

A Model for Policy Analysis and Science-Guided Advocacy for Community Health Improvement

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Overview

- Definitions
 - Disparities
 - Health Policy
 - Legislation
- Health Disparities Research – Influence on Health Policy
- Communicating Health Disparities Research Results to Policy Makers
- Disseminating Health Policy

Slide 2

m1

I would add what your objectives are for the session- or instead give them an outline of your talk
mbezuneh, 10/23/2007

Health Disparities

- “Gaps in the quality of health and health care across racial, ethnic, and socioeconomic groups”(1)
- “Population-specific differences in the presence of disease, health outcomes, or access to health care”(2)

1. U.S. Department of Health and Human Services (HHS), Healthy People 2010: National Health Promotion and Disease Prevention Objectives, conference ed. in two vols (Washington, D.C., January 2000).
2. Goldberg, J., Hayes, W., and Huntley, J. "Understanding Health Disparities." Health Policy Institute of Ohio (November 2004), page 3.

Health Disparities Research

Health Disparities Research is a powerful tool for:

- Providing evidence for policy formulation
- Ongoing technical assistance to elected officials
- Assuring policies which are responsive to actual data – research results
- Fostering new policy research

Definitions

What it is Policy?

Policies are activities or strategies developed to achieve anticipated outcomes; in the case of health policy, the activities are expected to impact the health care delivery system. Policy may impact access to care, target scarce resources or guide funding decisions. Policy may be implemented through legislation and/or regulation.

Definitions Cont'd

- What is Legislation?

Making or enacting laws through a legislative body of elected members; making statutory law.

- What is Regulation?

Authoritative rule adopted by a federal or state executive body who carries out the law; Usually specifies details not included in the legislation

What is the link between Health Disparities Research and Health Policy?

Health Disparities Research can:

1. **Document** the existence of health disparities;
2. **Contribute** to the understanding of the etiology of health disparities;
3. **Assist** in defining nature/extent of health disparities;
4. **Inform** and guide policy maker's agenda;
5. **Influence** the development of science-guided policy/interventions to reduce or eliminate health disparities;
6. **Evaluate** policies with regard to whether desired outcomes are achieved;
7. **Foster** sustainability and leveraging of resources

A Research-To-Policy Model That Addresses Cancer Health Disparities in Maryland

Maryland's success in translating Research Results to Policy Development:

- Ongoing Legislative Technical Assistance
- Demonstration of Constituent Needs and Benefits
- Committee briefings
- Hearing Testimony
- Workshops
- Health and Government Operations Committee
- Interacting with Stakeholders

Slide 8

m2

I am not sure if it is Unique to Maryland to have committee such as HGO!

mbezuneh, 10/23/2007

Policy Development, Legislation and Regulation: A Research to Policy Model that Addresses Cancer Health Disparities in Maryland



Evidence Based Decision Making = **Ongoing** Legislative Technical Assistance and Demonstration of Constituent Needs and Program Benefits

Policy Research and Legislative Initiatives in Maryland

Maryland General Assembly

- 188 Senators and Delegates (47 Senators and 141 Delegates from 47 districts)
- Meets in session for 90 days
- Annually considers about 2,300 bills and the state budget
- General Assembly can cut the State budget but cannot add to it
- Laws passed can affect the general welfare, create new executive agencies and impose new taxes

MGA History of Commitment 2000-2006 MB4

- Significant financial support was provided through the budget to the University of Maryland School of Medicine to address health disparities
- Between **2000-2007**, **20** substantive bills passed MGA to become law dealing with cancer, cardiovascular disease and health disparities

Slide 12

MB4

Why not include the 2007 information? SB 283?

mbezuneh, 10/24/2007

Examples Of Select Legislation In Maryland: Tobacco Related Diseases

Cigarette Restitution Fund (CRF):

- Maryland was one of 46 states to participate in a multi-state lawsuit against major tobacco manufacturers
- In settlement, Maryland receives \$4.9 billion over 25 years
- Task Force to Conquer Cancer was established in Maryland to decide how to distribute the funds
 - Policy of Task Force: “achieve the goal of making Maryland the premier place in the nation for cancer prevention, education, research and treatment (and) reflect the need to improve access to and parity of care for minority communities and individuals who live in rural areas of the state”
- This Policy led to Legislation to distribute the funds in 2000
- Legislation led to funding Center for Health Disparities Programs

Examples Of Select Legislation In Maryland: Breast Cancer Screening

- Breast cancer screening and treatment legislation for uninsured women
 - Appropriation
 - \$2.5 million per year for a limited time to promote screening through the state hospital rate setting system
 - Age eligibility: under age 50
 - Covers cost of screening, follow up of abnormal screens, diagnostic and treatment costs

