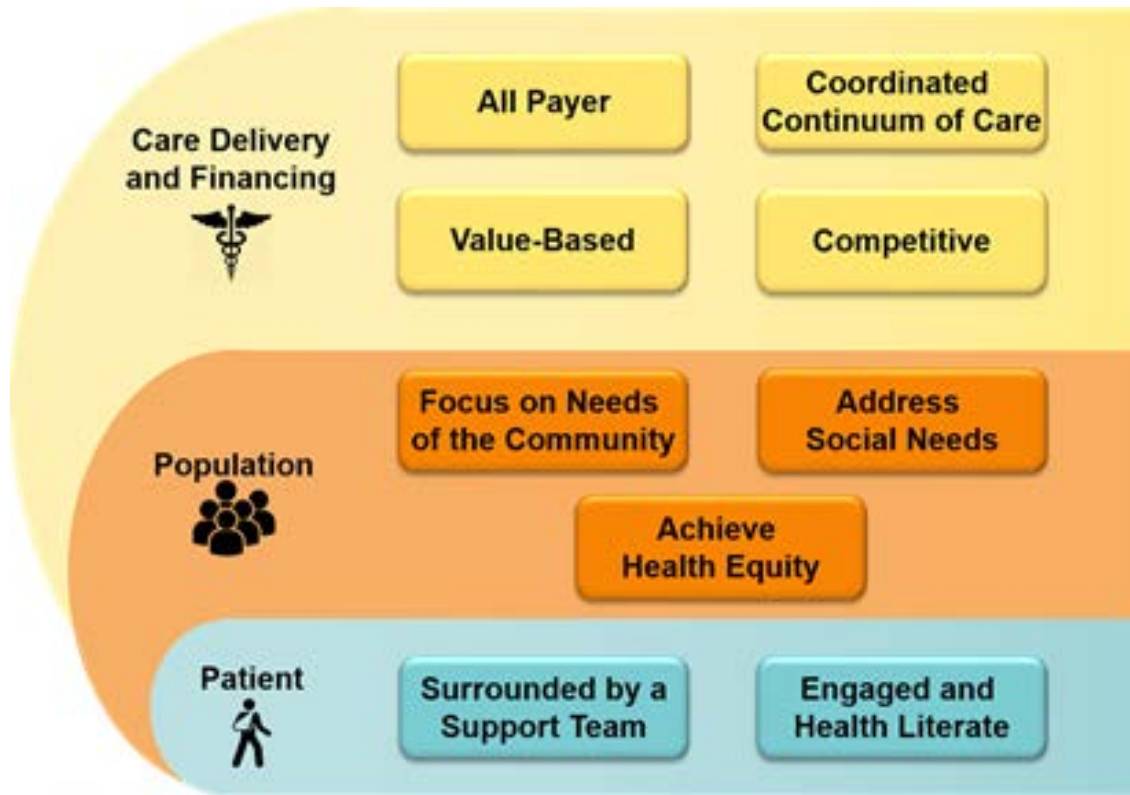
Social Structures (social services, employment, income, healthy food access)

Physical Environment (housing, transportation, safety, green space)

Health Services (access, quality of care, cultural competency)

Societal Factors (poverty, education, crime)

Planning for Population Health Improvement: An Integrated Delivery Health Care System



Total Cost of Care Model (2019-2029)

Improving health, enhancing patient experience, and reducing per capita costs.








2017





2029




Maryland Primary Care Program
2018-2026

HSCRC Models
All Payer – 2014-18
Total Cost of Care -2019-29
2014 - 2029

HSCRC Care Redesign Programs
2017 - TBD

-  Increase preventive care to lower the Total Cost of Care
-  Decrease avoidable hospitalizations
-  Decrease unnecessary ED visits
-  Increase care coordination
-  Increase community supports

