



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

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Larry Hogan, Governor – Boyd Rutherford, Lt. Governor

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## **Maryland Health Equity Resource Act**

*Addressing health disparities, improving health outcomes, and reducing health care costs*

**Pathways for Health Equity Call for Proposals:**

*Laying the Foundation for the Health Equity Resource Community Initiative*

October 12, 2021

# Table of Contents

<b>1. Background on the CHRC</b> .....	3
<b>2. The Pathways to Health Equity Call for Proposals</b> .....	4
<b>3. HERC Advisory Committee and Public Comments</b> .....	5
<b>4. Strategic Goals of the Pathways Program</b> .....	6
<b>5. Health Equity and the Social Determinants of Health</b> .....	8
<b>6. Key Dates</b> .....	9
<b>7. Eligibility Requirements for All Pathways Proposals</b> .....	9
<b>8. Project Proposal Requirements</b> .....	13
<b>9. Selection Criteria</b> .....	22
<b>10. Data and Technical Support</b> .....	27
<b>11. CHRC Monitoring of Projects</b> .....	27
<b>12. Use of Grant Funds</b> .....	28
<b>13. How to Apply</b> .....	29
<b>14. Inquiries</b> .....	33
<b>15. About the Maryland Community Health Resources Commission</b> .....	33
<b>16. HERC Advisory Committee Membership</b> .....	34
<b>Appendix I: Logic Model Template</b> .....	35
<b>Appendix II: Workplan Template</b> .....	36
<b>Appendix III: Budget Form Template</b> .....	37
<b>Appendix IV: CRISP Public Use Health and SDOH Data Files</b> .....	38
<b>Appendix V: List of Links for Additional Information</b> .....	42

## 1. Background on the CHRC

The Maryland Community Health Resources Commission (CHRC) was created by the Maryland General Assembly through the *Community Health Care Access and Safety Net Act of 2005* to expand access to health care for low-income Marylanders and underserved communities in the state and to bolster the capacity of the health care safety net infrastructure to deliver affordable, high-quality health services. The CHRC is an independent commission within the Maryland Department of Health (MDH), and its 11 members are appointed by the Governor. In creating the Commission, the Maryland General Assembly recognized the need to have an independent commission to support projects that serve the unique health needs of vulnerable populations, strengthen the state’s network of community health resources, and address service delivery gaps in Maryland’s dynamic health care marketplace. The fundamental policy objective of the CHRC’s authorizing statute is the need to expand **access** to community health providers, since health insurance coverage alone is not always sufficient for at-risk communities and vulnerable populations to receive affordable, high-quality health care services.

The CHRC has through its strategic grant funding priorities, focused on health disparities in supporting innovative programs by public health agencies, safety net healthcare providers and community-based organizations designed to achieve equitable access to health care and support services, and address the social determinants of health to reduce health disparities and improve health outcomes.

The current *Pathways to Health Equity Call for Proposals* is structured around the Maryland Health Equity Resource Act of 2021 (hereafter, “Resource Act”) approved by the General Assembly which created the *Pathways to Health Equity Program* (hereafter, “Pathways Program”) to provide and target State resources to reduce health disparities; improve health outcomes; increase access to primary care; promote primary and secondary prevention services; and reduce health costs and hospital admissions and readmissions in specific areas of Maryland.

The Pathways Program looks to build on the prior success of the Maryland Health Enterprise Zone (HEZ) initiative created by the Maryland Health Improvement and Disparities Reduction Act of 2012, to reduce health disparities and improved health outcomes. This HEZ pilot program (2013-2017) was jointly administered by the Maryland Department of Health and Mental Hygiene and the CHRC. The final designation of the five geographically defined HEZ areas was made by the Health Secretary. The HEZ designation provided each HEZ access to a range of incentives and grant funding to address health disparities, expand access, and attract health care practitioners to the HEZ area. The HEZ program had a positive impact on health outcomes using a variety of innovative community-based solutions.<sup>1</sup>

Since its inception, the CHRC has issued 16 Calls for Proposals and awarded 639 grants totaling \$98.4 million, supporting projects in all 24 jurisdictions. To date, these grants have provided essential health and social services to more than 517,000 residents, resulting in 1,341,691 service

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<sup>1</sup> [https://healthcareforall.com/wp-content/uploads/2020/09/HEZ-White-Paper\\_2020.09.10\\_Final-1.pdf](https://healthcareforall.com/wp-content/uploads/2020/09/HEZ-White-Paper_2020.09.10_Final-1.pdf)

encounters. Over the same period, the Commission has received 946 grant proposals for consideration, totaling more than \$415 million in funding requests.

