

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



Committee: Measuring Health Disparities

Date of Meeting: January 21, 2005 1 PM to 3 PM
Location: L-3 Conference Room
DHHM main offices
201 W. Preston St.
Baltimore, MD

□ In Attendance

<u>Committee Co-Chairs:</u>	Olivia Carter-Pokras	Thomas LaVeist
<u>Committee Members:</u>	Tyler Brannen Hope Cassidy-Stewart Yolanda Drake Zelda Gilliam Dawn Hatcher Wenke Hwang Julianna Jung Joan Kub Dwan Little-Graves Jean Moody-Williams Richard Skolasky Annette Snyder Benoit Tano Hector Torres	Barbara Brookmyer Johnia Curtis Tanya Geiger Gary Green Chiehwen Hsu Mary Jackson Edward Kraus Angela Liggins Diane Matuszak Sabrina Reed Mieka Smart Hal Somers Paul Thuluvath
<u>Co-Staff:</u>	David Mann	David Wolfe
<u>MHHD Staff:</u>	Carlessia Hussein	Janet Adams
<u>Total attendees:</u>	33	

□ Meeting Summary and Key Points

The Co-Chairs, Dr. Olivia Carter-Pokras and Dr. Thomas LaVeist opened the meeting and asked the members to each introduce themselves and briefly state their background and reasons for choosing to serve on the committee.

Members came from a variety of health disciplines and all expressed great interest in working to reduce health disparities in Maryland.

Dr. Hussein reviewed background information on the Office of Minority Health and Health Disparities (MHHD) and provided an overview of House Bills 86 (2004) and 883 (2003) which mandate the establishment of the MHHD office.

Dr. Hussein brought the group's attention to several documents in the handout: (1) Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, (2) Healthy People 2010, (3) National Healthcare Disparities Report, 2003, (4) Addressing Health Care Disparities, Promising Practices in Maryland (*PowerPoint presentation by Delegate Shirley Nathan-Pulliam and Dr. Carlessia Hussein, APHA Annual Meeting November 2004*), (5) Census report with Maryland minority population statistics, July 2002, (6) What is a "Health Disparity"?, 2002 and (7) Improving the Collection and Use of Racial and Ethnic Data in HHS, 1999.

The Co-chairs reviewed the committee purpose and charge. Members discussed the importance of increasing participation in the committee process by local governments, community groups and the business community. Members were strongly encouraged to invite representatives from these groups to join the committee and/or to refer new persons to the DHMH staff.

The MHHD staff will send committee background information to all members so that they may use the information to recruit new members.

There was considerable discussion on how to focus the work of the committee in order to complete their report for submission by June 30, 2005. Members looked at the recommendations from the June 2004 Health Disparities conference and a 2005 survey response from members that included their recommendations for the report.

A number of issues and questions were raised:

- How should "disparity" be defined?
Response: The planning process will use the definition from legislation, which includes racial and ethnic minorities in Maryland.
- What outcome measures should be the focus for health disparities data collection and analysis?
Discussion: Important factors to consider are measurability and sensitivity to change. In the Cigarette Restitution fund Program, cancer mortality (death) was one outcome used to measure success and progress. The choice of outcome(s) influences the racial/ethnic disparities that can be measured.
- What health indicators or health care processes should be measured? How are they best measured?
- How will issues of data quality affect the choice of measures?
- Should the focus be on health status or health delivery?
Response: The legislation places the focus on health care services delivery (because it is under the control of government through funding and service delivery). However, health status will also be focused on (because it is an outcome that is both measurable and valued as a benefit to society).

- Should a needs assessment be conducted?
- Should an inventory of health disparities data systems be prepared?
- What are the definitions of race, ethnicity, gender and socio-economic status?
- Can the reporting of measures be standardized?
- How are populations measured? Are there issues of undercounting?
- What federal health disparities data are available? Can they be helpful in Maryland?
- What are the root causes of disparities? What are the roles of poverty and low education?
- How can we measure health literacy and its impact on disparities?

FOLLOW-UP

□ Action Steps

- Each member is asked to identify and invite others to join the committee in order to have representation from all ethnic groups, the general public and all counties of the state.
- Identify and share disparities reports that demonstrate Best Practices regarding the collection and analysis of health disparities data.
- Identify data systems that contain Maryland disparities data that would be useful to the committee.
- Identify individuals who could be a guest speaker at a future committee meeting to bring expert information that directly relates to the work of the committee.

Send information and address any questions to **Dr. David Mann**, the committee's LEAD staff person in the Office of Minority Health and Health Disparities on **410-767-4807** or email dmann@dhhm.state.md.us

□ Parking Lot Items

- Questions posed during meetings will continue to be discussed until (a) answered by the DHMH staff or Co-Chairs or (b) developed into recommendations for the June 30, 2005 report.

Next Meeting:

**Friday, February 18, 2005 1:00 PM to 3:00 PM in L-3 Conference room, DHMH
201 West Preston Street, Baltimore, MD**

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