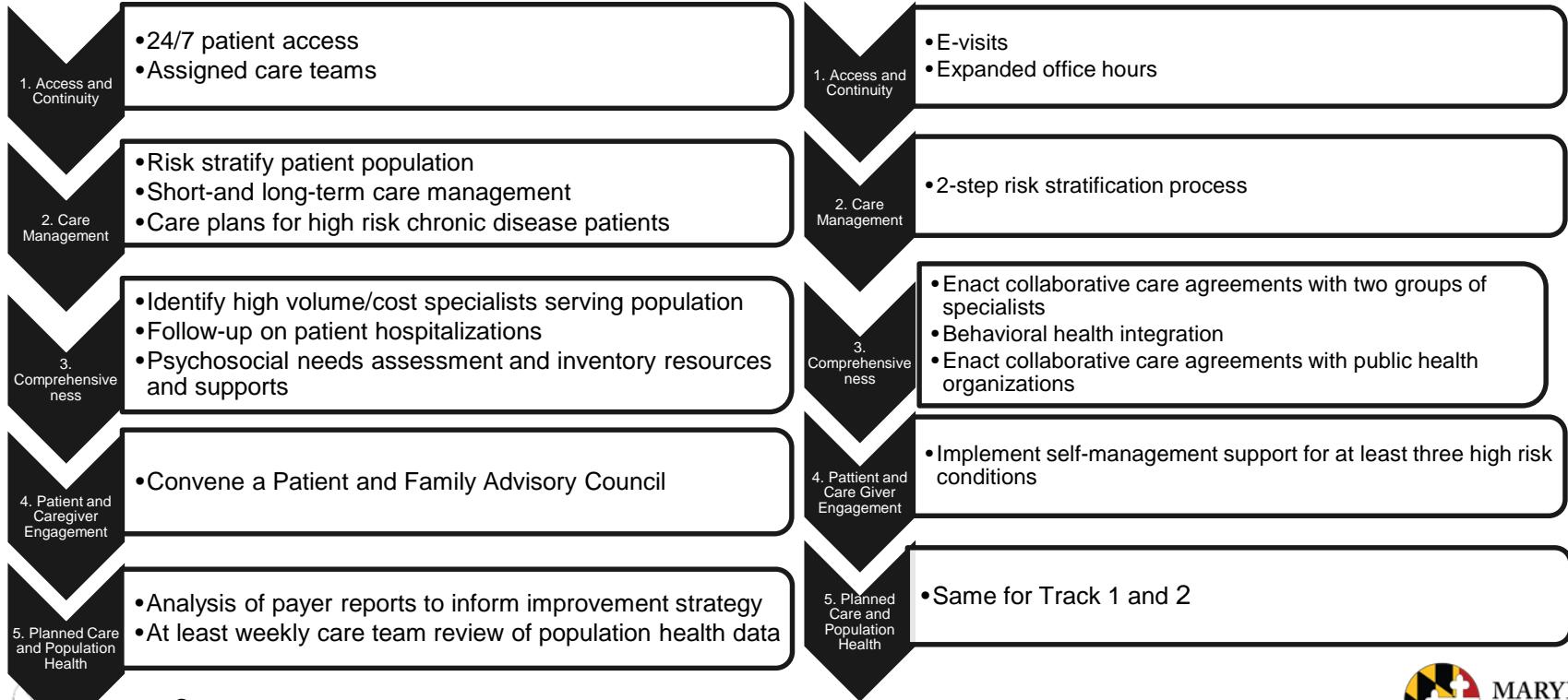
-  Reduce unnecessary lab tests
-  Increase communication between hospital and community providers
-  Increase complex care coordination for high and rising risk
-  Improve efficiency of care in hospital

-  Reduce unnecessary readmissions/ utilization
-  Reduce hospital-based infections
-  Increase appropriate care outside of hospital

