Maryland Department of Health and Mental Hygiene
Minority Health and Health Disparities Regional Town Hall Meetings

Town Hall Executive Summary

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Prepared for Office of Minority Health and Health Disparities
Carlessia A. Hussein, R.N., Dr.P.H.
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Introduction and Background

House Bill 86 and Senate Bill 177, in the 2004 Legislative Session, established Maryland’s Office of Minority Health and Health Disparities. Carlessia A. Hussein, R.N., Dr.P.H., Program Director of Minority Health and Health Disparities, the Cigarette Restitution Fund Program, and the Minority Outreach and Technical Assistance Program, expressed the value and importance of obtaining input on eliminating minority health disparities from individuals located across the State of Maryland. To facilitate the efforts of those who wanted to voice their concerns and suggestions at the local level, six regional town hall meetings were held from July through September of 2005. The locations of the regional town hall meetings included: Frederick, in Western Maryland; Waldorf, in Southern Maryland; Salisbury, on the Lower Eastern Shore; Denton, on the Upper Eastern Shore; Rockville, in the National Capital area; and Baltimore City, in Central Maryland. The Ideas to Eliminate Minority Health Disparities information sheet, the Health Care Disparities Initiative pamphlet, and the Selected Maryland Health Disparities Data sheet were provided to the public at each meeting (see Attachments A, B, and C).

A total of 225 adults and 10 children attended the regional town hall meetings. Of these individuals, 84 adults (37 percent) voiced concerns and suggestions regarding the elimination of minority health disparities in Maryland.

Arlee Gist, Deputy Director of Minority Health and Health Disparities, the Cigarette Restitution Fund Program, and the Minority Outreach and Technical Assistance Program assisted Dr. Hussein with the guidance of the town hall meetings. Other contributors included: Dr. Barbara Brookmeyer, Frederick County Health Officer, Western Maryland meeting; Ulder Tillman, MD, MPH, Montgomery County Health Officer, and Patricia Horton, Program Administrator for the Department of Health and Human Services, Office of Minority and Multicultural Health, National Capital area meeting; David Mann, M.D., Epidemiologist for the Office of Minority Health and Health Disparities, Upper Eastern Shore and Central Maryland meetings; and Sonia Fierro-Luperini, M.D., Outreach Coordinator at Morgan State University, School of Public Health, Central Maryland meeting. The assemblies opened with Dr. Hussein introducing the background and intent of the Minority Health Disparities Initiative and the purpose of the Office of Minority Health and Health Disparities. During the meetings, many issues emerged as major concerns regarding Maryland’s minority health disparities.

The following are the major topics discussed at the meetings:

1. Office of Minority Health and Health Disparities
2. Maryland Medical Assistance Program
3. Access to Quality Healthcare
4. Other Healthcare Issues
5. Racial, Ethnic, and Regional Issues
6. Education
Explanation of Concerns

The concerns discussed at the regional meetings have been outlined according to the categories listed above. Participants’ recommendations may not directly reflect some of the concerns raised because they were independent suggestions, but they appear to be related to the major categories of concerns.

### 1. Office of Minority Health and Health Disparities

An overwhelming number of individuals who attended the minority health disparities town hall meetings expressed appreciation for the commitment and efforts of the Office of Minority Health and Health Disparities (OMHHD) in the elimination of minority health disparities. The attendees were particularly impressed with the goals and accomplishments of the OMHHD, given the short length of time since it has been established. However, a number of attendees voiced concerns and additional recommendations for the elimination of minority health disparities. For example, some individuals would like to have further information regarding the Minority Health Disparities Initiative program made available to the public in terms of defining the process for eliminating health disparities. The most frequent concerns and recommendations focused on data and issues regarding the Health Care Disparities Initiative (HCDI).

