MOTA
Capacity Enhancement
Needs Assessment
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Minority Outreach and Technical Assistance (MOTA) Program

- Established in 2001 by Legislative Mandate
- Provides Grants and Technical Assistance to CBOs
- Aims to Help Leverage Community Resources to Address Health Disparities in Minority Communities
- CBO focus areas: Pregnancy and Birth Outcomes, Cardiovascular Disease, Diabetes, Obesity, Cancer, Asthma, HIV/AIDS, Tobacco Use, Health Insurance Access, Medical Home Use
Minority Health Disparities in MD

- Excess Deaths from Cardiovascular Disease
- African-American Breast and Prostate Cancer Mortality Rates Higher than that of Whites
- Higher Obesity Rates Among African-Americans & Hispanics
- HIV/AIDS Mortality Rate for African-Americans and Hispanics 10 times and 2.5 times that of Whites
- Native American and African American Infant Mortality 2 to 2.5 times that of Whites
MOTA Grantee Expectations

- **SMART** (Specific, Measurable, Attainable, Relevant, Time-Bound) Objectives
- Ongoing Program Monitoring and Data Collection
- Process and Outcome Evaluations
- Sustainability Plan
- Collaboration with other organizations, programs, and their local health department
PROJECT OVERVIEW

Needs Assessment Research Questions

- What is the Existing Capacity of MOTA Grantee Programs?
- What Unmet Needs or Other Challenges Create Capacity Gaps for MOTA Grantee Programs?
- How Can the Capacity of MOTA Grantee Programs Be Strengthened?
METHODS

Study Population
- 16 Staff Members of 8 MOTA Grantee Programs
  - 53% Program Managers/Directors, 40% Programmatic Staff, 7% (just 1) CHW

Exclusion / Inclusion Criteria
- MOTA Grantees Part of MOTA Program At Least 2 Years
- MOTA Grantee Programs Focused on Chronic Diseases (e.g. Cancer, Obesity, Diabetes)
Phase 1–Formative Research
- Participant Observation–Site Visits
  - Information on program structure, practices, key activities, ability to meet objectives, data collection, monitoring, evaluation

Phase 2–Survey Phase
- Survey Designed informed by Information from Phase 1
- Survey disseminated to 16 MOTA program staff members
- Results analyzed
“Everything is focused on opioid in Arundel County”.
FINDINGS

Existing Capacity of MOTA Grantee Programs

- Collaborations with Other Programs Organizations
- Volunteer Recruitment and Training
- Data collection, monitoring, & evaluation
  - Just 20% Report Challenges in this Area
  - Receipt of Technical Assistance
Challenges Experienced by MOTA Grantee Programs

- Local Health Department Collaborations
- Local Health Department Commitment to Minority Health
- Community Health Worker Acquisition and Retention
  - Bilingual Staffing
- Participant Retention
- Funding/ Finding additional sources of support
Recommendations for Strengthening MOTA Programs

▪ Leveraging collaborations to pool resources for CHWs
▪ Including Fundraising and Grant Writing activities in a comprehensive sustainability plan
▪ Better Integration of CBOs with local health departments
LIMITATIONS & CHALLENGES

▪ **Timing:** Short Time Frame & IRB Approval Process
▪ **Study Population:** Lacking Sufficient CHWs
▪ **Exclusions:** Recent MOTA Grantees and Those Not Focused on Chronic Diseases
▪ **Bias:** Social Desirability Bias/Grantee-Grantee Power Dynamics
POLICY & PRACTICE IMPLICATIONS

Community Resilience

- CBOs and programs are integral to community resilience
- Shifting political energy can be detrimental to existing programs
- Approaching work of a CBO with a business mindset
- Collaboration is critical to sustainability
LESSONS LEARNED

▪ Importance of Evidence-based Policymaking
▪ Relationship Between Resources and Resiliency
▪ Silos Are Detrimental to the Work of Public Health
▪ Creating a Culture of Health Begins with MDH and MHHD
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Participating MOTA Grantee Program Staff
REFERENCES


THANK YOU!

ANY QUESTIONS?
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