Investing limited public resources efficiently and strategically and achieving post-grant project sustainability are top priorities of the Commission, and CHRC grantees have used initial grant funds to leverage \$31.8 million in **additional** federal, private/non-profit, and local funding. CHRC funded projects have achieved a demonstrable return on investment (ROI) by reducing avoidable hospital and 911 system utilization.

## 2. Pathways to Health Equity Call for Proposals

According to the most recent annual report of the Maryland Department of Health (MDH), Office of Minority Health and Health Disparities (MHHD) to the Governor and General Assembly, the data indicates that whilst progress has been made in reducing some health disparities, it remains essential to the overall health of Marylanders that persistent, ongoing minority health disparities be further reduced or eliminated. The impact of health disparities is demonstrated by a higher incidence of chronic diseases for non-Hispanic Blacks and gaps in the age-adjusted rates of deaths per 100,000 associated with these conditions such as heart disease, cancer, stroke, diabetes, HIV/AIDS, and infant mortality compared to non-Hispanic Whites. Preventable utilization of emergency department services for ambulatory care sensitive conditions such as diabetes, asthma, and hypertension for non-Hispanic Black versus non-Hispanic White residents demonstrates some improvement although large disparities remain. Disparities in risk factors, community conditions, the availability of prevention and screening services, access to health care and the quality of these services also contribute to a higher incidence of chronic disease and comorbidities, with less favorable long-term health outcomes.<sup>2</sup>

In addition, more recent findings associated with the impact of the COVID-19 pandemic have made it clear that certain communities lack the health care resources they need, which further exacerbates these disturbing health disparities.

The CHRC will implement the Pathways Program with the technical assistance of the HERC Advisory Committee (described on page 5), the MHHD, and the Chesapeake Regional Information System for our Patients (CRISP).

### 2.1 Purpose

The Pathways Program is a **new** two-year grant intended to provide the foundation and guidance for a permanent Health Equity Resource Community program (hereafter, “HERC”) described in the Maryland Code - Title 20, Subtitle 1401-1408. The purpose of this Call for Proposals is to solicit proposals that present comprehensive, effective, and sustainable plans to achieve the legislative intent and the strategic goals of the Resource Act. The project plans presented by applicants must demonstrate how their Pathways project will achieve measurable impact in **each** of the strategic goals of the Recovery Act: 1) to reduce health disparities; 2) to improve health outcomes; 3) to

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<sup>2</sup><https://health.maryland.gov/mhhd/Documents/2018%20Minority%20Health%20and%20Health%20Disparities%20Annual%20Report%20.pdf>

improve access to primary care; 4) to promote primary and secondary prevention services; and 5) to reduce health care costs, and hospital admissions and readmissions. Pathways applicants must also demonstrate how their Pathways project will be self-sustainable as a HERC, capable of addressing and meeting the future requirements of a HERC program by the end of the two-year Pathways grant program.

## **2.2 Pathways Program Concept**

Conceptually, the Pathways Program represents a phased approach as the Pathways projects implemented under this Call for Proposal are intended to guide and provide the foundation for a future HERC program. At the end of the two-year Pathways Program, eligible Pathways grantees may apply for a HERC designation and grant funding under a future, separate HERC Call for Proposals to be issued by the CHRC.

The Pathways Program will provide the opportunity for Pathways grantees to demonstrate the efficiency and effectiveness of their project design or model, organizational structures and processes, and the selected project activities and interventions in achieving the strategic goals of the Resource Act, with an assessment of what worked well and what needs to be improved or changed in preparation for a potential HERC designation and grant. The Pathways Program also offers grantees opportunities to build capacity in key strategic areas such as community leadership development and engagement, coalition building and governance, and local data collection and data integration.

