

Office of Minority Health and Health Disparities (MHHD)
MARYLAND PLAN TO ELIMINATE HEALTH DISPARITIES
Committee Meeting Notes



Committee: Measuring Health Disparities
Date of Meeting: March 18, 2005, 1pm – 3pm
Location: Department of Health & Mental Hygiene
201 West Preston Street, Room L3
Baltimore, Maryland 21201

□ In Attendance

Committee Members:

Thomas LaVeist, Co-Chair	Olivia Carter-Pokras, Co-Chair
Doris Addo-Glover	Mohamed Atta
Hope Cassidy-Stewart	Chiehwen Ed Hsu
Mary K. Jackson	Edward Kraus
Joan Kub	Diane Matuszak
David M. Portesi	Hal Sommers
Deena Speights-Napata	Magdalena Tolea

New Members: None

Guest(s): Nisha Dogra

Co-Staff: David Mann, Lead David Wolfe

MHHD Staff: Carlessia Hussein Janet Adams

Total Attendance: 19

□ Meeting Summary and Key Points

- Attendee introductions were made and previous meeting's notes were reviewed.
- Subcommittees, subcommittee chairs and their Chapter assignments were reintroduced.

Subcommittee A - Chapter One: Collection, Analysis and Reporting of Racial and Ethnic Data
Nadia Hansel, Subcommittee Chair

Subcommittee B - Chapter Two: Integration, Coordination and Standardization Across Data Systems
David Portesi, Subcommittee Chair

Subcommittee C - Chapter Three: Additional Measures Needed for Understanding Health Disparities
Dr. Richard Skolasky, Jr., Subcommittee Chair

- Olivia Carter-Pokras presented example recommendations from the following reports: IOM Report: Unequal Treatment (2002), NRC Report: Eliminating Health Disparities: Measurements and Data Needs (2004) and, Improving the Collection and Use of Racial and Ethnic Data in HHS (1999). These are attached as an appendix to these notes.
- 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.
- Subcommittees presented reports from their email communications held between the previous and present full committee meetings.
- The full committee then discussed the three chapter subject areas.
- The subcommittee reports, example recommendations from other reports and full committee dialogue resulted in the following suggested recommendations:

Chapter 1: Collection, Analysis and Reporting of Racial and Ethnic Data

Recommendation 1.1

Maryland Health Data Collection Systems should incorporate data collection questions that allow respondents to self-identify their race and ethnicity and to record how others identify them by race and ethnicity.

Chapter 2: Integration, Coordination and Standardization Across Data Systems

Recommendation 2.1

Create a public health data portal on the Maryland State Data Center website with a current data inventory that contains active links to the data sources or the datasets themselves.

Recommendation 2.2

Form a state health data use committee that advocates for the inclusion of race/ethnicity data in data sets used throughout Maryland. This committee should also be responsible for seeking funding to assure that local communities have access to health data.

Recommendation 2.3

Work with stakeholders at DHMH and local health departments and academic institutions to plan, create and implement a web-based data portal that actively queries available data sets and allows researchers to create custom reports based on race, ethnicity, geography, and other pertinent factors.

Chapter 3: Other Measures Needed to Understand Health Disparities

Recommendation 3.1

Maryland Health Care Systems should assess the practicality of existing data indicators and develop strategies and designs for unavailable indicators that will improve racial and ethnic disparity measurements.

Recommendation 3.2

Maryland Health Data Collection Systems should collect and report information on a wide range of risk factors and systems of care by race and ethnicity.

Other Questions Discussed:

- Are we collecting risk factor data for the entire population that also allows us to perform analysis by race and ethnicity data, are we reporting such analysis, and are we using the reports to develop interventions?
- When we are looking at data reports, are we considering the timeframe between data collection and distribution?
- Would it be helpful to train front-line health care employees [e.g., intake counselors) on the importance of accurate data collection and reporting?
- Should the data collection systems consider more accurate means of capturing race and ethnicity data for multi-cultural persons?
- Is there an existing inventory of data collection inventories in the state of Maryland?

- The DHMH Community Health Administration is presently compiling an inventory of health data systems and will soon distribute a meta-data survey (meta-data is data about data systems) to the various health data custodians in Maryland. Dr. Carter-Pokras stated that it might be beneficial for the MHD committee to provide feedback on the meta-data survey before distribution and requested a copy be forwarded to the MHHD staff as soon as possible.

