

**Commitment to Change: Exploring Health Disparities in the
Asian American Community
Asian American Health Conference
May 5, 2006
Bethesda Marriott, Bethesda, Maryland
State Leadership in Addressing Health Disparities**

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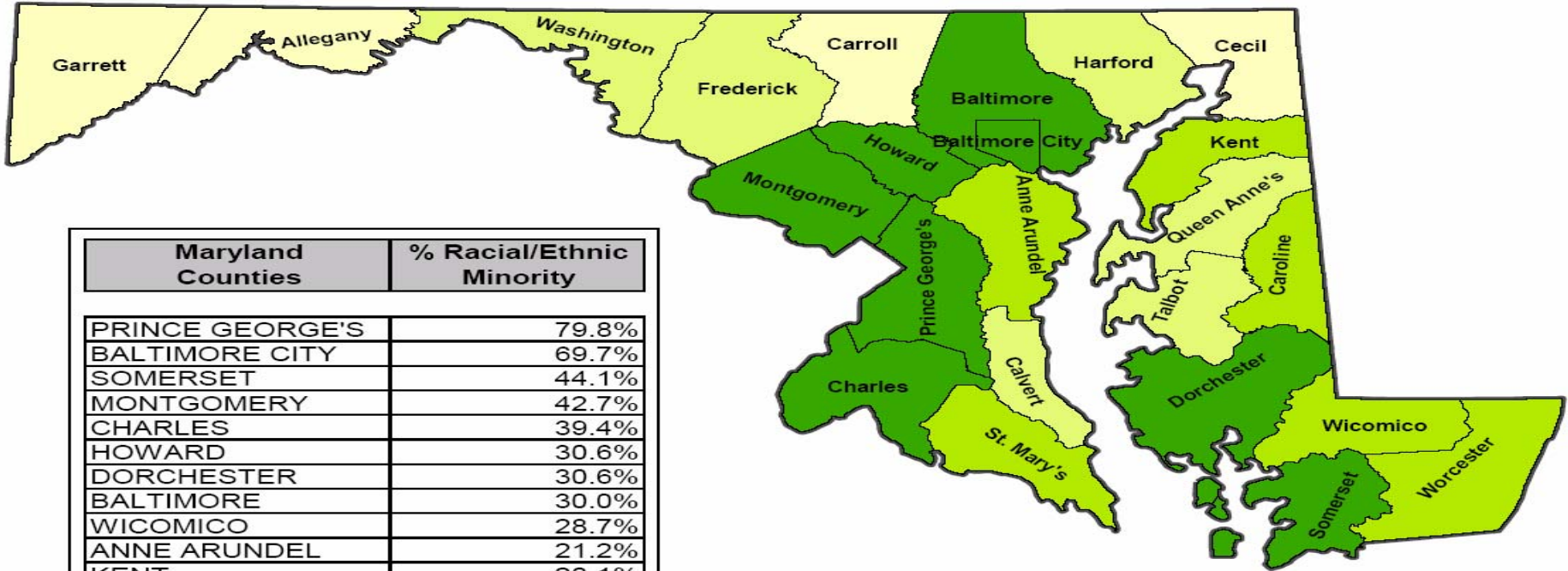
Director

Office of Minority Health & Health Disparities

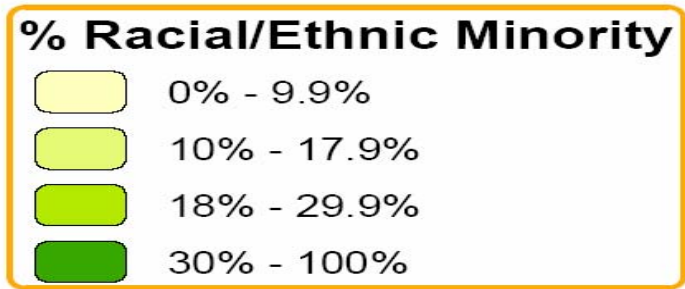
Maryland Department of Health & Mental
Hygiene



Percent of Population that is a Racial or Ethnic Minority Group, Maryland 2004



Maryland Counties	% Racial/Ethnic Minority
PRINCE GEORGE'S	79.8%
BALTIMORE CITY	69.7%
SOMERSET	44.1%
MONTGOMERY	42.7%
CHARLES	39.4%
HOWARD	30.6%
DORCHESTER	30.6%
BALTIMORE	30.0%
WICOMICO	28.7%
ANNE ARUNDEL	21.2%
KENT	20.1%
ST MARY'S	19.0%
CAROLINE	18.9%
WORCESTER	18.2%
TALBOT	17.8%
CALVERT	16.3%
HARFORD	15.6%
FREDERICK	14.3%
WASHINGTON	11.8%
QUEEN ANNE'S	10.5%
CECIL	7.9%
ALLEGANY	7.4%
CARROLL	5.8%
GARRETT	1.3%



Mission

- **In fulfillment of the Department’s mission to promote the health of all Maryland citizens, the Office of Minority Health and Health Disparities (MHHD) shall focus the Department’s resources on**
 - **eliminating health disparities,**
 - **partnering with statewide organizations in developing policies and implementing programs, and**
 - **monitoring and reporting the progress to elected officials and the public.**
- **The target ethnic/racial groups shall include African Americans, Hispanic/Latino Americans, Asian Americans, and Native Americans.**

Vision

The Maryland Department of Health and Mental Hygiene (DHMH) envisions a state in which health care services are organized and delivered in a manner designed to eliminate health disparities among its ethnic and racial populations, thereby leading the way to a Healthy Maryland in the New Millennium.