For the reasons stated, Pathways applicants must develop and include in their proposals, a comprehensive, effective, and sustainable plan that demonstrates how their Pathways project can become an effective and self-sustaining HERC. To do this, Pathways applicants will need to address some of the HERC program requirements listed under Title 20, Subtitle 14.

## **3. HERC Advisory Committee and Public Comment Period**

The HERC Advisory Committee was established under the Resource Act approved by the Maryland General Assembly this past legislative session. The duties of the HERC Advisory Committee are to provide initial and ongoing assistance and guidance on program evaluation, and data metrics and collection for the Pathways and a future HERC program. The 11 members of the Committee are appointed by the Governor, the President of the Senate, and the Speaker of the House and include the CHRC Chair, the Director of the MHHD, experts in health equity, public health, and the Social Determinants of Health (SDOH), and one individual who is a member of the general public residing in an area that has been or may be designated as a HERC. The collective qualifications of Advisory Committee members and respective terms of service are provided in Title 20, Subtitle 14. A list of Advisory Committee members is provided in Section 16.

At the first HERC Advisory Committee meeting on August 11, 2021, the Committee agreed to form three subcommittees to focus on specific elements of the Call for Proposals: Data & Program Evaluation; Pathways Call for Proposals/Design; and Consumer Outreach and Community Engagement. The CHRC and HERC Advisory Committee then launched a public comment period from August through September. Written comments on a number of key questions related to the Pathways Call for Proposals were solicited, using questionnaires posted on the CHRC website.

Public comments were also solicited during the HERC Advisory Subcommittee meetings held August 23 and 25, 2021, and September 7, 8, 15 and 16, 2021. In addition, the Consumer Outreach and Community Engagement Subcommittee held its first meeting on September 13, 2021. The Consumer Outreach and Community Engagement Subcommittee will hold a statewide public forum virtually on October 14, 2021, with future virtual and in-person public forums in five to six regions across the state. The dates and times for these public forums will be posted on the CHRC website once scheduled. These forums are designed to inform the public about the Maryland Health Equity Resource Act, inform stakeholders about the availability of this new funding to address health disparities in their communities, and to respond to questions from potential applicants about the Pathways Call for Proposals.

The HERC Advisory Committee received comments from an array of stakeholders during the public comment period, which are summarized and provided on the CHRC website. The public comments received during the comment period have informed the development of this Pathways Call for Proposals. Ongoing public engagement will be central to the implementation of the Resource Act.

#### **4. Strategic Goals of the Pathways Program**

Pathways applicants must develop strategies and interventions that will address each of the **strategic goals** of the Resource Act. The strategic goals of the Resource Act are:

##### **(A) Reduce health disparities**

The Resource Act defines a health disparity as a particular type of health difference such as a difference in the rates of disease occurrence, that is closely linked to social, economic, or environmental disadvantage, and adversely affects groups of individuals who have systematically experienced greater obstacles to health care based on their:

- a) race or ethnicity
- b) religion
- c) socioeconomic status
- d) gender, gender identity or sexual orientation
- e) age
- f) mental health status
- g) cognitive, sensory, or physical disability
- h) geographic location; or
- i) other historic characteristic linked to exclusion or discrimination

##### **(B) Improve health outcomes**

The World Health Organization defines health outcomes as a “change in the health status of an individual, group or population which is attributable to a planned intervention or series of

interventions, regardless of whether such an intervention was intended to change health status”.<sup>3</sup> Improvement in health outcomes can be achieved through a variety of interventions, including those that focus on the leading causes of premature deaths within a target population (e.g., reducing the risk factors for premature deaths), the health disparities that contribute to poor health outcomes, and interventions that aim to improve the overall health status, or physical and mental well-being of individuals and communities.

### **(C) Improve access to primary care**

Improving access to primary care services and establishing a usual source of primary care contribute to better health in a variety of ways (e.g., regular health screenings), particularly for individuals who have chronic, untreated conditions. Interventions intended to address this strategic goal may include measures to reduce barriers to care such as helping uninsured individuals gain health insurance coverage and increasing primary care service capacity in medically underserved areas.