Requirements: Primary Care Functions

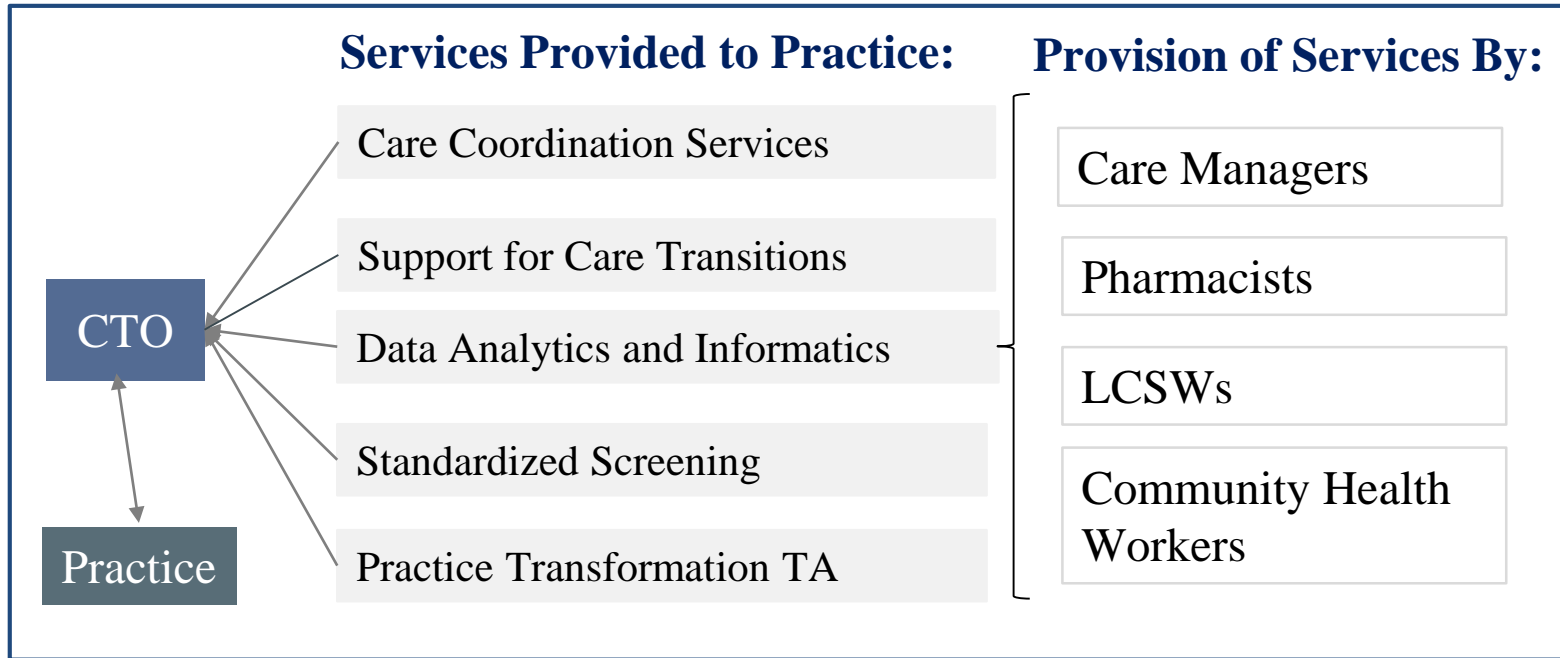
Track 1

Track 2

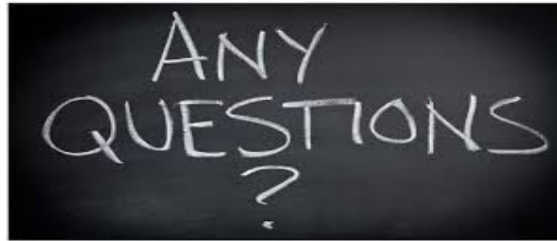


Care Transformation Organization

Designed to assist the practice in meeting care transformation requirements



Thank you!



Updates and More Information:

<https://health.maryland.gov/Pages/Maryland-Primary-Care-Program.aspx>

Public Health Implementation Strategies for Improving Population Health

Stephanie C. Slowly MSW, LCSW-C
December 7, 2017

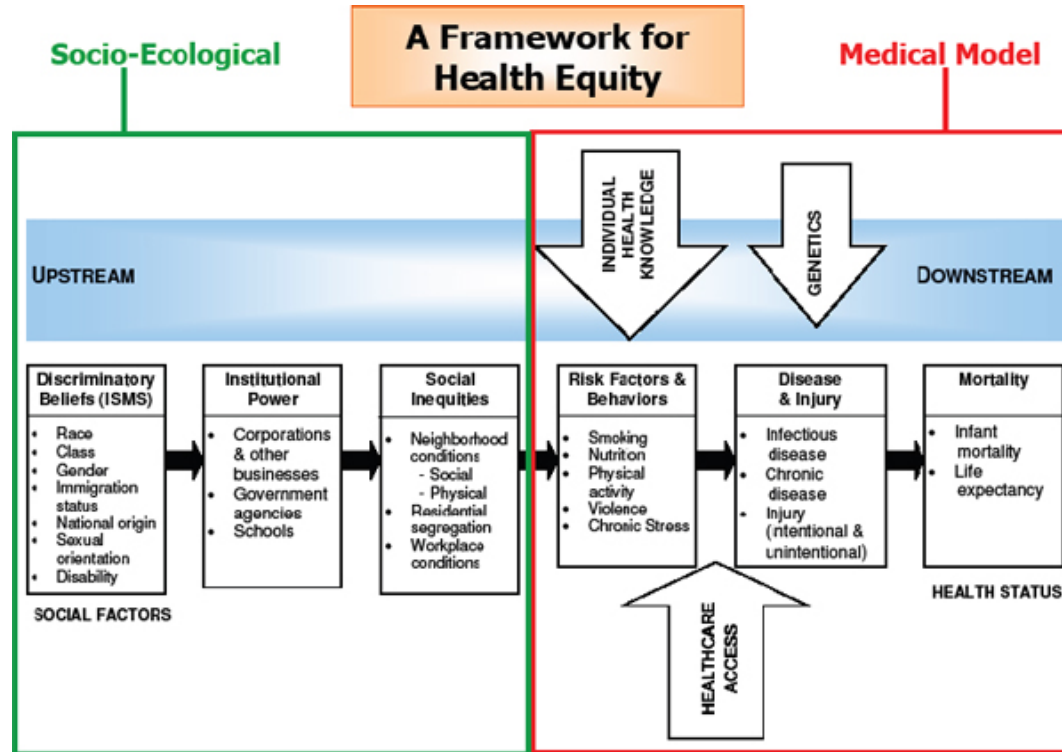
MHHD Background

Statutory Base: The Office of Minority Health and Health Disparities (MHHD) was established in 2004 by statute, under the Maryland 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.