#### A. Data

**Concerns**
- Lack of knowledge about where data can be obtained
- Lack of information about the uninsured and underinsured
- Lack of data about Maryland residents who die in other states
- Need for standardized format for defining race and ethnicity
- Need for information about which counties are included in certain statistics
- Many Maryland residents seek healthcare in other states, possibly skewing data

**Recommendations**
- Create ethnic sensitive categories on data collection forms (for example, many Hispanics and Latinos identify themselves as Caucasian)
- Include the “Native American” racial category on data collection forms
- Partner hospitals and clinics between states to effectively serve and track the healthcare of transient people
- Determine health disparities between groups

#### B. OMHHD

**Concerns**
- Lack of a Hispanic, Latino, or Asian community representative working on the OMHHD staff
- Lack of knowledge about connections that the OMHHD may have with federal agencies, such as the National Institutes of Health
- Lack of funding sources for the four subcommittees
Recommendations
- Establish a contact person for each minority group in the OMHHD
- Develop and publish a timeline for eliminating minority health disparities
- Hold a town hall meeting in Prince George’s County
- Rewrite the Ideas to Eliminate Minority Health Disparities information sheet at the 6th grade reading level

C. Eliminating Minority Health Disparities

Concerns
- Lack of ideas to eliminate minority health disparities through federal and local level changes
- Private health insurance is too costly and deters the government from assisting with subsidies
- Lack of a plan for implementing short-term actions
- Concerns about how to identify helpful persons in local communities, such as spiritual leaders
- The possibility of overlap between new and existing programs
- Solutions to reduce infant mortality rates and increase pre-natal care are needed
- The need to determine sources of funding
- The need to determine the best and immediate use of existing resources
- Concerns about the chances for success of HCDI without adequate funding
- Funds do not exist for counties with low population rates of minority residents

Recommendations
- Provide clean needles and condoms in schools
- Expand the plan to eliminate minority health disparities
- Determine more concrete objectives, delegate the responsibility to counties, and review the progress of the counties annually
- Develop a health resource book for each county
- Participate in national events and marches
- Consider the social determinates of health
- Create a symposium that includes local health and other community professionals to network and discuss the best use of resources
- Determine why people do not take advantage of existing healthcare
- Define how the goals of the HCDI can benefit the average citizen
- Contact the American Cancer Society and Associated Black Charities for resources, technical assistance trainings, and conferences
- Include all counties in funding dissemination
2. Maryland Medical Assistance Program

Although Medicaid reimbursement of provider services was reported as an overall problem, particular concern exists in Southern Maryland and on the Upper Eastern Shore.

Concerns and recommendations are as follows.

A. Medicaid Reimbursement Problems

Concerns
- Reimbursement rate is too low and not timely
- Unnecessary paperwork
- OB-GYN referral requirement, especially from Priority Partners

Recommendations
- Streamline bureaucracy associated with Medicaid to reduce complications associated with bill disputes
- Priority Partners should not require patients to obtain referrals to consult with OB/GYNs
- Reimburse providers quickly, and at a high rate, for services covered by Medicaid as incentive for them to accept more medical assistance patients

B. Additional Medical Assistance Concerns

Concerns
- Legal immigrants who have been in the United States less than five years do not qualify for Medicaid or Maryland Children’s Health Program (MCHP)
- Medicaid recipients have limited access to pediatricians and specialists
- Medical Assistance consumers do not receive preventive healthcare because many physicians will not join Priority Partners insurance
- Belief that a comprehensive list of Medical Assistance providers is not available
- Medical Assistance does not cover certain services, such as tubal ligations
- Recent funding cutbacks in Medicaid

Recommendations
- Use the “1-800 number,” found on the back side of Medical Assistance cards, to access an automated system with a list of providers
- Legally require providers to accept Medical Assistance consumers
- Encourage providers to treat individuals who are underinsured
- Adequately fund health services for the uninsured and underinsured
- Communicate with legislators regarding Medicaid cutbacks
- Create incentives for providers who accept Medicaid patients, such as a premium or service charge from the State of Maryland
- Restore former eligibility status to MCHP children
3. Access to Quality Healthcare

Access to quality healthcare refers to the barriers many individuals in Maryland experience. Issues raised include transportation concerns, lack of services, language barriers, inadequate or lack of health insurance, difficulty accessing healthcare, and outreach. A wide range of regions raised concern regarding these issues; however, lack of transportation appeared to be a particularly important issue on the Eastern Shore. Language issues appear to be the most commonly addressed problem throughout Maryland in relation to access to quality healthcare.