Primary Initiatives

- Develop a statewide plan for increasing the number of racial and ethnic minority health care professionals; including financing and recruitment
- Work collaboratively with existing groups and alliances to reduce or eliminate disparities in the State
- Collect, classify, and analyze relevant research information and data collected or compiled by the Department and others on health disparities

Primary Initiatives

- Research innovative methods and obtain resources to improve existing data systems to include race and ethnicity identifiers
- Identify and review health promotion strategies relating to the leading causes of death and disability among minority populations
- Obtain funding and provide grants to community-based organizations and historically black colleges and universities to conduct research on minority populations and to support community-based programs

Primary Initiatives

- Review existing laws and regulations to ensure that they facilitate adequate health care to minorities and recommend changes
- Develop and implement model public and private partnerships for health awareness campaigns and to improve access to services
- Serve as a clearinghouse and resource library on health disparities

Accomplishments

- Launched the Department's Health Care Disparities Initiative Website www.mdhealthdisparities.org which contains disparities data, health disparities reports, minority resources and funding opportunities
- Sponsored two statewide Annual Health Disparities Conferences in May 2005 and June 2004 on Eliminating Minority Health Disparities.
- Held six Town Hall meetings in Frederick, Waldorf, Salisbury, Denton, Rockville and Baltimore to gather input from remote groups of minority and rural citizens

Accomplishments

- Held first Hispanic/Latino Health Roundtable to obtain recommendations in preparation of Maryland's Statewide Minority Health Disparities Plan
- Held two one-day Annual Native American Health Round Table meetings in recognition of National Native American Heritage Month; received recommendations on programs to improve the health of Native Americans in Maryland

Accomplishments

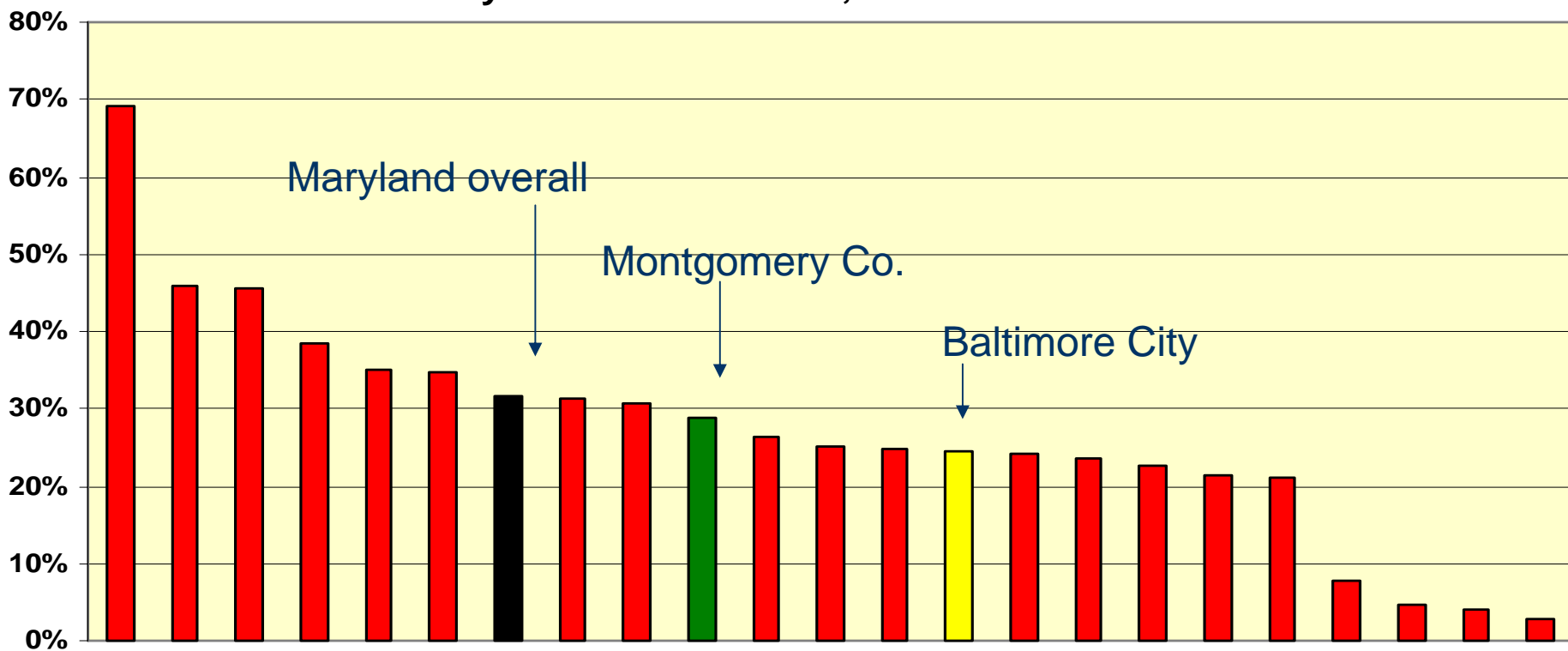
- Staffed four statewide committees to review health disparities data and information and discuss the implications for action in Maryland; submitted over 200 recommendations for the Maryland Plan to Eliminate Health Disparities
- Organized and coordinated the National Public Health Week event in Maryland in April 2006 and the National “Take a Loved One for a Check-Up Day” in September 2005