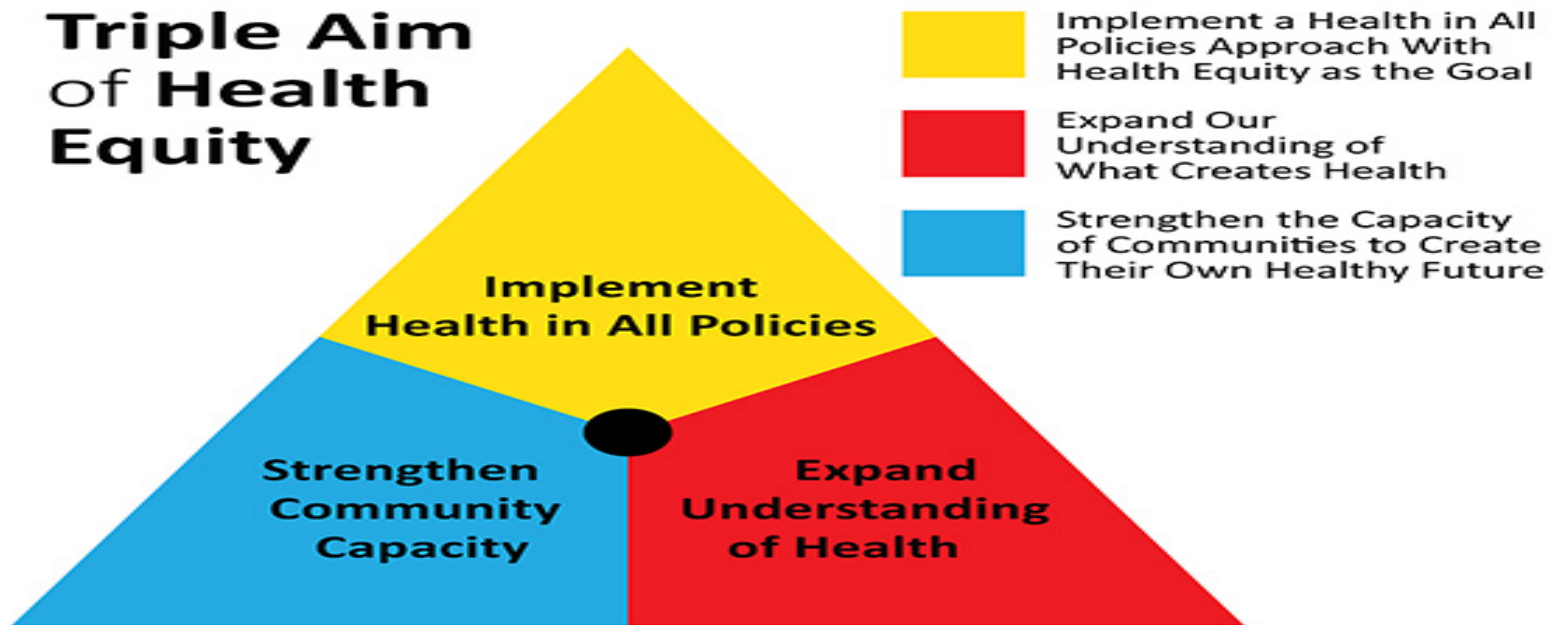
Vision: To achieve health equity where all individuals and communities have the opportunity and access to achieve and maintain good health.