Concerns and recommendations are as follows.

A. Transportation

**Concerns**
- Lack of transportation, particularly on the Eastern Shore
- Lack of knowledge about how to access medical assistance cardholder transportation programs, particularly the Maryland Rural Development Corporation’s transportation program
- Maryland residents must travel long distances, like to Johns Hopkins and Salisbury, to access some healthcare services
- Lack of awareness of existing local health services
- Low or fixed income individuals and residents of rural areas have particular transportation difficulties

**Recommendations**
- Locate health clinics staffed with specialists on the central Eastern Shore and in residential areas
- Hold health clinics at specific times and provide reduced rate public transportation to the health clinics at those times
- Create a coded pass system for discounted rates on public transportation, like that of New Jersey
- Promote awareness and utilization of existing transportation services to individuals who are low-income, have physical disabilities, and who receive temporary cash assistance
- Create a task force to study transportation problems
- Provide incentives for locating a doctor in areas that are unserved
- Create a health mobile to reach rural residents
- Encourage health providers to bring community members with them to public meetings

B. Lack of Services

**Concerns**
- Rising number of minority groups, specifically Burmese and other Asians, do not have community health services in place
- Lack of primary care physicians for non-emergency care
- Limited access to pediatricians and specialists
- Lack of dental care providers willing to serve individuals with mental illness who are recipients of Medicaid
- Lack of surgeons, such as for uninsured women under 40
- Long waiting lists at clinics, such as Mission of Mercy
- Lack of sliding scale health clinics
- Tubal ligation is not covered by medical assistance
- Lack of funding for health screenings of minority individuals
- Some organizations offer help with dental care but are very limited in services due to the ratio of providers to patients

**Recommendations**
- Create a statewide healthcare system for all children and pregnant women
- Create an Asian or minority center funded through collective efforts

**C. Language Issues**

**Concerns**
- Language barriers, particularly for African immigrants, and for those who speak Spanish, Korean, and Russian
- No, or not enough, translators available at providers’ offices and clinics, particularly for Spanish
- Young bi-lingual children who do not know medical terminology are acting as ineffective translators for their parents
- Children of Spanish-speaking immigrants are not receiving quality healthcare
- Discrimination of individuals with Spanish accents
- Some providers require the patient to bring an interpreter with them to an appointment, creating the problem of how to pay for hiring a personal interpreter
- Bi-lingual applicants are being told they are not qualified for employment

**Recommendations**
- Place Spanish language posters on buses and in recreation centers informing residents about how to access these services
- Provide adequate translation services at healthcare facilities
- Educate on how to work effectively with interpreters through cultural competency training
- Promote bi-lingual messages on health clinic answering machines
- Hire Spanish-speaking intake workers for social services
- Reduce barriers to allow Spanish-speaking health providers to practice
- Encourage elementary school-aged children to speak Spanish
- Create a media campaign targeting Asian language issues
- Write the Ideas to Eliminate Minority Health Disparities information sheet at the 6th grade reading level

**D. Inadequate or Lack of Health Insurance**

**Concerns**
- Some individuals do not qualify for medical assistance and cannot afford to purchase health insurance
• Immigrant mothers of young children do not have health insurance
• Many uninsured and underinsured do not seek medical care until they are very ill
• Lack of organizations that can aid the uninsured and underinsured
• Lack of funding for the uninsured and underinsured

**Recommendation**
• Include a provision for those who cannot afford health insurance and do not qualify for Medicaid in the Access to Quality Health Services Committee’s plan

**E. Difficulty Accessing Healthcare**

**Concerns**
• Lack of awareness about the location of health clinics and services
• Parents do not have a budget for healthcare due to housing costs
• Parents are unable to take time off of work to seek healthcare services
• Parents do not have child care services enabling them to attend appointments
• Clinics lack innovative ways of promoting existing health services
• Rural residents need better access to healthcare services
• Many physicians accept only a limited number of medical assistance consumers
• Many Spanish-speaking immigrants experience denial of healthcare services
• United States has a poor international position in access to healthcare
• Lack of awareness by African immigrants as to how to access health services, particularly immigrants from Ghana, Liberia, Sierra Leone, and the Ivory Coast

