



Community Health Resources Commission

Kick-Off Meeting

Maryland Health Equity Resource Act

August 11, 2021



CHRC Commissioners

Eleven Commissioners, appointed by the Governor

The Honorable Edward J. Kasemeyer, CHRC Chair, and former Senator and Chair of the Maryland Senate Budget & Taxation Committee

J. Wayne Howard, CHRC Vice Chair, and former President and CEO, Choptank Community Health

Scott T. Gibson, Chief Strategy Officer, Melwood Horticultural Training Center, Inc.

Flor de Maria Giusti, LCSW-C, Johns Hopkins Bayview Medical Center

Celeste James, Executive Director of Community Health and Benefit, Kaiser Permanente of the Mid-Atlantic States

David Lehr, Chief Strategy Officer, Meritus Health

Karen-Ann Lichtenstein, Former President and CEO, The Coordinating Center

Carol Masden, LCSW-C, and Executive Director, Maryland Rural Health Association

Sadiya Muqueeth, Dr.PH, Director of Community Health, National Programs, Trust for Public Lands

Destiny-Simone Ramjohn, PhD, Vice President, Community Health and Social Impact, CareFirst

Carol Ivy Simmons, PhD, Behavioral Health Operations Manager, Suburban Maryland, Kaiser Permanente of the Mid-Atlantic States



Legislative History

- **RELIEF Act** (SB 496) provided \$14 million in new funding for “Pathways to Health Equity Grants” for two-year grants awarded by the CHRC.
- **Maryland Health Equity Resource Act** (HB 463/SB 172) created policy framework for Health Equity Resource Communities (HERC) and provided \$45 million over three years (FY 2023-FY 2025) to be administered by the CHRC.

HERC Advisory Committee

Eleven members appointed by the Governor and Presiding Officers

The Honorable Edward J. Kasemeyer, CHRC Chair and Chair of the HERC Advisory Committee

Noel Brathwaite, PhD, MSPH, Director, Minority Health and Health Disparities, Maryland Department of Health

Alyssa L. Brown, JD, Director, Innovation, Research, and Development, Office of Health Care Financing, Maryland Department of Health

Rebecca A. Altman, RN and MBA, Vice President and Chief Integration Officer, *LifeBridge* Health

Elizabeth L. Chung, Executive Director, Asian American Center of Frederick, and former CHRC Chair

Michelle Spencer, MS, Associate Chair, Inclusion, Diversity, Anti-Racism, and Equity, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health

Maura Dwyer, DrPH and MPH, former Health Enterprise Zones Program Manager

Jonathan Dayton, MS, NREMT, Community Relations and Population Health Supervisor, Mt. Laurel Medical Center

Mikayla A. Walker, MPH, Management Consultant, ReefPoint Group

Jacqueline J. Bradley, MSN, MSS, CRNP, Bradley Consulting, LLC

The Honorable John A. Hurson, Esq., former CHRC Chair, and former Chair, Health & Government Operations Committee, Maryland House of Delegates

HERC Advisory Committee

Provide guidance and assistance to the CHRC in the following areas:

- implementation of the HERC program;
- HERC program evaluation and data collection metrics;
- preparation of an annual report on the program; and
- strategies for tax incentives and loan repayments to assist HERCs in achieving their mission.

Maryland Health Equity Resource Act: Purpose

The purpose of establishing Health Equity Resource Communities (HERCs) is to target State resources to specific areas of the state to:

- reduce health disparities;
- improve health outcomes;
- improve access to primary care;
- promote primary and secondary prevention services; and
- reduce health care costs and hospital admissions and readmissions.

Implementing Partners

(in addition to HERC Advisory Committee)

- The Office of Minority Health and Health Disparities shall provide technical assistance to the Commission in implementing the Act.
- CRISP shall provide technical assistance to the Commission by maintaining a data set and supporting program evaluation.

Pathways to Health Equity Grants

The HERC Pathways program will provide two-year grants (approximately \$13 million), beginning in FY 2022, to:

- reduce health disparities,
- improve health outcomes,
- improve access to primary care,
- promote primary and secondary prevention services, and
- reduce health care costs and hospital admissions and readmissions.

The Pathways grants are intended to provide the foundation for the award of future HERC grants (\$45 million over three years).

Timeline for HERC Pathways Implementation

August 11	First HERC Advisory Committee meeting/joint meeting with CHRC
August 23-25	HERC Subcommittee #1 to discuss design of Pathways RFP
August 23-25	HERC Subcommittee #2 to discuss data/program evaluation
September 7-10	Potential Second Subcommittee Meetings
September 13-16	HERC Subcommittee #3 to discuss community engagement
October 4-6	CHRC Meeting to release the HERC Pathways RFP
October 7-11	CHRC releases HERC Pathways RFP
October - November	Public meetings across the state to inform communities and potential applicants about HERC Pathways RFP
Early November	Second Meeting of the HERC Advisory Committee

Implementation Timeline, cont.

December 1	First legislative update on HERC Pathways is due
December 6	Pathways RFP proposals are due to CHRC
December- early January 2022	Review period for HERC Pathways proposals
Mid January 2022	CHRC meeting: consider recommendations on which top-scoring Pathway proposals should be invited to present at the next CHRC meeting
Early February 2022	CHRC meeting: receive presentations from HERC Pathways applicants, make award decisions
Mid-late February, 2022	Second legislative update is submitted that summarizes Pathways grantees awarded by the CHRC

Potential HERC Subcommittees

- The CHRC will convene three subcommittees over the next few weeks to help execute the Act, and provide recommendations to the CHRC as the Pathways RFP is issued by the CHRC:

#1 – Pathways RFP Design

#2 – Data and Program Evaluation

#3 – Consumer Engagement & Community Engagement

The CHRC is open to convening other subcommittees as needed. Suggestions are welcome.

Questions to consider in Subcommittees

- Should the Pathways RFP focus on chronic disease(s) or give Pathways applicants the latitude to take a broader focus?
- Should Pathways and HERC programs be encouraged to adopt clinical/medical (i.e., healthcare related factors) and non-medical strategies (i.e., social, economic, and environmental factors) to reduce health disparities and improve outcomes?
- To what extent should the CHRC prescribe specific data metrics and collection techniques to demonstrate the effectiveness and health impact of program interventions (short-, medium-, and long-term outcomes)?
- Should the Pathways RFP be structured so that successful Pathways grantees are eligible for HERC funding? If yes, should Pathways applicants be required to present a longer-term HERC program and financial sustainability plan which anticipates the potential for receiving HERC funding?

Key Questions (cont.)

- How might overall “success” be determined for the two-year Pathways grantees, and how should the performance of Pathways grantees be factored into the selection of applicants for the HERC RFP?
- As the Pathways RFP is developed for potential release in early October, are there specific items or questions that warrant public comment to be solicited *before* the RFP is finalized?