WORKING UPSTREAM



FRAMEWORK

Triple Aim of Health Equity

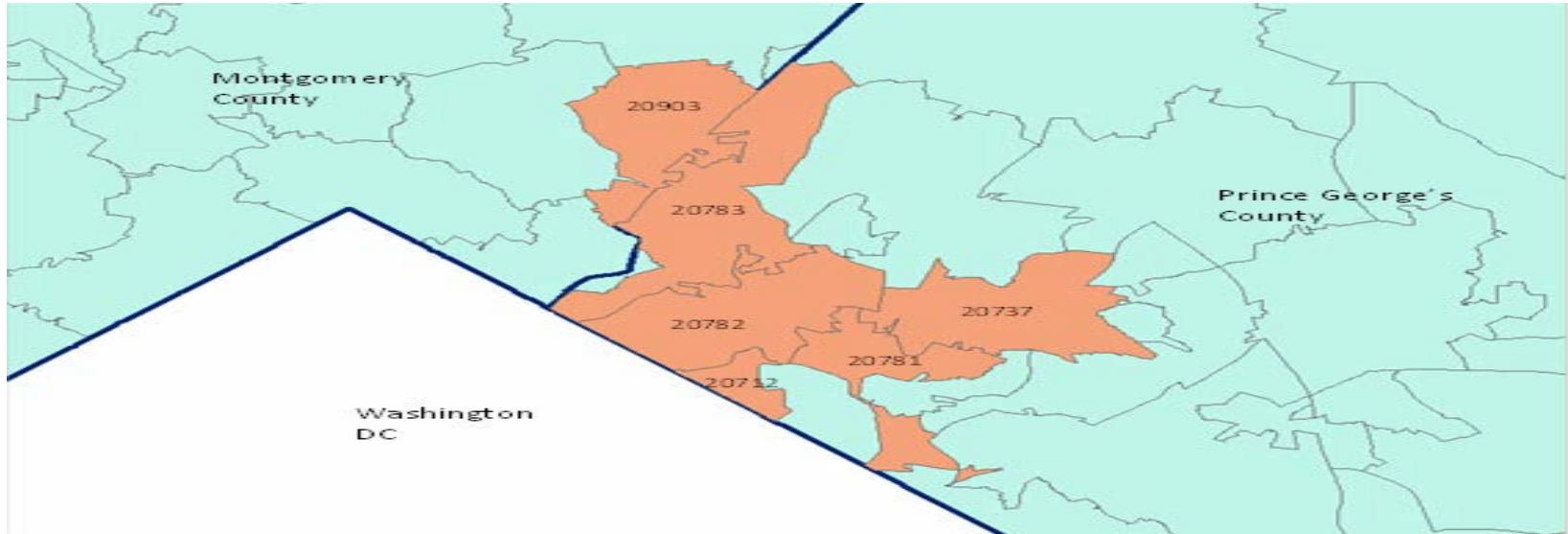


How do we achieve this?

- Coordination of Efforts
- Collaboration & Partnership
- Opportunities to Further Equity

Coordination of Efforts

- *Educating Minorities of Benefits Received After Consumer Enrollment (EMBRACE)*



Coordination of Efforts

Community-based deployment of CHWs

Educate individuals on benefits of health insurance enrollment and resources for Medicaid and Exchange plans

Hospital identification of high utilizers

Identify individuals without insurance who have ED visits/hospital admissions.

Link these persons to their own enrollment support systems, to Connector Entities and Exchange Navigators, or to EMBRACE grant-funded CBO and CHWs

Medicaid Program

Identifies high utilizers without primary care visits

Link to their own enrollment support systems, to Connector Entities and Exchange Navigators, or to EMBRACE grant-funded CBO and CHWs

Outputs EMBRACE

Mary's Center Y2

Program output	Y2 Q1	Y2 Q2	Y2 Q3	Y2 Q4	Y2 Sum
Number of educational sessions	54	39	27	27	147
Number of attendees at sessions	295	285	272	230	1082
Number of informational materials distribute	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

Coordination & Partnership

- Coordination of resources, efforts and ideas can enhance programing and have a greater reach to your community.
- Our Minority Outreach and Technical Assistance program consistently works with hospital, educational intuitions, FQHC, churches and their local health department to meet the needs of the community.
- During Minority Health Month, 5 of our partners participated in community conversations.

Coordination & Partnership

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Coordination & Partnership



Opportunity to Further Equity

- MHHD is committed to enhance awareness, education, outreach and equity implementation within programs, agencies and community stake holders.
- On behalf of the Secretary of Health, MHHD is working with our colleagues on program implementation from grant reviews to program re-design.
- Local Health Departments and other stakeholders continue to consult with the office to move their equity metrics forward, and improve population health.

Opportunity to further Equity

- Local Health Departments and other stakeholders continue to consult with the office to move equity goals forward.
- MHHD provides training for Health Boards and Commissions, New Hire orientation and brown bag session at the Maryland Department of Health.
- MHHD is strategically planning online platform trainings on CLAS Standards, cultural competency and health literacy.

Things to consider?

WHAT ARE NEXT STEPS?

- 1. How can you utilize strategies to enhance the equity work to reduce health disparities in your organization and community?**
- 2. What areas does your organization and community have the potential to grow and enhance equitably?**
- 3. How can MHHD help you achieve these goals?**

Questions????



Thank you!

