Pathways to Health Equity -- Grants Awarded by the Maryland Community Health Resources Commission

Baltimore Healthy Start (Baltimore City; total award: $875,000). This project will address disparities in hypertension, Substance Use Disorder (SUD), Low Birth Weight, and Severe Maternal Morbidity for pregnant and postpartum women and their infants in the Druid Heights and Walbrook areas of Baltimore City (zip codes 21216 and 21217). The project will expand existing service coordination and home-visiting projects and facilitate access to primary care and substance use treatment through referrals. Interventions include hypertension education administered by trained CHWs, home BP monitoring and tracking, peer support groups, and care coordination addressing clients’ acute stressors and SDOH needs.

Greater Baltimore Medical Center (Baltimore City; total award: $1,500,000). This project will address disparities in diabetes and hypertension among the African American population in the Greenmount East, Harbor East/Little Italy, Inner Harbor/Federal Hill, Midtown, Oldtown/Middle East, and Waverly areas of Baltimore (zip codes 21202 and 21218). Key interventions include an expansion of the number of patients treated at GBMC Jonestown Clinic, where patients will receive comprehensive primary and preventive care services including vaccinations and screenings; disease management and care coordination services; at-home care for elderly participants; and support to address Social Determinants of Health (SDOH) needs. The project will also conduct public screenings and education at community events, and healthy lifestyle interventions such as community walks/runs, education workshops, patient support groups, peer challenges to support water and protein intake goals, and healthy cooking demonstrations.

University of Maryland School of Nursing (Baltimore City; total award: $2,400,000). This project will address disparities in hypertension, mental health, and social isolation in West Baltimore (zip codes 21201, 21217, 21223, and 21229). Key interventions include: establishing a learning collaborative, using nurse-managed health centers, leveraging mobile health care, and enhancing care coordination through a community health worker model. Targeted outcomes include decreasing the number of patients with uncontrolled hypertension and increasing participation in social support groups.

Johns Hopkins School of Medicine (Prince George’s County; total award: $2,000,000). This project will address disparities associated with the high prevalence of sickle cell disease (SCD) and lack of access to a local comprehensive sickle cell project in Prince George’s County, with specific focus on Upper Marlboro, Laurel and Capital Heights (zip codes 20773, 20707, and 20743). This project aims to reduce the number of adults who present to UMCP hospital for acute pain requiring hospital admission, and to improve access to SCD modifying treatment and transition services for adolescents and young adults to reduce hospitalizations. This comprehensive sickle cell project includes a new infusion clinic at UM Capital Region Medical Center. CHWs will identify participants who lack resources to facilitate access, coordinate their care, and provide SCD education. A nurse navigator will facilitate interventions to address SDOH needs, and a nutritionist will develop a food plan for each participant.
Prince George’s County Health Department (Prince George’s County; total award: $1,600,000). This project will address disparities in heart disease and diabetes in the Capitol Heights, Bladensburg, Hyattsville, and Riverdale areas (zip codes 20710, 20737, 20743, and 20785). Key interventions include Community Health Worker (CHW)-driven outreach and care coordination, bi-directional e-referrals among health and social service providers, and technical assistance to improve providers’ ability to bill for care coordination. The project will promote delivery of culturally and linguistically sensitive services, and utilize EMR, CRISP, and telehealth services including through telehealth hubs. Targeted outcomes include reductions in disparities related to heart disease and diabetes, improved diabetic control as measured by A1c or blood glucose levels, and increased access to primary care.

La Clínica del Pueblo (Montgomery & Prince George’s Counties; total award: $1,500,000). This project will address disparities in diabetes for the Hispanic population in areas of Montgomery and Prince George’s Counties (zip codes 20703, 20706, 20710, 20712, 20722, 20737, 20740, 20770, 20781, 20782, 20783, 20784, 20785, 20901, 20903, and 20912). Interventions will include remote diabetes monitoring, peer-led diabetes self-management, diabetes health screenings via the Luminis mobile clinic, navigation to primary care, addressing barriers to access such as lack of insurance and transportation, access to fresh produce, peer-led walking groups, health system navigation and legal services support, medical interpretation, and a comprehensive community health education, awareness and outreach campaign.

St. Mary’s County Health Department (St. Mary’s County; total award: $1,600,000). This project will address disparities in Behavioral Health (mental health and SUD) and heart disease in the Lexington Park area (zip codes 20634, 20653, 20667). Key interventions include the opening of a new facility to provide primary care, counseling, and other Behavioral Health services; law enforcement referrals and ED diversions; case management to connect clients to partner organizations addressing SDOH; and respite care post-hospital discharge. Target outcomes include a reduction in ED admissions for chronic conditions and mental health and substance use disorders, increased access to primary and preventative care, decreased recidivism in the criminal justice system, and a reduction in overdoses.

Tidal Health (Somerset, Wicomico & Worcester Counties; total award: $1,100,000). This project will address disparities in diabetes experienced by the Black and Haitian population on the Lower Shore (zip codes 21801, 21804, 21822, 21853, 21851, and 21863). Key interventions identified include expansion of Mobile Integrated Health, connections with primary care, expansion of culturally linguistic and evidenced-based diabetes programming, and deployment of CHWs. Target outcomes include reduced rates of uncontrolled diabetes and hypertension among Black adults (18+) in the prioritized zip codes.

Horizon Goodwill Industries (Washington County; total award: $925,000). This project will address health disparities in diabetes and mental health in the Hagerstown area (zip code 21740). The project will provide on-site access to dietary and diabetic educators, healthcare navigation, wrap-around case management, and job training services; walk-in testing for diabetes (HgA1c) and retinal neuropathy; and referrals to mental health services. The goal is to decrease the rate of ED utilization for ambulatory care sensitive conditions, improve management of diabetes, and help reduce the rate of new diabetes diagnoses.