Accomplishments

- Received a five year U.S. Department of Health and Human Services, Office of Minority Health State Partnership Grant of \$785,750 to improve minority health in Maryland
 - Workforce Diversity
 - The goal is to increase minorities in Maryland's health workforce by working with health professional schools to increase the number of minority graduates
 - Departmental Self-Assessment
 - The goal is to change systems to provide greater focus on reducing minority health disparities in selected programs

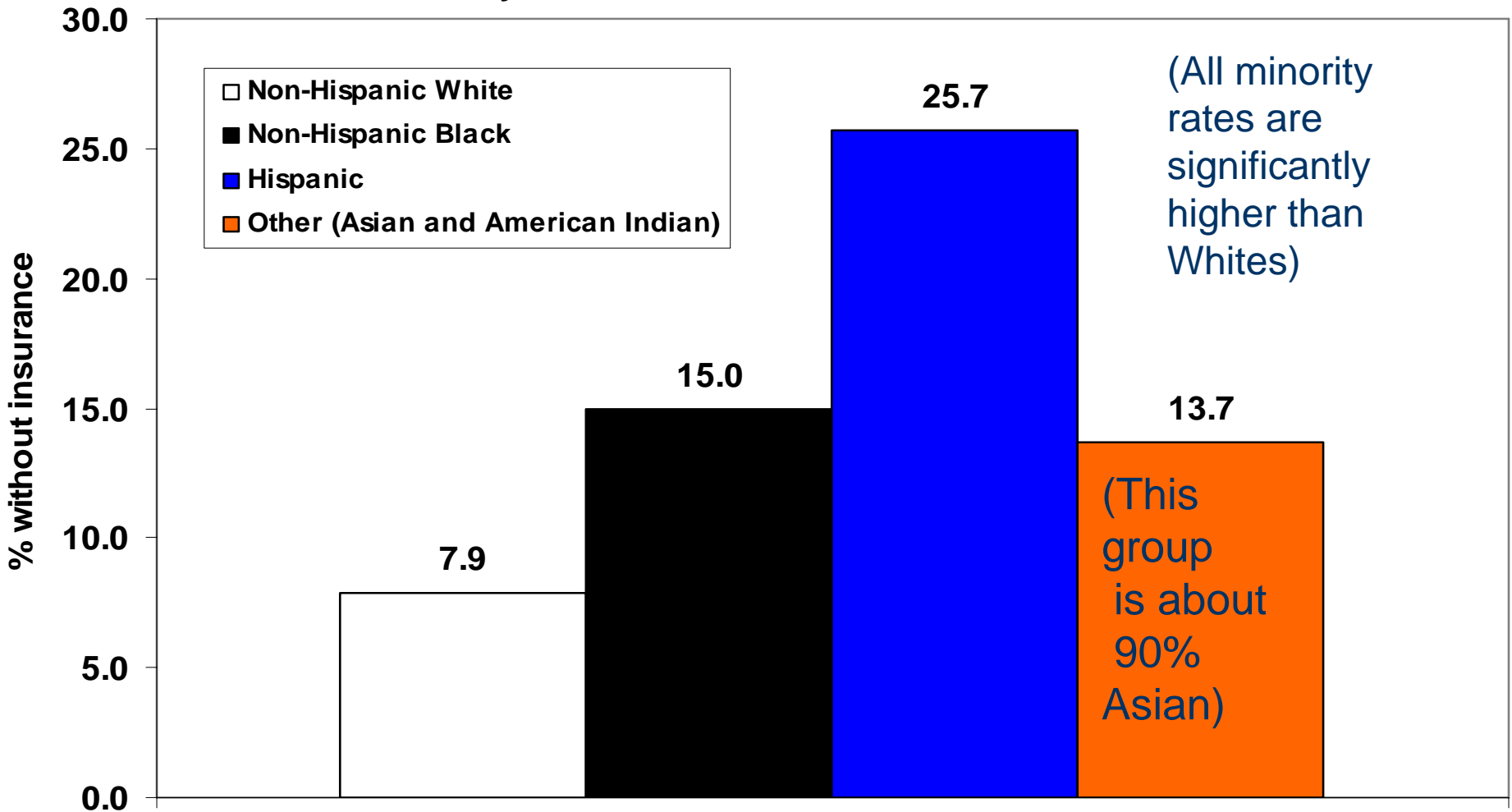
Disparities are Found in All Maryland Jurisdictions (Age adjusted rates for Blacks could not be calculated in two Jurisdictions)

Percent Excess Black Death Rate, Compared to Non-Hispanic Whites (Age-adjusted Rates), 22 Maryland Jurisdictions, 2001-03 Combined.