Contact Information

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A Regional Approach to Health Disparities

Daniel Bones Gallardo, MPH

Regional Minority Health Consultant

Public Health Advisor

Office of the Assistant Secretary for Health, Region III



The Office of Minority Health (OMH)

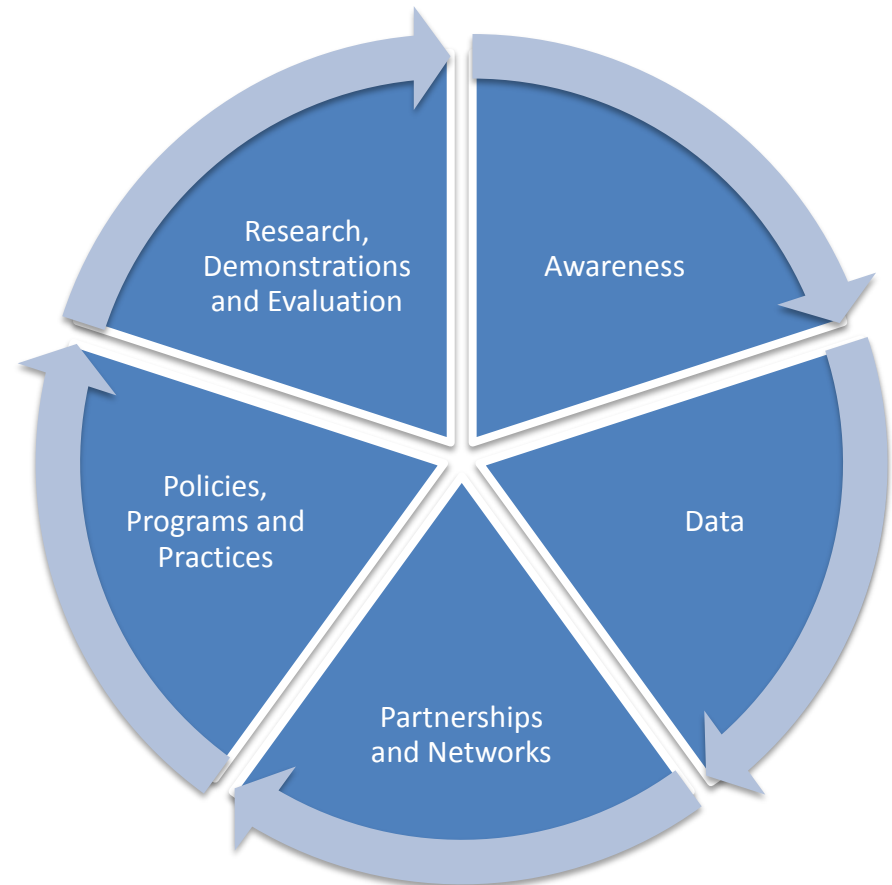
OMH Mission

To improve the health of racial and ethnic minority populations* through the development of health policies and programs that will help eliminate health disparities.

* As defined in statute, “racial and ethnic minority populations” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.

Statutory Authority:
Public Health Service Act §1707
([42 U.S.C. §300u-6](#))

OMH Functions



National Partnership for Action to End Health Disparities (NPA)

Mission: Increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action and by bringing attention to the social determinants of health.

NPA Goals:

- 1) Increase **awareness** of health disparities
- 2) Strengthen and broaden **leadership** for addressing health disparities
- 3) Strengthen the **health system** and improve **life experience** for the underserved
- 4) Improve **cultural and linguistic competency** and diversity of the health-related workforce
- 5) Improve **data** availability and coordination, and share **research and evaluation** outcomes