FOLLOW-UP

Action Steps

- **Meeting Schedule.** Attendance is crucial for these last three meetings.

Friday, April 15, 2005	1:00 pm - 3:00 pm	DHMH, L1 Conf. Rm, 201 W. Preston St.
Friday, May 20, 2005	1:00 pm - 3:00 pm	DHMH, L3 Conf. Rm, 201 W. Preston St.
Friday, June 17, 2005	1:00 pm - 3:00 pm	DHMH, L3 Conf. Rm, 201 W. Preston St.
- Send information and address questions to Dr. David Mann, Committee Lead Staff; (410) 767-4807 or email dmann@dhmh.state.md.us.

NOTE: Parking is limited. Please allow additional time. Light Rail and subway are at the corner.

Appendix: Recommendations from National Reports, by Subcommittee Area

Below are some recommendations taken from the IOM Report: *Unequal Treatment* (2002), the NRC Report: *Eliminating Health Disparities: Measurement and Data Needs* (2004), or Improving the Collection and Use of Racial and Ethnic Data in HHS (1999).

They have been grouped by subcommittee content area, and in some cases (indicated by [brackets]) paraphrased to be relevant to Maryland.

It is hoped that this will assist the discussion within the subcommittees: **These recommendations can be accepted, modified or rejected; and other recommendations can be considered.**

SUBCOMMITTEE A: COLLECTION, ANALYSIS AND REPORTING OF RACIAL AND ETHNIC DATA

IOM_7-1 Collect and report data on health care access and utilization by patient's race, ethnicity, socioeconomic status, and where possible, primary language.

IOM_7-2 Include measures of racial and ethnic disparities in performance measurement.

IOM_7-4 Report racial and ethnic data by OMB categories.

NRC_3-1 Measures of race and ethnicity should be obtained in all health and health care data systems.

NRC_4-2 Conduct the necessary methodological research and develop and implement a long-range plan for [state] surveys to periodically conduct targeted surveys of racial and ethnic groups.

NRC-4-3 Carefully study the adequacy of sampling methods aimed at key racial and ethnic groups, as well as the quality of survey measurement obtained from them, and remedy shortcomings, where found, for all major surveys.

HHS_4. Registries. Agencies should expand or establish new registries for certain chronic conditions targeted in the eliminating disparities initiative including cancer, diabetes, heart disease, and stroke. The quality of racial and ethnic data should be improved in existing registries.

SUBCOMMITTEE B: INTEGRATION, COORDINATION AND STANDARDIZATION ACROSS DATA SYSTEMS

NRC_3-1 Measures of race and ethnicity should be obtained in **all health and health care data systems**.

NRC_3-4 Health and health care **data collection systems should return useful information** to the institutions and local and state government units that provide the data.

HHS_10. Dissemination to Racial and Ethnic Communities. Agencies should **disseminate relevant racial and ethnic findings back to the communities** where the data were collected.

NRC_3-5 Linkages of data should be used whenever possible, with due regard to proper use and the protection of confidentiality, in order to make the best use of existing data without the burden of new data collection.

NRC_4-6 Develop a **culture of sharing data** both within the [government] and with other [stakeholders], toward understanding and reducing disparities in health and health care.

HHS_7. Accessibility to Data. Agencies should develop **aggressive public use data release programs** to promote wider analysis of minority health data and data relating to human services. Agencies should increase the accessibility of data files by making them available on websites.

HHS_8. Reports. Publish **periodic reports** on the health of racial and ethnic groups, and services received, compared to all races and white populations. Reports that focus on specific groups also are needed.

SUBCOMMITTEE C: OTHER MEASURES NEEDED TO UNDERSTAND HEALTH DISPARITIES

IOM_7-1 Collect and report data on **health care access and utilization** by patient's race, ethnicity, socioeconomic status, and where possible, primary language.

IOM_7-2 Include measures of racial and ethnic disparities in **performance measurement**.

NRC_3-2 Measures of socioeconomic position should, where feasible, be obtained along with data on race and ethnicity.

NRC_3-3 Measures of acculturation and **proxies such as language use, place of birth, and generation and time in the US should**, where feasible, be obtained.

IOM_7-3 Monitor progress toward the elimination of health disparities (*how?*)

HHS : Impact of Program Interventions. Agencies should study the impact of program interventions on minority populations by **tracking the exposure to the intervention** and **measuring intermediate outcomes related to the program**.