### **(D) Promote primary and secondary prevention services**

From a population health management perspective, prevention services are essential to efforts to reduce the incidence and prevalence of illness and disease and promote optimal health for those who have an illness or chronic disease. Primary interventions are intended to identify and reduce potential health risks to prevent illness or disease (e.g., immunizations, cancer screenings, health education). Secondary interventions are intended to detect illnesses or diseases before the conditions worsen or cause other health issues (e.g., screenings for high blood pressure, mammograms to detect breast cancer). For reference, tertiary prevention involves the management of diseases to prevent progression or deterioration in health status (e.g., integrated care management and comprehensive care coordination).

### **(E) Reduce health care costs and hospital admissions and readmissions**

There are numerous benefits associated with reducing health care costs and reducing the potentially avoidable utilization of hospital services, particularly for ambulatory care sensitive conditions (e.g., congestive heart failure or diabetes) through improvements in care management and care coordination. For example, a program that provides comprehensive care coordination for individuals with complex chronic diseases following hospital discharge, delivered by a multidisciplinary care team in the community or an individual’s home.

Successful or competitive applicants must address each of the **strategic goals** of the Resource Act in their proposals. The proposals will need to be specific in describing how the applicant plans to address and demonstrate progress toward achieving each of these strategic goals within the two-year Pathways program. In addition to these strategic goals, another goal of the Pathways Program is to provide an opportunity for each Pathways grantee to demonstrate how they could be self-

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<sup>3</sup> <https://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf>

sustainable as a HERC, which could be stated as the preparedness to achieve the core requirements and elements of a HERC described in the Title 20, Subtitle 14.

Pathways applicants will need to focus on **at least one health disparity**, which could include a focus on one or more chronic diseases as well as other health disparities and the specific SDOH (e.g., affordable housing, economic stability, access to health care, etc.) that drive disparities and affect the target population in the proposed geographic area selected by the applicant. **However, applicants will have the flexibility to tailor their focus to address the identified needs of the proposed geographic area and target population.** In addition, the proposal should describe how the program will integrate and align with the State Health Improvement Process (SHIP) and the goals defined in the strategic plan(s) of the Local Health Improvement Coalition(s) [LHIC] for the proposed geographic area.

**(NOTE:** Applicants may wish to consider the HI-5 Initiative sponsored by the Centers for Disease Control (CDC) when developing their project strategies. The HI-5 initiative highlights non-clinical, evidence-based community-wide approaches and interventions that can have a positive impact on health outcomes over a five-year period).<sup>4</sup>

## 5. Health Equity and the Social Determinants of Health

Health equity is achieved when every individual has the ability to attain optimal health and wellness without being disadvantaged due to their race, ethnicity, age, gender, gender identity, sexual orientation, socioeconomic status, or other factors such as geographic location and disability status.<sup>5</sup> When individuals are not provided equal opportunities or the resources to pursue optimal health and wellness, this creates health inequities which invariably result in health disparities.

Despite decades of efforts to eliminate health disparities, preventable differences in disease burden in disadvantaged populations continue to persist in Maryland. Whilst some progress has been made in narrowing the health disparities gap, efforts to eliminate these disparities must continue.<sup>6</sup> Elimination or improvement in these disparities is unlikely to be achieved without addressing the SDOH. According to Healthy People 2030, SDOH are conditions in the environments in which people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>7</sup> The factors that shape these conditions include economic policies and systems, social norms, social policies and stigma, and political systems.

