STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Wes Moore, Governor – Aruna Miller, Lt. Governor
Edward J. Kasemeyer, Chair – Mark Luckner, Executive Director

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Summary of the Health Equity Resource Communities (HERC) Grants

The CHRC Commissioners approved twelve HERC grant awards totaling $41,550,000 supporting new and expanded programming in all areas of the state. The five-year HERC implementation period commenced on July 1, 2024, and will continue through June 30, 2029.

Five of the twelve HERC designations were awarded to Pathways grantees, enabling them to build upon the impactful work of the two-year pilot program and expand services. Below are short descriptions of the twelve programs.

University of Maryland School of Nursing (Baltimore City; total award $5,000,000)
The project will address cardiovascular and mental health and SDOH disparities for adults in the West Baltimore and North Avenue corridors of Baltimore city (21201, 21217, 21223, 21229 21202, 21216, 21215). The program extends the work of the Pathways RICH collaborative that provides multi-sector collaboration across community-based organizations, faith-based organizations, academia, hospital systems and federal qualified health centers. Interventions include nurse managed health centers, mobile health programs in community and senior facilities, community health outreach and education events, remote patient monitoring and providing care coordination. The hub and spoke model provides SDOH linkages that address housing, transportation, access to health and economic stability barriers. This grant expands the footprint of the Pathways program, the organizations involved, and the interventions to meet the needs of patients.

Greater Baltimore Medical Center (Baltimore City; total award $3,500,000)
The project will address diabetes, hypertension, weight disorders and elder in-home health care for low-income residents and frail, elderly residents in Baltimore City (21201, 21202, 21205, 21206, 21210, 21211, 21212, 21213, 21214, 21217, 21218, 21230, 21231, 21239, 21251, 21030, 21215, 21060, 21216, 21075, 21090, 21093, 21220, 21117, 21221, 21128, 21222, 21133, 21223, 21136, 21224, 21152, 21225, 21226, 21227, 21228, 21229, 21234, 21209, 21236, 21237, 21207, 21208, 21244, 21286, 21204). The program expands the Pathways pilot program. Interventions include prioritization of patients in this service area by extending patient-centered medical home hours at the Jonestown practice; expanding staffing of the Gilchrist Elder Medical Care program; and providing in-home care, coordination, and medical management to homebound adults. The program will also host health fairs and screening events for diabetes and hypertension at community centers, places of worship, senior residences, barbershops, and beauty salons. Interventions provide linkages for SDOH support that address transportation, food, housing and access to care needs.

St. Mary's County Health Department (St. Mary's County; total award $5,000,000)

The project addresses chronic disease, comorbidities, and counseling for individuals living below the poverty level with high unemployment rates in St. Mary's County in Southern Maryland (20643, 20634, 20670). This Pathways pilot program's expansion will provide on-site primary care for chronic disease management. Interventions include walk-in behavioral health crisis services, direct quality care, and prevention services. SDOH support, resources and linkages include medical language interpretation, appointment transportation, financial education, job placement, housing, mediation services, youth development and safety programs.

TidalHealth (Wicomico County; total award $4,800,000)

The project will address chronic health conditions and social support needs of African American and Haitian community residents in Wicomico County on the Lower Eastern Shore (21851, 21863, 21822, 21826, 21801, 21804, 21811). The project is an extension of the Pathways pilot REACH program, addressing food access, health literacy and access to care. Interventions include bilingual CHW staff, expanded health and SDOH screenings, telehealth and integrated care teams, farmer participation program, healthy lifestyle training, interpretation services, and health literacy tools for patients. REACH coalition partners will employ community-based health education; provide ongoing diabetes prevention and chronic disease self-management; expand mobile health screenings; and offer in-home visits to patients at risk for readmission. SDOH support resources provide linkages that address food insecurity, health literacy and healthcare access.

Health Care for the Homeless (Baltimore City; total award $1,750,000)

The project will address low birth weights and infant and maternal mortality by improving early access of prenatal care for Black/African American and Latina/Latinx women experiencing homelessness in Baltimore City (21207, 21215, 21222, 21217,21233, 21227,21230, 21225, 21217, 21218, 21212, 21239, 21234, 21206, 21213, 21202, 21231, 21205, 21224). The program provides early prenatal care to expecting mothers; enrolls patients in mandated Medicaid coverage; and enlists WIC services. Interventions include direct primary care, management of chronic diseases, vaccinations, cancer screening, and other primary care that affect health and birth outcomes. SDOH support resources provide translation services, diapers, clothing, transportation, food, shelter and linkages to insurance coverage and primary care.

Medstar Harbor Hospital (Baltimore City; total award $3,500,000)

The project will address maternal and infant health disparities for residents in South Baltimore (21225). The program provides a collective impact approach to improve the health of mothers and babies. Interventions include the establishment of a new B'more for Healthy Babies community hub site that coordinates with hospital departments such as OB/GYN, Labor and Delivery, the Fetal Assessment Center, the MedStar Mobile Health Center, and the Breast and Cervical Cancer Screening Prevention Program. Interventions include links to pre- and post-natal care, mobile health care, breast and cervical cancer screening, in-home teen pregnancy support, and workforce development. Project partners will provide a spectrum of services addressing social determinants of health, including transportation, food insecurity, primary care access, insurance coverage and workforce development.