Health Insurance is an Issue for All Minorities

Proportion Without Health Insurance (at the time of the survey),
Maryland BRFSS 2001 to 2004 Combined



Pre-Natal Care is an Issue for All Minorities

Proportion of Births to Women Receiving Late* or No Prenatal Care, Maryland 2004 (Vital Statistics Annual Report 2004)

(*Late means care began in the third trimester)

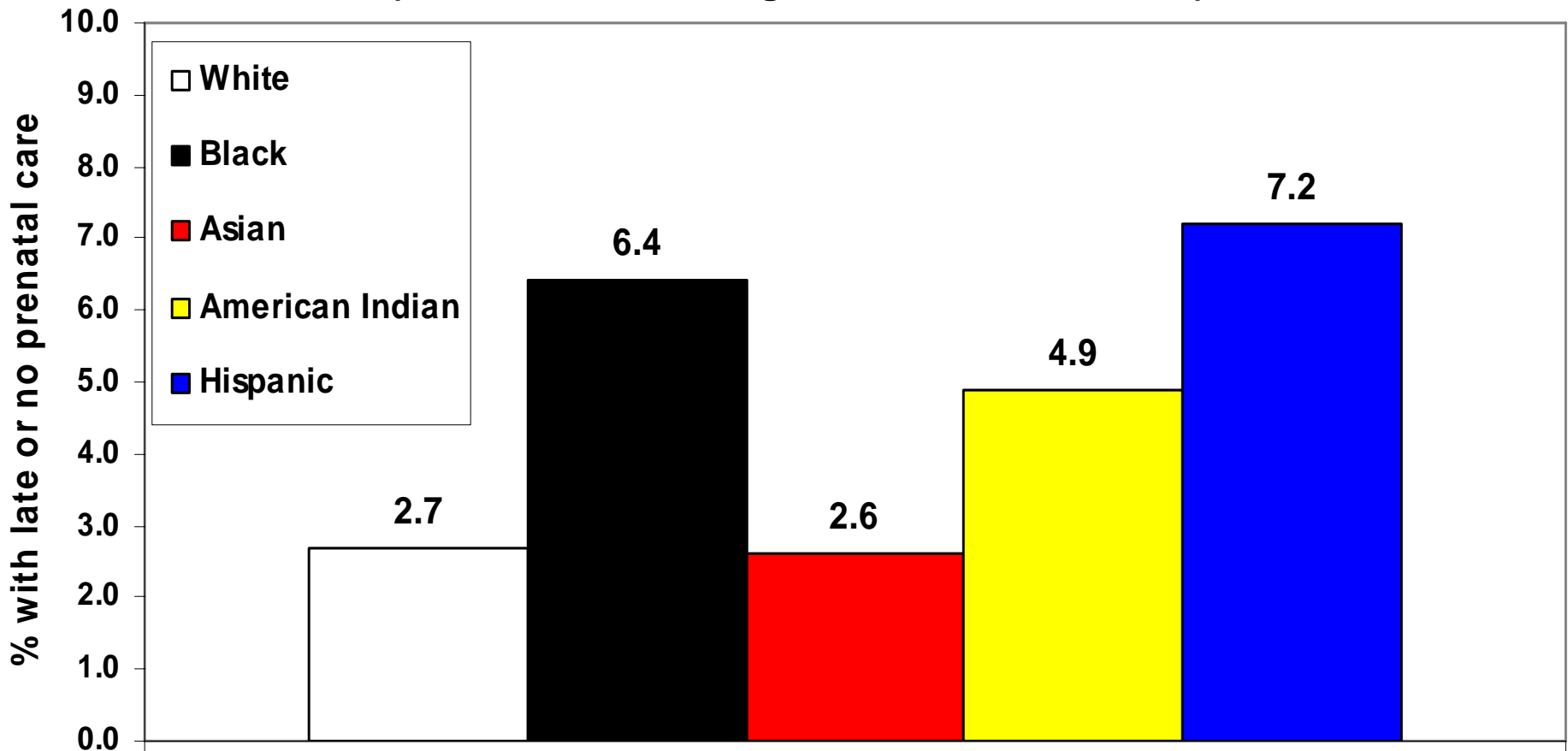
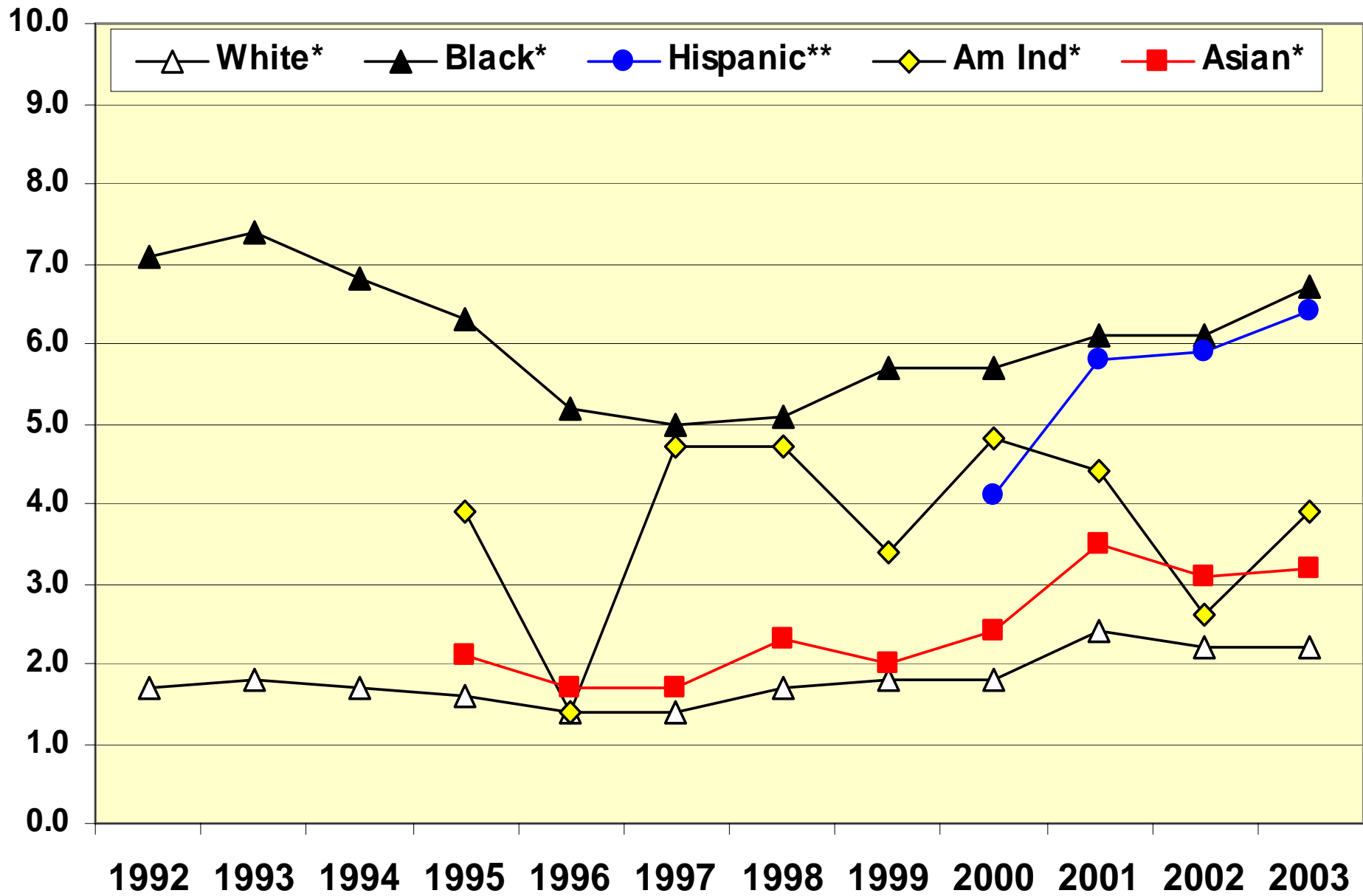
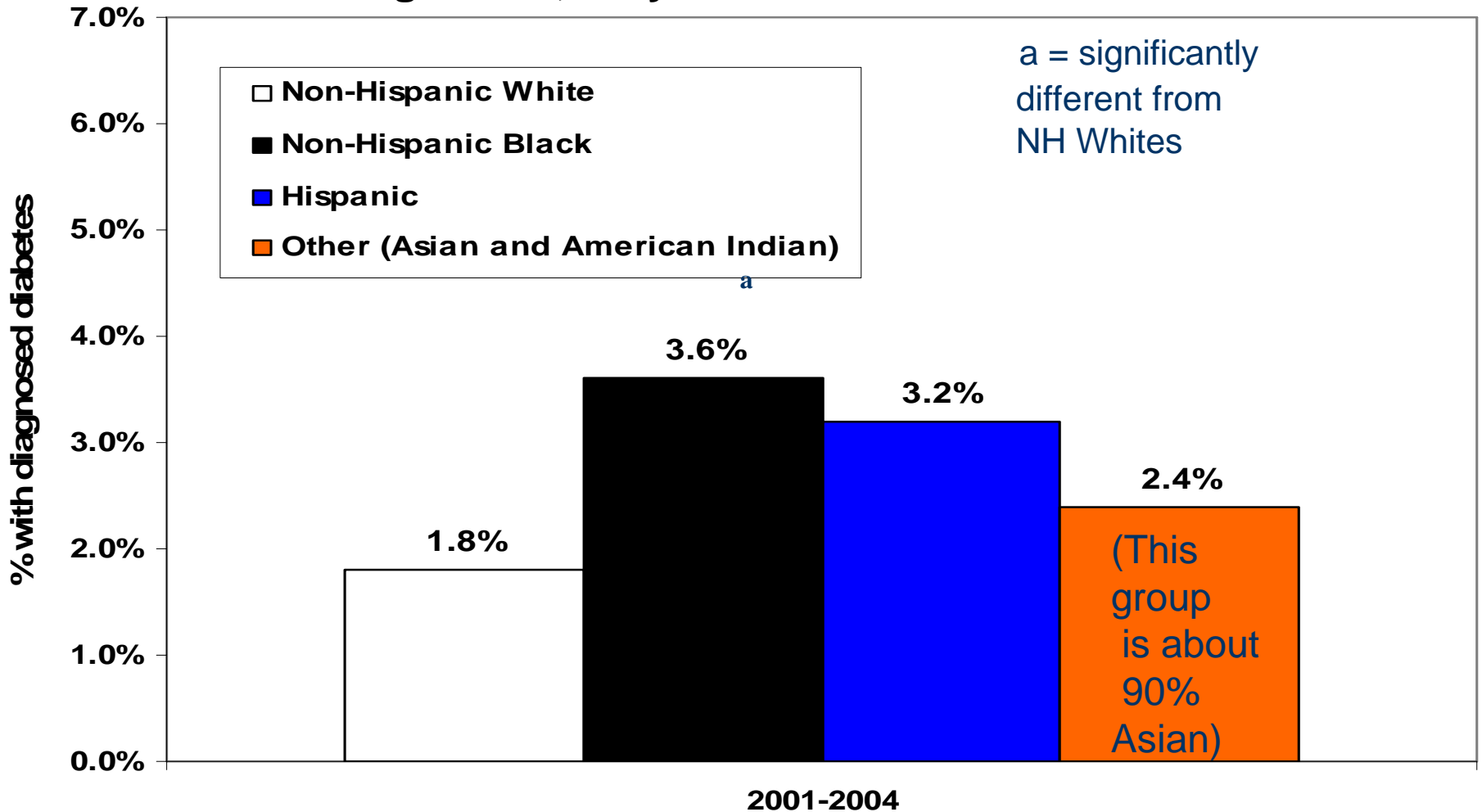