Addressing the SDOH is one of the most effective ways to improve health and reduce health disparities as SDOH contribute to wide health disparities and inequities.<sup>8</sup> Also, increasing the

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<sup>4</sup> <https://www.cdc.gov/policy/hst/hi5/interventions/index.html>

<sup>5</sup> <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

<sup>6</sup> [Maryland Chartbook of Minority Health and Minority Health Disparities Data, Third Edition \(December 2012\).pdf](#)

<sup>7</sup> <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

<sup>8</sup> <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

availability of population health interventions is widely recognized as one approach to reducing health disparities and addressing SDOH.<sup>9</sup>

Therefore, an understanding of the intersection between the social determinants, health disparities and health outcomes is fundamental to advancing health equity. All applicants will need to consider how they will address SDOH and describe policies, scalable approaches and interventions that will best meet the health and nonmedical needs of the target population they seek to serve. Examples of SDOH include the following:

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- a) Access to health care services, insurance coverage and increased provider availability
- b) Social support systems and community engagement
- c) Affordable housing and safe neighborhoods
- d) Access to healthy food and opportunities for physical activity
- e) Educational, economic, and job opportunities
- f) Access to transportation
- g) Safe environment (e.g., reduced exposure to toxins, air, and water pollution)

Applicants are encouraged to consider the full-range of factors contributing to health disparities including race, ethnicity, and socioeconomic status, and take into account the added burdens the COVID-19 pandemic has placed on those who are the most vulnerable.

## 6. Key Dates to Remember

<b>The proposed key dates and deadlines for the Pathways to Health Equity Call for Proposals.</b>	
October 12, 2021	Release of the Call for Proposals
October 19, 2021 at 10:00 a.m.	Virtual Meeting / Conference Call for Applicants: dial-in and virtual meeting details provided in Section 14 below and on the CHRC website
<b>December 7, 2021 at 12 noon</b>	<b>Deadline for email receipt of full applications</b>
Mid- January 2022	Select number of applicants notified to present to the CHRC
<b>February 2022</b>	<b>Applicant presentations to the CHRC, with award decisions immediately following the presentations</b>

## 7. Eligibility Requirements for All Pathways Proposals

Eligible Pathways Program applicants must present a comprehensive, effective, and sustainable plan that describes how their proposed Pathways project will address **each** of the strategic goals

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<sup>9</sup> <https://www.cdc.gov/minorityhealth/strategies2016/index.html>

defined in the Resource Act during the two-year Pathways program and demonstrate how their project could be self-sustainable as a HERC.

## 7.1 Entities Eligible to Apply

To be eligible to receive a Pathways Program grant, applicants must meet certain requirements as set forth in the Resource Act and defined by this CHRC *Pathways to Health Equity* Call for Proposals. The following **types** of organizations are eligible and shall apply as the lead or coordinating organization applicant on behalf of the proposed geographic area:

- a) Nonprofit community-based organizations;
- b) Nonprofit hospitals;
- c) Institutions of higher education;
- d) Federally Qualified Health Centers; or
- e) Local government agencies.

Proposals must be submitted by one lead or coordinating organization of the type listed above. The applicant will need to demonstrate that it has the capability and capacity to serve as the lead or coordinating (i.e., “backbone”) organization on behalf of a coalition of key community stakeholders, community-based organizations, and residents of the proposed geographic area and intended target population. Applicants are **strongly encouraged** to form a broad coalition of health and community partners which could include non-profit social service agencies, faith-based institutions, charities, schools, local businesses, and municipal and local government entities with demonstrated experience working in the defined geographic area with the target population/communities. The proposal must clearly define the roles and responsibilities of the lead or coordinating organization, each coalition or participating partner organization, and other groups participating in the proposed Pathways project.

The lead or coordinating organization applying for this grant will be required to provide evidence to demonstrate that efforts were made to solicit input from residents of the proposed geographic area or target population/communities, including racial and ethnic minority groups when developing their proposal. In addition, applicants should describe how this community involvement will be incorporated in their coalition governance structure to ensure this public input is solicited ongoing during their Pathways project (e.g., through Community Advisory Boards).

## 7.2 Pathways Geographic Area

**Geographic Area Eligibility Requirements:** The proposal must propose a contiguous geographic area (a “place-based” approach) that demonstrates measurable and documented health disparities and poor health outcomes (e.g., the percentage of low-birth weight infants above the median value for all Maryland zip codes, etc.).

The proposed geographic area will be small enough to allow the proposed resources permitted under the Resource Act, to have a significant impact on improving health outcomes and reducing health disparities, including racial, ethnic, geographic, and disability-related health disparities.