Interfaith Works (Montgomery and Prince George's Counties); total award $4,800,000)

The project will address mental health and substance use disorders for people experiencing homelessness in Montgomery County (20783, 20903, 20855, 20910, 20852, 20850, 20886, 20851, 20852). The program's strong coalition of partners will assess the needs of clients during shelter intake; provide them with direct primary care and clinical case management; and refer for Medicaid enrollment. Interventions include links to mental and behavioral health services and substance use programs. SDOH support resources provide linkages that address housing, employment, food insecurity, insurance coverage and primary care access.

Somerset County Health Department (Somerset County; total award $1,700,000)

The project will address diabetes and hypertension for at-risk residents and patients with chronic disease in Somerset County on the Lower Eastern Shore (21824, 21817, 21838, 21871, 21853, 21821). The program will expand the reach of Chesapeake Health Care Community Health Workers (CHWs), providing care coordination and connecting residents to social support. Outreach efforts will also include organizing monthly CHW events and utilizing the SCHD mobile clinic in the harder to reach locations in the county. Interventions include stationing CHWs in agencies throughout the county where people are already receiving services; engaging and assessing residents; and connecting them to coalition partners to address social needs. SDOH support and resources provide linkages that address primary care access, insurance coverage, food insecurity, transportation, health literacy, and language barriers.

Talbot County Health Department & EMS (Talbot County; total award $2,000,000)

The project will address health disparities in eldercare, childhood vaccinations, obesity and maternal health, for rural Hispanic women, children, and older Black adults in Talbot County (21601, 21612, 21625, 21647, 21652, 21654, 21657, 21662, 21663, 21665, 21671, 21673, 21676, 2167921653, 21624). Interventions will reduce health disparities among Hispanic women and children by providing increased access to women's health needs in the form of cancer screenings, reproductive care, family planning and health education (cervical and breast cancer prevention), diabetes and obesity, and improved pre and postnatal care. For young Hispanic children, health and social screenings, nutrition education, and vaccinations will prevent disease, decrease obesity, improve school readiness, and build resiliency. Additional program efforts will provide care coordination and chronic disease education to Black rural older adults to improve access to care and reduce over utilization of 911 and Emergency Department (ED) services, allowing them to remain in their homes. SDOH support and resources provide linkages that address primary care access, insurance coverage, transportation and health literacy barriers.

AHEC West (Allegany & Garrett Counties; total award $4,500,000)

The project will address substance use disorder, obesity and heart disease for rural residents in Allegany County and remote communities in Garrett County (21531, 21541, 21520, 21522, 21536, 21561, 21543, 21532, 21542, 21539, 21521, 21562, 21538). Programmatic efforts will connect residents to local FQHCs for direct access to primary, specialty, and pharmacy care. The program boasts a robust Alliance of partners that will bridge gaps to care by implementing substance use disorder services; providing remote medical monitoring by CHWs and home visits; administering street health care; and creating SDOH linkages for rural county residents. SDOH interventions include transportation resources, health education, health insurance application assistance, a SNAP benefit match, housing (rental deposit assistance) and benefits counseling.

Community Free Clinic (Washington County; total award $1,500,000)

This project will address chronic disease, mental health, and access to healthcare for underserved residents of Washington County (21740, 21742, 21713, 21783, 21795, 21722, 21758, 21750, 21782, 21756, 21733, 21779, 21746, 21711, 21719, 21767, 21748, 21715, 21720, 21721, 21734, 21741, 21747, 21743, 21781). The program will seek to address chronic disease management, mental health, and access to health care through outreach, workforce diversity and training, and health care and education opportunities. Interventions include case management and the provision of in-home care and visits when mobility/transportation are challenging, transportation to and from medical appointments, referral of individuals to mental health supports. In addition, the program will host local health screening and education seminars at outreach events, community centers, churches, and door-to-door as well as train staff in trauma-informed care, language courses and DEI. SDOH interventions include linkages to primary care, insurance coverage, transportation assistance, language interpretation services and health literacy.

Johns Hopkins University, School of Medicine (Prince George's County; total award $3,500,000)

This project will address sickle cell disease treatment needs of Prince George's County residents (20607, 20748, 20608, 20613, 20623, 20749, 20703, 20750, 20752, 20704, 20753, 20705, 20757, 20706, 20762, 20768, 20707, 20769, 20708, 20770, 20772, 20709, 20773, 20774, 20710, 20712, 20715, 20716, 20717, 20775, 20781, 20718, 20782, 20719, 20720, 20721, 20722, 20783, 20784, 20725, 20726, 20731, 20735, 20785, 20737, 20738, 20740, 20787, 20741, 20743, 20785, 20791, 20792, 20744, 20745, 20746, 20747, 20866, 20707, 20904, 20903, 21114, 20724, 21035, 20754, 20601). This program is an extension of the Pathways program that established infusion center services at University of Maryland Capital Region Medical Center. The program provides transition services to children 16+ with Sickle Cell Disease (to ensure care continuity as aging out of younger programs). Johns Hopkins provides virtual guidance and treatment management to support expanded services at the new UMCR infusion center. The program addresses integrated and SDOH needs of patients including counseling, food insecurity, transportation and primary care access.