Figure 3. Percent of Births with Late or No Prenatal Care, by Race / Ethnicity, Maryland 1992 - 2003



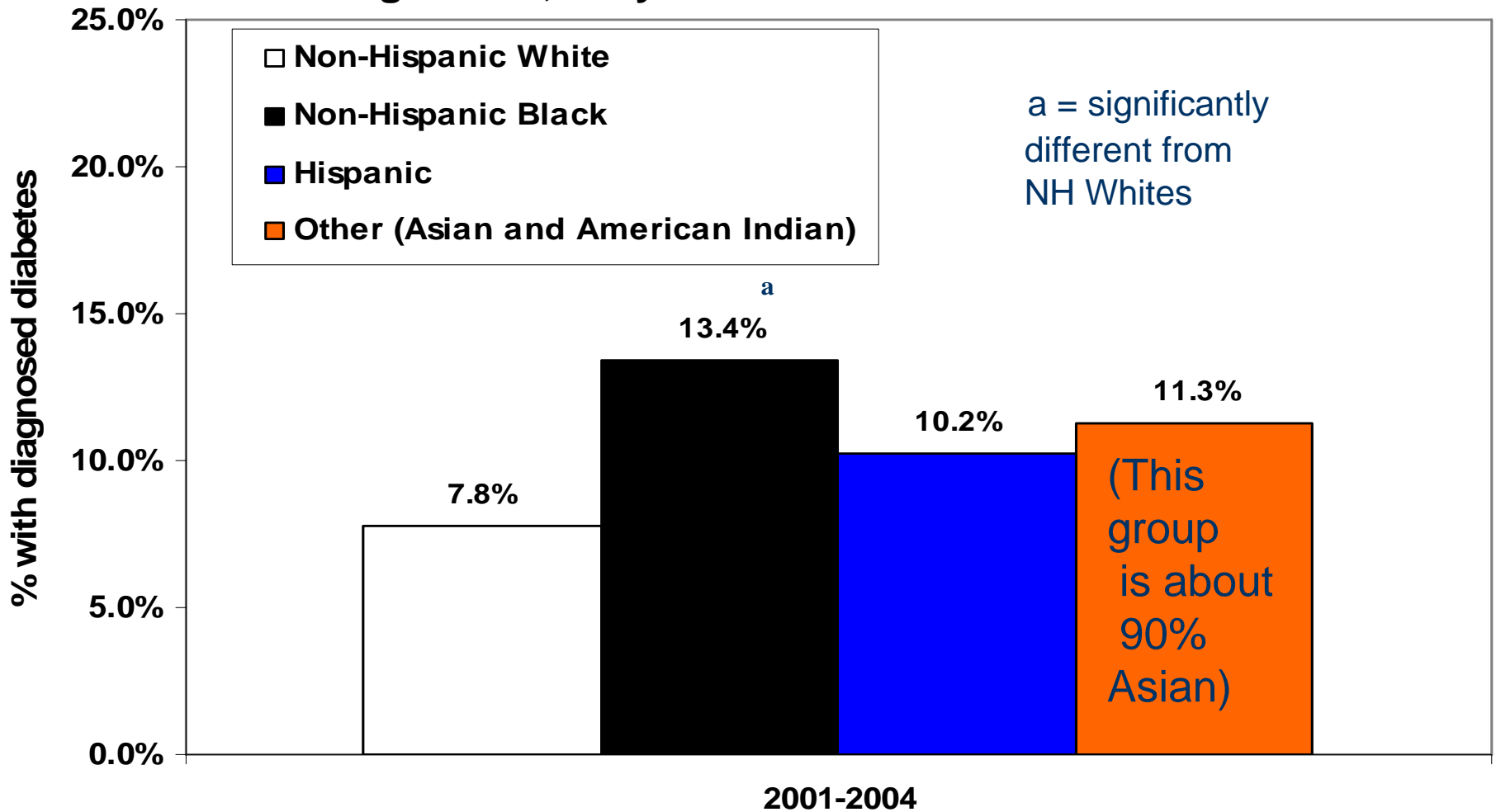
Disparities in Diabetes Prevalence

**Proportion Ever Told by a Doctor That They Have Diabetes,
Age 18-44, Maryland BRFSS 2001 to 2004**