The proposed geographic area must have a minimum of at least 5,000 residents.

If the above geographic and population requirements are met, applicants **are permitted to further define geographic eligibility**. This may include:

- a) A sub-zip code geographic area (e.g., US Census Tract, Public Use Microdata Areas)
- b) A community or a cluster of contiguous communities that are comprised of one or more zip code boundaries.

Pathways applicants seeking eligibility based on a sub-zip code or community-based boundary will be required to reference the health disparities and poor health outcome data that supports the selection of the proposed geographic area or target communities.

Pathways applicants that plan to work across multiple zip codes or larger jurisdictional boundaries must demonstrate that above eligibility requirements have been met in each zip code.

**Geographic Diversity:** The CHRC must consider geographic diversity, among other factors, when considering proposals for the Pathways Program, which will also be a determining factor in the designation of areas as a future HERC. As noted in Section 5, the CHRC and HERC Advisory Subcommittee on Consumer Engagement and Community Outreach will conduct outreach efforts to facilitate a geographically diverse pool of applicants, including efforts to facilitate submission of proposals from rural areas.

### 7.3 Mandatory HERC Requirements for the Pathways Program

There are a number of requirements listed in the HERC legislation which are not listed in the Pathways to Health Equity Program legislation (Maryland Code - Title 19, Subtitle 2112). The CHRC has determined that some of these HERC requirements **must be developed and implemented during the two-year Pathways program** to demonstrate the ability of a Pathways project to become a self-sustaining HERC in a future HERC Program. The full project plan submitted with the Pathways proposal must describe what activities, interventions and measures will be initiated during the Pathways program to meet requirements listed below.

- a) A description of how the Pathways project will expand Federally Qualified Health Centers' or other community-based organizations' capacity to provide health care services or wraparound health and support services, which includes services that address non-medical SDOH.
- b) A description of how the funding available under this Call for Proposals will be used to address health disparities and improve health outcomes through evidence-based, cross-sector interventions that achieve the following:
  - Building health care provider capacity;
  - Improving the delivery of health services;
  - Effectuating community improvements;
  - Conducting outreach and education efforts;
  - Implementing systemic strategies to improve coordination and communication across organizations that provide health care services;

- Supporting community leadership and development efforts;
- Facilitating policy interventions to address upstream determinants of health; and
- Implementing scalable approaches to meet the non-medical social needs of the populations identified in the most recent Community Health Needs Assessment (e.g., unstable housing, inadequate food, lack of transportation).

**NOTE:** Pathways applicants are able to choose one or more of the above strategies when developing their Pathways project proposal. In addition, in the absence of evidence-based cross-sector interventions, applicants are permitted to submit practice-based interventions that have sufficient evidence or supporting documentation of effectiveness and impact.

- c) Present a plan to hire or contract an evaluator during the two-year Pathways grant period to evaluate the operation, impact, and effectiveness of the project. The proposed Pathways grant budget will allocate funds to cover the salary and benefit costs for one evaluator or cover the fees for one contract evaluator.

An evaluator must have demonstrated experience in the methods of qualitative and quantitative analysis. The applicant should define the activities and responsibilities to be assigned to the evaluator, which shall include:

- Providing data, statistical and other analyses, or reports necessary to comply with CHRC reporting requirements by the CHRC for information; and
- Ensuring that the CHRC is provided timely data and other information necessary to meet its reporting requirements to the Governor and General Assembly as defined in the Title 20, Subtitle 1408.

**NOTE:** Notwithstanding the above requirement to hire (or formulate a plan to hire) a full-time employee or contractor, the applicant may contract with a Historically Black College or University (HBCU) in Maryland to provide these evaluation services.

#### 7.4 Special Review Considerations for Prior HEZs

The Pathways to Health Equity Program legislation (Title 19, Subtitle 2112) directs the CHRC to give “special consideration” to proposals from **areas** previously designated as a Health Enterprise Zone (HEZ) and funded through grants issued by the CHRC. The previously funded five HEZs were:

- a) The Annapolis Community Health Partnership at the Morris Blum Senior Citizen Public Housing in Anne Arundel County (zip code 21401);
- b) Capital Heights in Prince George’s County (zip code 20743);
- c) Competent Care Connections in Caroline and Dorchester Counties (zip codes 21613, 21631, 21632, 21643, 21659, 21664, and 21835,);
- d) The Greater Lexington Park area of St. Mary’s County (zip codes 20634, 20653, 20667); and
- e) The West Baltimore Primary Care Collaborative in Baltimore City (zip codes 21216, 21217, 21223, and 21229).