Principles Guiding Targeted Action

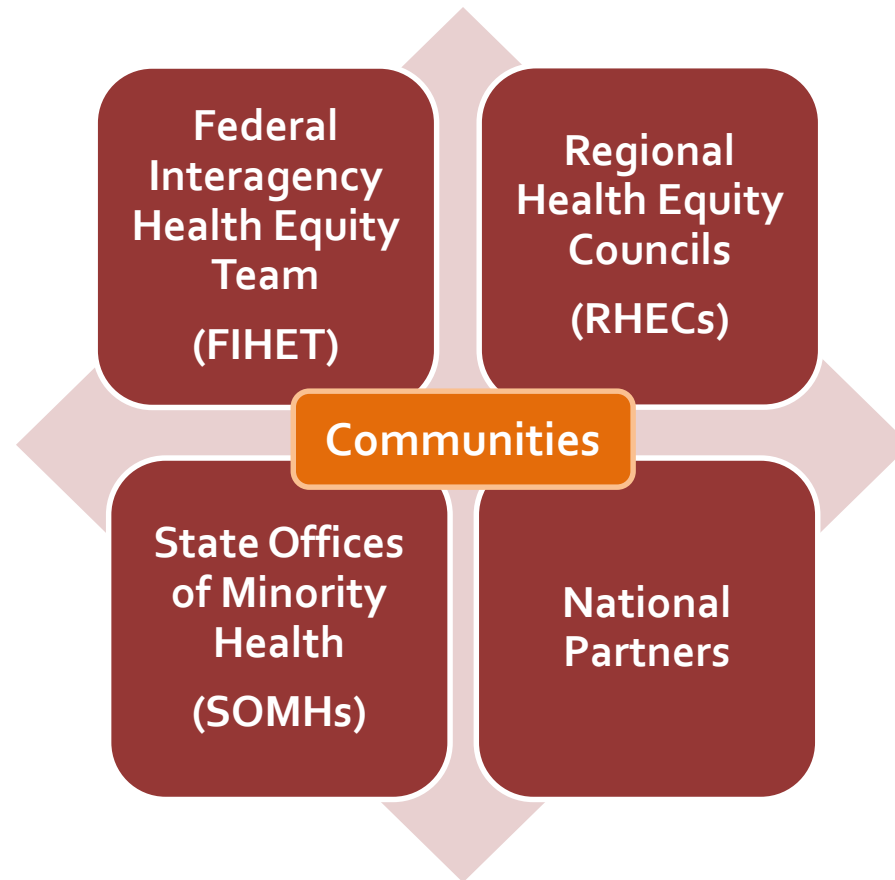
Community-Driven

Partnership-Based

Multi-Level and
Multi-Sector

A Social Determinants
of Health Approach

NPA Implementation Structure



About the Mid-Atlantic RHEC

- The Mid-Atlantic RHEC is one of ten RHECs in the U.S. formed in 2011 to implement the National Partnership for Action to End Health Disparities (NPA)
- **Mission:** Strengthen programs, policies, practices, and services to achieve better health in Region III, in coordination with state offices of minority health to address CLAS and social determinants of health, therefore eliminating health disparities.
 - To inform and strengthen programs, practices, policies and services that contribute to achieving better health for all within **Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia** by eliminating health disparities, addressing the determinants of health, and stimulating communities to empower themselves

Mid Atlantic RHEC Membership Profile

32 Members affiliated with the following organizations/entities:

- State Departments of Health (Delaware, Maryland, Pennsylvania, and Virginia)
- AARP
- AmeriHealth Caritas
- Bon Secours (Hospital System)
- Bluefield State University
- Central Penn College
- Community Capacity Builders, LLC
- DentaQuest Institute
- Epilepsy Foundation
- Fox Chase Cancer Center
- Health Policy Research Consortium
- Nemours (Children's Hospital System)
- Norfolk State University
- NOVA Scripts Central
- University of Delaware
- University of Maryland
- University of Pittsburgh Medical Center



Mid-Atlantic RHEC Priority Areas

Increasing awareness
of the significance of
health disparities

- Publish and disseminate health equity profiles
- Mid-Atlantic RHEC's webinar on how three states are addressing the social determinants of health

Improve cultural and
linguistic competency

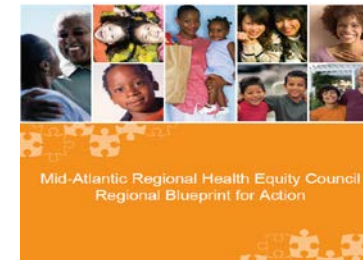
- Educate regional practitioners from multiple sectors about cultural competency and unconscious bias
- Increase access to information to support adoption of culturally competent practices

Address pipeline
workforce
development for
people of color

- Convene leaders to increase the health care pipeline for minority students
- Provide youth education and leadership through training on health equity and social determinants of health, mentoring, and practicum experiences

Committees and Workgroups

- **Awareness Committee**
 - Increases awareness of the significance of health disparities and their impact on the states in the region
- **Cultural Competence Committee**
 - Improves cultural and linguistic competency and the utilization of CLAS standards
- **HBCU Workgroup**
 - Explores strategies for collaboration in promoting the training of African Americans in the health professions and completing their educational program



Awareness Committee

- Increasing awareness of health equity, the significance of health disparities, and impact in Region III
 - Authoring a text book chapter on health equity that is being led by the Pacific and Northwest Regional Health Equity Council
 - *Strategic Partners: Deploying Promotion and Education Strategies to Reduce Health Disparities in the Mid-Atlantic Region*
- Identifying key stakeholders for collaboration on health equity related activities
- Annual Health Equity Hero Award
- Annual Health Equity Day, April 5