**Recommendations**
• Utilize existing health clinics on the Eastern Shore, including the future Goldsboro clinic
• Improve public relations programs to increase awareness of existing health programs and services
• Encourage businesses to allow special time and paid leave for employees
• Hold a summit, including health professionals from various fields, to exchange ideas and information
• Encourage the uninsured to contact the Baltimore City Health Department
• Encourage the Baltimore City Health Department to establish dates for health clinics, where a variety of educational material can be distributed
• Encourage Montgomery County residents who no longer qualify for MCHP to utilize children’s health services at “Care for Kids”

**F. Outreach Issues**

**Concerns**
• Lack of health providers in rural areas
• Lack of minority health professionals serving low-income residents
• Funding health mobiles is costly

**Recommendations**
• Use health mobiles in communities that have transportation problems
• Assist community-based organizations with outreach to minority populations
4. Other Healthcare Issues

Although mental and physical health, substance abuse, long-term care, and end-of-life care issues are of concern in every region, they were of particular importance in the National Capital area.

Concerns and recommendations are as follows.

A. Mental and Physical Health

Concern
- A rise in minority mental health issues, particularly in the number of minority suicides and traumas

Recommendations
- Hold a two-day mental and physical health conference for health professionals to share funding ideas, health education, and ways to get others involved in eliminating minority health disparities
- Include minority mental and physical health statistics in the HCDI pamphlet

B. Substance Abuse

Concern
- Marijuana and alcohol abuse are a problem in Hispanic and Latino communities

Recommendation
- Educate minority groups about the responsibilities of seeking mental health and addictions treatment

C. Long-Term Care

Concerns
- Lack of consideration for the many problems associated with long-term care
- What effect will “Baby Boomers” have on long-term care?
- Lack of knowledge about differences in long-term care and health insurance

Recommendation
- Establish culturally friendly long-term care facilities

D. End-of-Life Care

Concerns
- Minorities are not receiving quality end-of-life care
- Individuals are dying alone, and with physical or psycho-social pain
5. Racial, Ethnic, and Regional Issues

Racial and ethnic populations that were discussed include: Asians, Native Americans, and Hispanics and Latinos. The aging population is also a faction of healthcare consumers about which concern was expressed. Many regions raised concerns regarding these populations; however, aging issues are of particular concern on the Upper Eastern Shore; Asian health is of particular concern in the National Capital area and Western Maryland; and Native American issues are of particular concern in Central Maryland.

Concerns and recommendations are as follows.

A. Aging Issues (Eastern Shore)

Concerns
- Many older individuals wait in long lines to fill their necessary prescriptions
- Lack of information about whether health clinics can dispense prescription medications, which would be particularly helpful to older individuals

Recommendation
- Encourage older individuals to fill prescriptions at Choptank and Medbank on the Eastern Shore

B. Asian Issues (National Capital Area and Western Maryland)

Concerns
- Lack of information about the half million Indians residing in Maryland
- Many problems are created through the social and cultural assimilation of physically disabled Asians, particularly Indians
- Rising number of minority groups, specifically Burmese and other Asians, do not have community services in place
- Funding is lacking for Asian health services, health clinics, cancer awareness programs, and health-related activities

Recommendations
- Collect health data about Indians
- Cultivate a better understanding of Asian cultures
- Create an Asian or minority center funded through collective efforts

C. Native American Issues (Central Maryland)

Concerns
- Access to quality healthcare is lacking, due to discrimination
- Stereotyping about the appearances of Native Americans leads their invisibility
- Support programs are lacking for the 15,000 Native Americans residing in Baltimore and 40,000 Native Americans residing in Maryland
- Native Americans relocate to Maryland without any health support system
- Lack of funding for promotion of health careers to Native American children
• Strong competition between groups for limited funds

**Recommendations**
- Develop ways to help Native Americans access health programs
- Mentor Native American children to pursue careers in healthcare
- Fund Native American centers, regardless of federal recognition status