## 8. Project Proposal Requirements

### 8.1 General Requirements

The CHRC review of Pathways proposals will focus on each of the proposal requirements and elements listed in this Section. The CHRC will evaluate each of the required proposal elements for completeness and quality. The proposal must demonstrate:

- a) How the applicant will address each of the five strategic goals of the Resource Act;
- b) How the applicant will demonstrate self-sustainability as a future HERC;
- c) How the applicant will meet data evaluation and program reporting requirements; and
- d) How the applicant will meet additional CHRC criteria to qualify for Pathways grant funding under this Call for Proposals.

The CHRC review will place a significant emphasis on the Work Plan and the Data Collection and Evaluation Plan which will need to define clear, achievable, and quantifiable goals, and activities and interventions designed to achieve the intended results in each of the strategic goals of the Resource Act. The proposal will also explain how each project activity and intervention will be measured to evaluate their effectiveness and impact.

Applicants will need to provide an estimate of the potential cost reductions or savings that project interventions may achieve, with a description of the methodology used to calculate.

In addition, applicants will need to demonstrate how members of the target population to be served by the project have been engaged in the development of the proposal and how members will be involved in the governance structure of their Pathways project if awarded funding.

**NOTE: Proposals submitted by prior HEZs must meet all of the requirements set forth in this Call for Proposals.**

### 8.2 Proposal Requirements

#### 8.2.1 Project Title Page and Executive Summary

***Provide a clear, concise overview of the proposed Pathways project.*** The Executive Summary must state the purpose of the proposed project with a clear description of what the project seeks to achieve and a brief summary of how this will be achieved.

An Executive Summary of no more than 2 pages in length must provide the following:

- a) Project Title;
- b) A description of the proposed geographic area and target population to be served including the baseline number of the individuals to be served and the expected number of individuals to be served by the end of the two-year project;
- c) An overview of the proposed project including a statement that describes the intended impact and outcome(s) of the project;

- d) A brief description of the health disparities and SDOH that the applicant plans to address to have the greatest impact for the target population of the proposed geographic area;
- e) A brief explanation of how the applicant will demonstrate progress toward achieving each of the strategic goals of the Resource Act;
- f) Name of the lead or coordinating applicant organization including type (as defined by the Resource Act), organizational structure, current service population, and services typically provided;
- g) Names of proposed and/or existing community stakeholders and participating partner organizations in the Pathways partnership or coalition, with a brief description of what each will contribute to the two-year project;
- h) Total funding amount requested in each year of the project (i.e., Years 1 and 2);
- i) Brief description of how CHRC funds will be specifically utilized; and
- j) Brief statement describing how the project could be self-sustained as a HERC.

## 8.2.2 Background and Justification

**(A) Describe the proposed Pathways geographic area.** Provide a detailed description of the proposed geographic area where your target population lives and where grant funded services will be provided. Explain how the proposed geographic area was determined and what criteria was used. Applicants must demonstrate that the proposed geographic area complies with the legislative requirements listed in Section 7, on pages 10-13 above. Service maps, data, and other statistics on the target population may be provided as an attachment to the proposal.

**(B) Describe how the project will address strategic goals of the Resource Act.** Discuss the extent to which the project will address the strategic goals of the Resource Act (refer to Section 4 above). The proposal should also discuss other public or population health management and health care delivery initiatives such as alignment with the State Health Improvement Process (SHIP), strategic plan(s) of the LHIC(s) within the proposed geographic area, or the Total Cost of Care Model.