Examples Of Select Legislation In Maryland: Health Disparities and Cultural Competency

- **2003: HB 883** – Health Care Services Disparities Prevention Act

Declared that institutions of higher education include courses on health disparities and cultural sensitivity and DHMH develop a **plan** to address disparities

- **2004: HB 86** – Maryland Office of Minority Health and Health Disparities

- Established the **Office of Minority Health and Health Disparities** in the Department of Health and Mental Hygiene

- Required Director to promote health and prevention of disease in high risk groups

- **2006: HB 58** – Department of Health and Mental Hygiene – Racial and Ethnic Variations-Health Care Disparities Policy Report Card

Requires Maryland Health Care Commission (MHCC) to include racial, ethnic variations in existing consumer performance report cards for HMOS, nursing homes and hospitals

Examples Of Select Legislation In Maryland: Health Disparities and Cultural Competency

- **2006: HB 1445 – Cultural Competency and Health Outcomes – Pilot Program**
Requires the Family Health Administration in DHMH, in consultation with the Office of Minority Health and Health Disparities, to provide assistance to a state-based community teaching hospital system for a pilot program
- **2007: SB 283 Charles County Prostate Cancer Pilot Program –Pilot Program**
Establishes a prostate cancer screening pilot program in Charles County, MD, an rural underserved area with a high prostate cancer mortality
- **2007: SB 181/HB 30 Oral Health Safety Net Program-** Establishes program in the Office of Oral Health, DHMH to provide start up funding to expand oral health capacity for underserved low-income and disabled individuals

An Example of the Health Disparities Research/Policy Connection in Progress

Mandated Benefits Legislation

Mandated Benefits: Required health insurance benefits or services that insured health plans must include (developed in response to cost cutting initiatives by HMOs etc.).

- Maryland has 40 mandates
- Mandates do not apply to small group market, Medicaid or the self insured (about 75% of the population under 65 years are not covered by mandates; mandates influence what is covered and the extent of coverage in other markets)
- Mandates cover a number of cancer related services

Ten Significant Maryland Cancer Related Health Mandates

- Mandates for prevention, screening and treatment in insurance

Article

- 15-804 Coverage for off label use of drugs
- 15-809 Hospice Care
- 15-814 Mammography coverage
- 15-815 Reconstructive Breast Surgery coverage
- 15-825 Prostate Cancer screening coverage
- 15-827 Clinical trials coverage
- 15-832 Length of stay mastectomies and prostate surgeries
- 15-834 Prosthesis after mastectomy
- 15-836 Wigs after chemotherapy
- 15-837 Colorectal cancer screening

Lessons Learned

What have we learned about Mandates and the Research/Policy connection?

- Research/Data identified appropriate treatment or procedure
- Legislative Policy was developed around research to assure access to treatment or procedure through passing laws i.e. mandated benefits
- Medicaid and State employee benefit policies adapted mandates in general through Regulatory changes in their benefit plans
- UMSOM focus group research (2004) indicates lack of awareness about coverage in mandates especially in minority and rural underserved populations

What have we learned about Mandates and the Research/Policy connection?

- Improvement is needed to promote awareness of newly mandated policies to the targeted beneficiaries
- Policies to increase awareness of mandates need to be evaluated as part of the assessment of the effect of mandates in reducing disparities
- NCMHD/P60 developed educational tool to explain mandated benefits to minority and underserved population

How Do We Achieve Success In Policy Research and Policy?

- Educate community for advocacy
- Use evidence for health policy – science guided policy
- Technical assistance and “training” for elected officials, stakeholders and policy makers on health disparities, factors and how constituents affected
- Expand efforts beyond Maryland policy makers
 - July 2005 - Southern Legislative Conference
 - (11 Southern states)
 - November 2005 - Public Health Institute
 - Training and shadowing opportunities for fellows and junior investigators

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- UM Comprehensive Health Disparities Research, Outreach and Training Center; NIH: NCMHD Grant Number P60 MD000532-01 (DWilson PI, CBaquet CoPI); 9/30/03-present.

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Dr. Martin Luther King Jr. “Where Do We Go From Here: Chaos or Community?” Beacon Press ;1968. p. 6

“On some positions, Cowardice asks the question, "Is it safe?" Expediency asks the question, "Is it politic?" And Vanity comes along and asks the question, "Is it popular?" But Conscience asks the question "Is it right?" And there comes a time when one must take a position that is neither safe, nor politic, nor popular, but he must do it because Conscience tells him it is right. “

Address at SCLC Ministers Leadership Training Program
Dr. Martin Luther King, Jr.



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