D. **Hispanic and Latino Issues**

**Concerns**
- Immigrants’ lack of awareness of federal programs and food stamps contributes to child hunger
- Marijuana and alcohol abuse in Spanish-speaking communities
- Individuals with Spanish accents experience discrimination by employers
- Uncertainty about how to best serve the health needs of undocumented Hispanic individuals and the rising Hispanic population on the Eastern Shore
- Hispanic children, who are not citizens, no longer qualify for medical assistance
- The Spanish language is a barrier to accessing health services
- Frederick Memorial Hospital is losing funds for services that will help Latinos

**Recommendations**
- Encourage Johns Hopkins University to hire Latino employees for positions with health benefits
- Teach Spanish-speaking immigrants how to complete employment applications
- Hire workers with an understanding of Latino culture

### 6. **Education**

Education concerns were raised in every region of Maryland. The specific topics include: the promotion of health careers to minorities, which is of particular interest in the Upper Eastern Shore, Southern Maryland, and the National Capital; cultural competency and discrimination, which is of particular interest in Western Maryland; and raising awareness of health disparities through media, which is of particular interest in the National Capital.

Concerns and recommendations are as follows.

**A. Promotion of Health Careers to Minorities**

**Concerns**
- Under-representation of minorities in all aspects of health professions, which makes it difficult for children to consider the field as a career option
- Inability to retain nurses in health clinics due to the fact that many hospitals offer more attractive salaries
- Lack of funding for the promotion of health careers

**Recommendations**
- Look at county programs for promoting careers in healthcare
- Encourage minority health officers and health workers to mentor students by conducting in-school health career presentations
- Target existing workers and young professionals to pursue health careers
- Create a “community health worker project” and nursing clubs in schools
- Fund programs, including small stipends, to promote health careers

B. Cultural Competency and Discrimination

Concerns
- Providers lack cultural sensitivity regarding the needs of immigrants
- Discrimination of individuals who have accents
- Legal immigrants, who have been in the country less than 5 years, no longer qualify for medical assistance, reportedly due to discrimination

Recommendations
- Develop and implement cultural competency training for existing and future health profession education programs
- Create culturally appropriate data collection forms
- Include information that will assist healthcare providers to relate to individuals of different ages and explain how to work effectively with interpreters in cultural competency education

C. Health Education and Communication

Concerns
- Free public health education programs have low participation rates
- What is the best way to speak for and inform groups unrepresented at town hall meetings?
- Need for prevention of public health problems
- Lack of health literacy and understanding of medical terminology by the public
- Lack of knowledge about differences between health insurance and long-term care insurance
- What are the realistic chances of creating a “Holistic Health Care System” and subsequently educating the public through the system?
- Lack of information that defines the causes of health disparities
- Lack of information that explains the steps of eliminating health disparities
- Illiteracy, which causes minority health disparities

Recommendations
- Promote follow-up care for individuals who have healthcare problems
- Publicize free public health education programs to boost participation
- Publicize the development and content of health education materials
- Write health education materials at the third grade reading level
- Utilize technology by creating anonymous hotlines for consumers to voice concerns
- Encourage religious groups and churches to distribute health information
- Encourage church leaders to be present at health meetings and screenings
Promote President Bush’s Faith-Based Initiative
Focus on prevention rather than treatment of health concerns by encouraging people to eat healthy foods and choose healthy behaviors
Increase awareness and encourage use of existing health services
Promote STD and HIV education to young minority women and individuals over the age of 50
Promote health education, including the navigation of the healthcare system, to the uninsured and Medicaid consumers
Empower small associations to educate the public about healthcare
Raise awareness about health screening tests
Hold regular health meetings concerning healthy behaviors, particularly in rural and low-income area community centers and civic organizations
Encourage African-American health professionals to lead health meetings to create a more relaxed setting in which the group can relate
Create relevant health education topics by obtaining feedback from citizens who attended previous health education meetings
Fund school-based programs for nurse practitioners
Seek funds from the Pfizer Corporation for a health literacy campaign
Revise health education content in schools

D. Raising Awareness of Disparities through the Media

Concerns

- Methods of determining who will head a media campaign
- Methods of determining which media outlets will be used
- Methods of determining which racial groups and geographic areas will be targeted

Recommendation

- Use appropriate languages in a media campaign to overcome language barriers and to garner public responsiveness