



**Committee:** Identifying Funding Strategies  
**Date of Meeting:** March 9, 2005, 1pm – 3pm  
**Location:** Dept. of Health & Mental Hygiene  
201 W. Preston Street  
Baltimore, Maryland

**□ In Attendance**

**Committee Members:** Patricia Horton, Co-Chair  
  
Jessica Foster  
Pastor Greene  
Maureen Masarik  
Kenneth Pack  
Nicole Simone

**New Members:** None

**Co-Staff:** Janet Adams, MHHD, Lead Co-Staff  
Joyce Pollard, DHMH, Mental Health  
Cyntrice Bellamy-Mills, DHMH, Mental Hygiene

**MHHD Staff:** Dr. Carlessia Hussein  
Dr. David Mann

**Total Attendance:** 11

**□ Meeting Summary and Key Points**

- Dr. Carlessia Hussein opened with a review of the four MD Plan committees' charges and attendees introductions. Committees are Identifying Funding Strategies, Health Education Professionals, Access to Quality Care; and Measuring Disparities.
- Dr. Hussein presented a synopsis of the recently issued 2004 National Healthcare Disparities Report, a publication of the Agency for Healthcare Research and Quality (AHRQ). Committee members were encouraged to review full document available at [www.ahrq.gov](http://www.ahrq.gov).

- Patricia Horton explained the primary objectives of the meeting were to discuss the problem statements, challenges and recommendations proposed for **Chapter One** of the report, *Maryland Lacks the Resources Needed to Eliminate Health Disparities* and, time permitting, to draft a goal statement and strategies for that Chapter.

#### Discussion started with the following problem statements drafted in last meeting:

1. Presently, the Office of Minority Health and Health Disparities (MHHD) does not have a line item budget nor sufficient resources to provide statewide leadership in eliminating health disparities.
2. Although vision and mission statements have been documented, the role and benefits of the Office of MHHD are not clearly understood for the sake of further justifying the need for funding.
3. To fulfill its mission, the Office of MHHD needs resources to comprehensively assess and document ‘Where the health disparities are?’ and ‘Why health disparities exist?’
4. Without sufficient resources, the Office of MHHD can not effectively promote public awareness and campaign for the implementation of multi-sector strategies and initiatives to health eliminate health disparities in Maryland.
5. Community-based organizations, colleges and universities, and other entities that understand the significance of health disparities findings have developed strategies and programmatic solutions to help eliminate the program. Unfortunately, a lack of funds and resources has hindered the implementation or sustainability of many plans and initiatives.

#### Suggested clarifications or edits to problem statements and challenges: (Referencing statements above)

Problem #1. The emphasis is to fund the Office of Minority Health and Health Disparities so that there are sufficient resources for the Office to provide statewide leadership in the elimination of health disparities

Problem #2. The question was raised, “Who may not clearly understand the role and benefits of the Office of MHHD?” The response was government officials and state legislators.

Problem #3. Statement should include ‘what is health disparities?’ and ‘who has health disparities’.

Problem #5. It was suggested that a lack of collaboration among large health care institutions and community organizations is a concern. Patricia Horton advised that topic may best be addressed in Chapter 3 of the report [Health Disparities Programs, Projects and Initiatives Lack Needed Collaboration].

Referencing Problem #5, the question was asked, “What can the faith-based sector do to promote collaborative efforts in community?”. The response was that faith organizations recognize the ills of community and are willing to collaborate but they need help.

Problem #6 was added: Community-based organizations need to be better empowered to work with other organizations and large institutions. There is a communication disconnect that hinders the development of an effective community infrastructure to address health disparities.

Dr. Hussein expressed a concern that (4) of the (5) problem statements dealt with the Office of Minority Health and Health Disparities. The Maryland Plan is a statewide plan that must encompass the resources of stakeholders from all sects. The Office of MHHD may lead the effort to develop and execute an effective framework to address health disparities, but they need the support of many.

Another challenge is to get stakeholders to buy into the need to focus new and existing resources on health disparities.

### **Proposed Goal Statement for Chapter One**

#### **The committee agreed on the following goal statement for Chapter One:**

The goal is to have sufficient resources and the leadership needed to reduce and show a measurable decline in trends related to health disparities among minorities in Maryland by the year 2010.

### **Proposed Strategies for Chapter One**

1. Get community buy-in.
2. Look at existing government agencies and departments to see what’s going on and how they are or are not working together to address disparities.
3. Look at existing health institutions. They already have a responsibility to provide quality care to all persons. Is this being done?
4. Hold regulatory agencies accountable for ensuring access to quality health care and the elimination of health disparities.
5. Develop MD state support that promotes legislation to address and fund health disparities research and programs.
6. Consider best practices and medical models that prove ‘laser-focused’ initiatives and strategies yield results as they relate to disease prevention and decreasing disparities (e.g., breast cancer awareness).

7. Identify system by system barriers within local health departments that may hinder the eliminating health disparities; i.e., internal communication.
8. Support faith-based organizations in the funding and establishment of health ministries that provide health education and outcome-based programs.
9. Provide technical assistance and assessments for mental health institutions and providers offering cultural competency care training.
10. Provide school-based mental health professional to help assess mental health needs among minority children and their families.
11. Consider whether a portion of Thornton dollars (money allocated for the educational needs of Maryland schools) can be used to place onsite mental health providers in local schools—supporting students and families.
12. Document the [return on investment] or financial benefits that the state of Maryland will realize if health disparities decrease and the health status of all Marylanders increases.
13. Maryland needs to be attentive to federal funding cuts that may impede the efforts to eliminate health disparities in Maryland i.e., Medicaid or Medicare cuts.

Dr. Hussein and Patricia Horton ended the meeting with a reminder about the next meeting and a request for committee members to keep in mind how important it is for them to be present in the next three meetings.

## **FOLLOW-UP**

### **□ Action Steps**

- Next meeting will be on **Wednesday, April 13, 2005 at from 1:00pm – 3:00pm.**
- Janet Adams will advise [full] committee of next meeting date and location via email.
- In next meeting, the [full] committee will vote to accept content of Chapter one and begin work on Chapter Two: Maryland Needs to Develop and Expand its Leadership Base to Support Policy.

### **□ Parking Lot Items – NONE**