Cultural Competency Committee

- Implementation of the CLAS Survey
 - To assess awareness and implementation
 - To identify regional goals
- Developed a regional database to survey the following:
 - Hospitals
 - FQHCs
- Implemented the survey in October 2016
 - Of the 204 organizations that were sent the survey link, 73 organizations (36%) completed the survey
 - Results will be used to develop training and identify resources

HBCU Committee

- Host Bi-Annual HBCU Health Professions Summit
- Assist and facilitate in building sustainable cross-collaboration health professions programs, including focus areas in emerging leaders and youth development pipeline
- Support emerging leaders and youth development pipeline
- Raise awareness regarding health and hard science pathways to public health, nursing, and innovation for the future
- Facilitate awareness about new emerging jobs and employment in healthcare fields
- Seek ways and means to increase collaborative relationships within the HHS infrastructure consistent with new priorities

National Workforce Diversity Pipeline

Supports projects that develop innovative strategies to identify promising students in their first year of high school and provide them with a foundation to pursue successful careers in the health professions.

Sample grantee: *Boys and Girls Club of Tennessee Valley* works with minority and disadvantaged youth and provides:

- Academic advising
- After school tutoring
- Summer camp programs
- ACT/SAT test prep and waiver assistance
- STEM curriculum activities
- Career awareness and exploration
- Financial aid awareness and assistance

State Partnership Initiative to Address Health Disparities

SPI supports partnerships between state offices of minority health and state health agencies, or tribes and tribal health agencies, to improve health outcomes and address Leading Health Indicator disparities that affect minority and disadvantaged populations.

Sample leading health indicators addressed:

- Nutrition, Physical Activity, and Obesity
- Mental Health
- Tobacco cessation
- Access to health services
- Maternal, infant, and child health



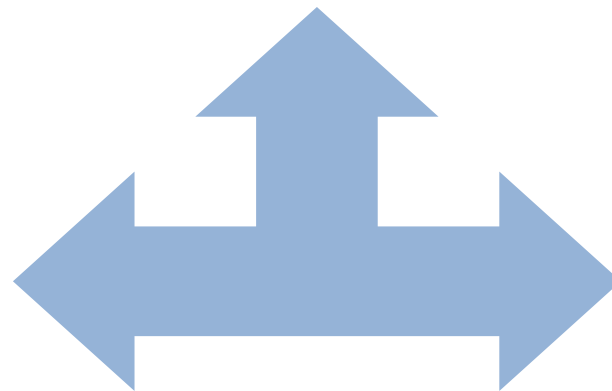
- Knowledge Center

- Information Services

- Communications

- Capacity Building

- Technical Assistance



Resources

Products

- Literature searches

- Data and Statistics

- E-Newsletters

- Social Media

- Website

OMH Website

www.minorityhealth.hhs.gov



HHS.gov U.S. Department of Health & Human Services

OMH U.S. Department of Health and Human Services Office of Minority Health

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NATIONAL MINORITY HEALTH MONTH APRIL 2017

BRIDGING HEALTH EQUITY ACROSS COMMUNITIES

STRATEGIC PRIORITIES

- Access to Quality Health Care
- The HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- National Partnership for Action to End Health Disparities

NEWS

- FY2017 FOA Technical Assistance Webinars
- Become a Grant Reviewer
- Zika Roundtable Replay (in Spanish)
- Health Equity Change Makers – Guy's Story

SPOTLIGHT

- National Minority Health Month – April 2017
- Register Your Events

KNOWLEDGE CENTRAL

- Online Library Search
- National CLAS Standards
- Campaigns and Observances
- OMH Resource Center
- Sign up for Email Updates and Newsletters

MY HEALTH

- Resources for You and Your Family
- Find a Clinic Near You
- MI Salud En Español
- Contact Us

BLOG FOR HEALTH EQUITY

- History is Our Greatest Teacher
- Survivors' "Springboard Beyond Cancer"
- Public Health 3.0, the NPA, and the Opioid Epidemic: Embracing a New Approach to Public Health



OMH U.S. Department of Health and Human Services Office of Minority Health

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- State Minority Health Contacts
- Offices of Minority Health at HHS
- Advisory Committee
- News

OMH Home > About OMH > State Minority Health Contacts

State Minority Health Contacts

Use the map to find the minority health point of contact for your state or territory.



STAY CONNECTED

Other states and/or territories:

- American Samoa
- Federated States of Micronesia
- Guam
- Marshall Islands
- Northern Mariana Islands
- Puerto Rico
- Republic of Palau
- Virgin Islands



Minority Populations

These profiles provide detailed demographic, language fluency (where relevant), education, economic, insurance coverage and health status information, as well as full census reports.

- Black/African American Health
- Hispanic/Latino Health
- American Indian/Alaska Native Health
- Native Hawaiian & Pacific Islander Health
- Asian American Health

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