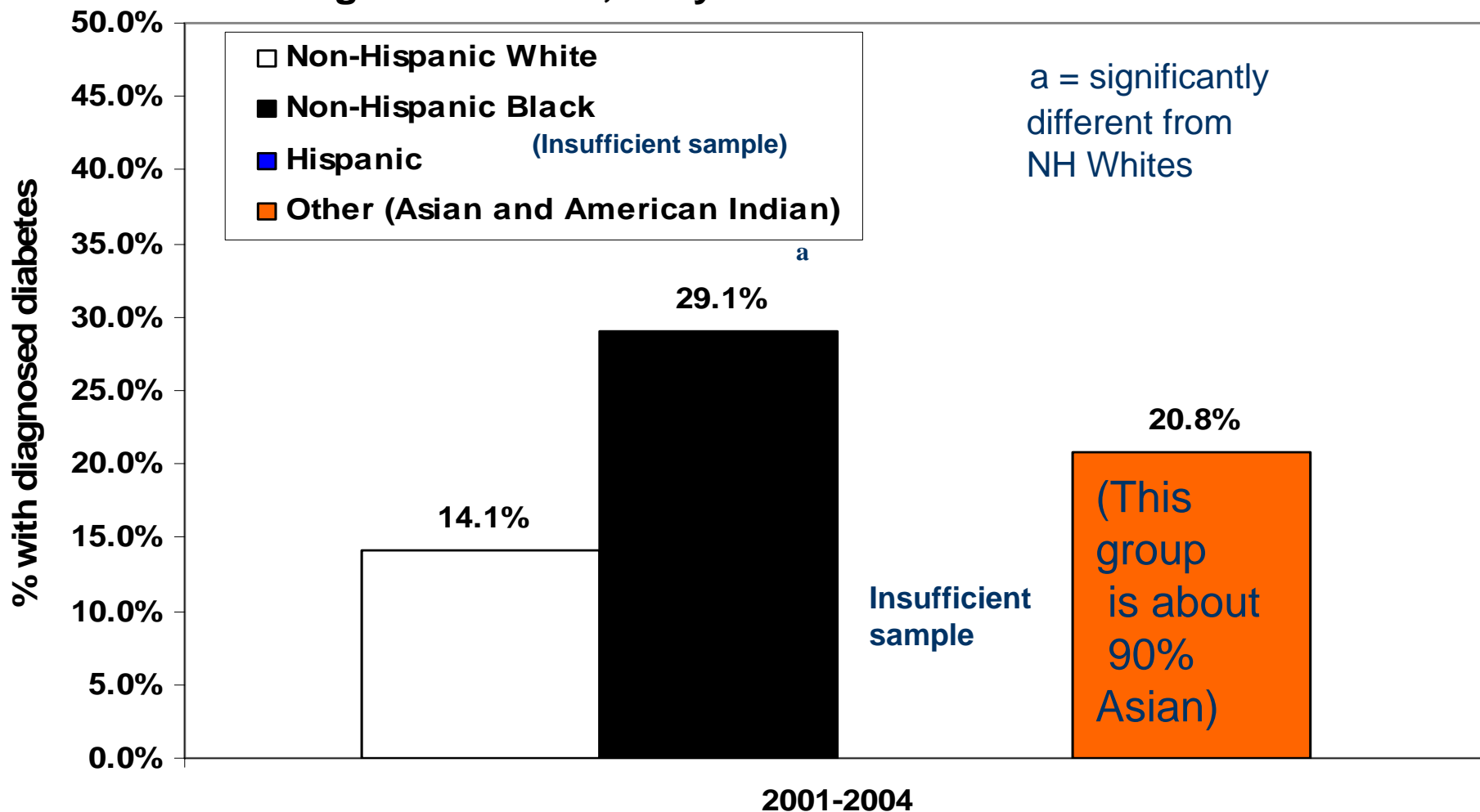
Disparities in Diabetes Prevalence

**Proportion Ever Told by a Doctor That They Have Diabetes,
Age 45-64, Maryland BRFSS 2001 to 2004**



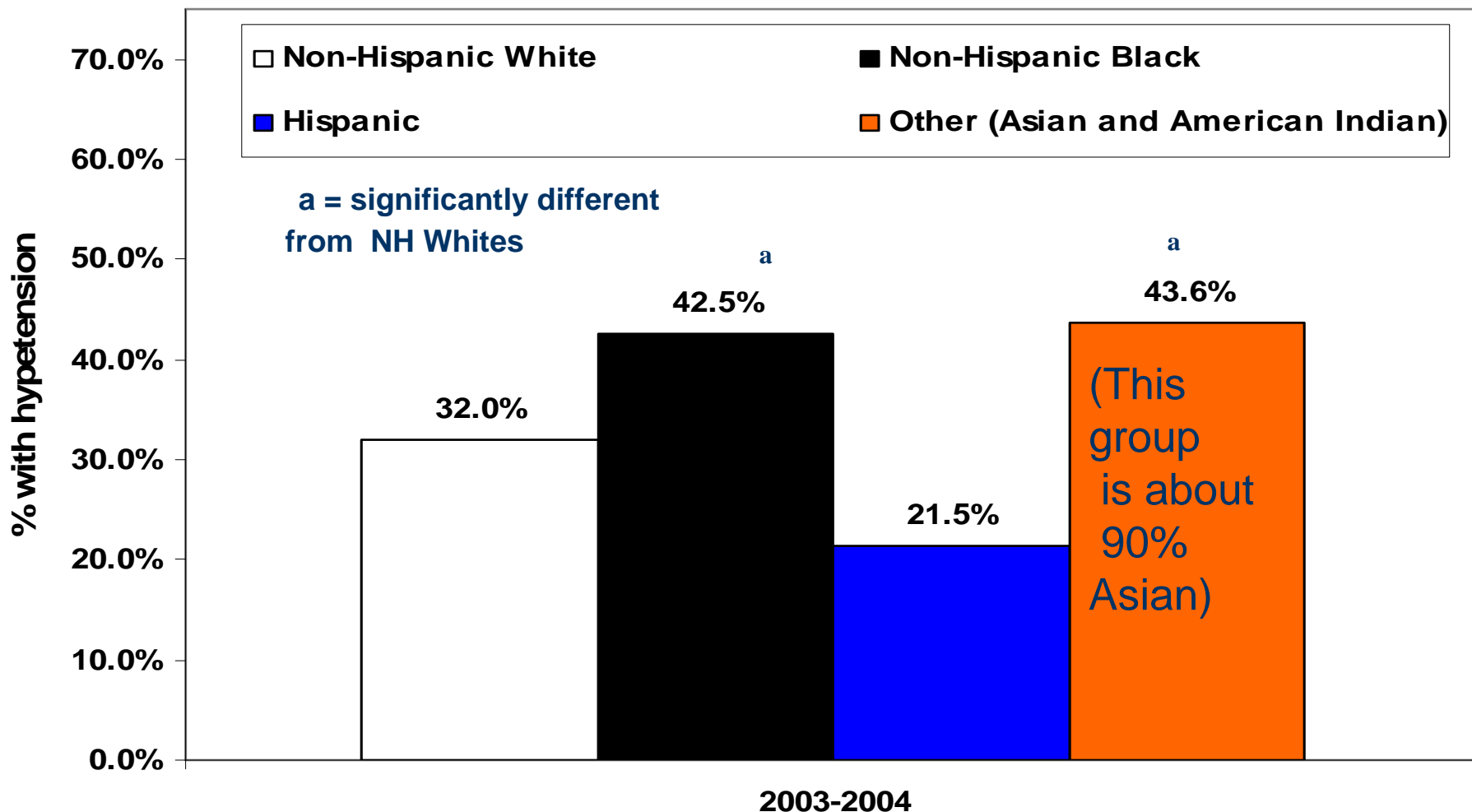
Disparities in Diabetes Prevalence

Proportion Ever Told by a Doctor That They Have Diabetes, Age 65 or Older, Maryland BRFSS 2001 to 2004



Disparities in Hypertension Prevalence

**% Ever Told by a Doctor That They Have Hypertension,
Age 45-64, Maryland BRFSS 2003 to 2004**



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