

**Kick-Off Meeting of the
Maryland Community Health Resources Commission and
Health Equity Resource Community Advisory Committee
Wednesday, August 11, 2021
100 Community Place, Crownsville, MD 21032
1:00 PM – 3:30 PM**

ATTENDEES

Community Health Resources Commission (CHRC) Commissioners

1. The Honorable Edward J. Kasemeyer, CHRC Chair, and former Senator and Chair of the Maryland Senate Budget & Taxation Committee
2. J. Wayne Howard, CHRC Vice Chair, and former President and CEO, Choptank Community Health
3. Scott T. Gibson, Chief Strategy Officer, Melwood Horticultural Training Center, Inc.
4. Flor de Maria Giusti, LCSW-C, Johns Hopkins Bayview Medical Center
5. Celeste James, Executive Director of Community Health and Benefit, Kaiser Permanente of the Mid-Atlantic States (via video)
6. David Lehr, Chief Strategy Officer, Meritus Health
7. Karen-Ann Lichtenstein, Former President and CEO, The Coordinating Center
8. Carol Masden, LCSW-C, and Executive Director, Maryland Rural Health Association
9. Sadiya Muqueeth, Dr.PH, Director of Community Health, National Programs, Trust for Public Lands (via video)
10. Destiny-Simone Ramjohn, PhD, Vice President, Community Health and Social Impact, CareFirst

Health Equity Resource Community (HERC) Advisory Committee Members

1. The Honorable Edward J. Kasemeyer, CHRC Chair and Chair of the HERC Advisory Committee
2. Noel Brathwaite, PhD, MSPH, Director, Minority Health and Health Disparities, Maryland Department of Health
3. Alyssa L. Brown, JD, Director, Innovation, Research, and Development, Office of Health Care Financing, Maryland Department of Health (via video)
4. Rebecca A. Altman, RN and MBA, Vice President and Chief Integration Officer, LifeBridge Health
5. Elizabeth L. Chung, Executive Director, Asian American Center of Frederick, and former CHRC Chair
6. Michelle Spencer, MS, Associate Chair, Inclusion, Diversity, Anti-Racism, and Equity, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health
7. Maura Dwyer, DrPH and MPH, former Health Enterprise Zones Program Manager
8. Jonathan Dayton, MS, NREMT, Community Relations and Population Health Supervisor, Mt. Laurel Medical Center
9. Mikayla A. Walker, MPH, Management Consultant, ReefPoint Group
10. Jacqueline J. Bradley, MSN, MSS, CRNP, Bradley Consulting, LLC
11. The Honorable John A. Hurson, Esq., former CHRC Chair, and former Chair, Health & Government Operations Committee, Maryland House of Delegates

WELCOME

Chair Kasemeyer welcomed the group and invited attendees to introduce themselves. Speaker Adrienne A. Jones (via recorded message), Senator Antonio L. Hayes (via video), and Delegate Erek L. Barron (via video) offered greetings, reviewed the purpose and history of the Maryland Health Equity Resource Act, and thanked members for their commitment to addressing health disparities in Maryland.

OVERVIEW OF HEALTH EQUITY RESOURCE ACT

Chair Kasemeyer and CHRC Executive Director Mark Luckner discussed the Maryland Health Equity Resource Act (see [slide presentation](#)). The Maryland General Assembly has provided \$59 million to target State resources to specific areas of the state to reduce health disparities, improve health outcomes, and reduce health care costs. The “Pathways to Health Equity” program, funded through the RELIEF Act, will provide two-year grants beginning in fiscal year 2022. Pathways grants are intended to provide the foundation for the award of Health Equity Resource Community (HERC) grants in future years.

OVERVIEW OF PRIOR HEALTH ENTERPRISE ZONES

HERC Advisory Committee members Michelle Spencer and Maura Dwyer, who worked on the prior Health Enterprise Zone (HEZ) initiative, briefed attendees on the HEZ program, which is the model for the HERC/Pathways program (see [slide presentation](#)). The original HEZ Call for Proposals generated 19 applications, five of which were chosen to become HEZs and received four-year grants. Overall, 21 health care delivery sites were opened or expanded, 99 FTEs were added or retained, and 195,207 patients received services over 346,337 visits. The HEZ program produced \$93.4 million in cost savings.

Presenters shared some lessons learned from the HEZ program:

- (1) additional time was required for program planning and implementation;
- (2) the loan repayment program was not well tailored to the HEZ providers;
- (3) tax provisions were not implemented in a timely manner;
- (4) insufficient focus was placed on Social Determinants of Health/upstream and structural factors; and
- (5) HEZs were not provided enough opportunities to learn from one another’s experiences.

PRESENTATION BY CRISP

Anja Fries and Laura Mandel from Chesapeake Regional Information System for our Patients (CRISP) spoke about CRISP’s role in the HERC/Pathways program (see [slide presentation](#)). According to statute, CRISP is to provide technical assistance by maintaining a data set and supporting HERC/Pathways program evaluation. CRISP maintains a Public Health Dashboard that can be used to analyze data on a geographic basis. CRISP also produces “Pre/Post” reports that can track health outcomes for a cohort of patients. The presenters shared several recommended outcome measures that could be considered for evaluating HERCs/Pathways.

Members asked a number of questions about the sources and granularity of CRISP data. Members encouraged the collection of nonmedical data and stressed the importance of including race and ethnicity in data collected. The Data and Program Evaluation Subcommittee (see below) will continue to work on these issues.

PRESENTATION BY MDH LEADERSHIP

MDH Secretary Dennis R. Schrader and MDH Deputy Secretary Steve Schuh expressed the Department’s support for the HERC/Pathways initiative as part of its other ongoing health equity efforts including: the Maryland Vaccine Equity Task Force, the Maryland Commission on Health Equity, and elements of the Total Cost of Care model that support health equity. Secretary Schrader encouraged partnerships with the private sector to advance health equity. MDH Director of the Office of Minority Health and Health Disparities Dr. Noel Brathwaite spoke about health disparities in the state and stressed the importance of a collaborative approach.

DISCUSSION OF TIMELINES AND SUBCOMMITTEES

Chair Kasemeyer and Mr. Luckner shared the proposed implementation timeline (see [slide presentation](#)). The Pathways RFP is scheduled to be released in early October and applications will be due in December.

The Advisory Committee’s next activities will be conducted through three [Subcommittees](#): (1) Pathways RFP Design; (2) Data and Program Evaluation; and (3) Consumer Outreach and Community Engagement. Each HERC Advisory Committee member was asked to indicate to Mr. Luckner which of the three Subcommittees they would like to join. Public input and testimony will be encouraged throughout the Subcommittee process, though formal membership on the Subcommittees is limited to members of the Advisory Committee. A new

staff member will be hired for the HERC Pathways project, and CHRC staff will share the position announcement in order to attract a diverse range of candidates.

Members discussed the importance of collecting data that is consistent, measurable, and able to drive decision-making. Equity and community engagement must be considered in every aspect of program design.