**NOTE:** Each of the following three areas (C, D, and E) can be combined in the proposal under the title **“Problem Statement and Needs Assessment”**

**(C) Describe the proposed target population.** Identify the target population to be served (i.e., demographics, insurance coverage, income levels, other distinguishing characteristics used) with a projected total number of individuals to be served by the end of the project. Provide a brief explanation of how the projected number of individuals to be served was calculated.

**(D) Describe the health disparities the project will address in the target population.** Discuss the specific health disparities the project is intended to address and how the project will address these disparities. The proposal must demonstrate **measurable** health disparities, poor health outcomes and other nonmedical needs by zip code or other jurisdictional designation, and present a comprehensive, effective, sustainable plan to address these needs (see Work Plan section below). If zip code or census tract data does not adequately describe the health disparities of the proposed geographic area and target population, sufficient population level data will be accepted.

**(E) Describe the needs of the proposed target population.** Clearly identify and describe the health and social needs of the target population to be served. What are the gaps in the health care delivery system that impact the target population and what specific barriers exist to accessing health care and social services in the proposed geographic area? Discuss the community conditions affecting the target population's health risk behaviors (e.g., smoking, alcohol consumption, level of physical activity) and health outcomes. In particular, identify the needs that clearly exceed the capacity and availability of health resources and social services in the proposed geographic area, and/or reflect health and socio-economic outcomes that are worse than the State average and/or those for comparable communities.

Describe the quantitative data (e.g., community surveys) and when available, reliable qualitative data (e.g., focus groups) and other data sources used to determine and document the needs of the target population. Examples of data sources that could be used to describe the health needs of the target population include (but are not limited to) indicators of health status (e.g., life expectancy, maternal and infant mortality), risk factor prevalence, health insurance status, and access to primary and specialist care. The proposal should also identify the socio-economic factors that impact the health of the target population, for example, income, poverty rate, education attainment, employment, housing, physical environment, and the availability of social supports.

**(F) Describe community buy-in for the project.** Describe the process used to identify and engage stakeholders and community members to solicit community buy-in for the project. Describe how community stakeholders influenced the design of the project being proposed. Will community stakeholders be consulted or involved during project implementation?

### 8.2.3 Work Plan

The Work Plan is a comprehensive project management tool that describes the strategies, activities, interventions, and measures necessary to evaluate and demonstrate the intended impact and outcomes of the project. The Work Plan in effect defines the project scope and explains how the project will be initiated, executed, and completed.

The Work Plan must state a clear, achievable plan to demonstrate progress in achieving the strategic goals of the Resource Act (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 applicant will select the best available **evidence-based, cross-sector** (or when not available, practice-based) activities and interventions necessary to achieve the project goals with a rationale for their selection. The effectiveness and impact of the selected strategies, activities and interventions should be measurable over the two-year Pathways Program. It is understood that this may involve a combination of project activities and interventions that demonstrate short-term outcomes (e.g., the number of individuals who establish and maintain a usual source of primary care) as well as activities and interventions that are designed to demonstrate longer-term outcomes, but the effectiveness and impact may not be fully evaluable by the end of the two-year Pathways grant period. It is assumed that activities and interventions designed to achieve longer-term outcomes implemented during the Pathways Program are planned to continue in use for evaluation in a future HERC program over a five-year or longer period.

**Describe and discuss the project goals and objectives.** The applicant must present a clear set of project goals with a well-considered rationale for each goal selected. Provide a concise description of the intended impact and outcomes the project seeks to achieve. The proposed project goals should align with **each** of the strategic goals of the Resource Act.

Applicants are strongly encouraged to use SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**imeframe) methodology to develop their project goals and objectives.

The project goals must be **measurable** and have a direct correlation to key project activities and interventions, and the intended impact and outcomes proposed. Each goal should be reflected in the Data Collection and Evaluation Plan (see 8.2.4 below).

All proposals must include a Logic Model. The logic model fully defines the specific project goals and objectives, the milestones and deliverables, and the activities and interventions to be implemented with timelines in each year of the two-year project. A logic model template is provided in Appendix I, with a link below to the Kellogg Foundation guide.<sup>10</sup>

**Define the Project Strategies.** Describe how funding available under this grant will be used to address health disparities through evidence-based, cross-sector (or when not available practice-based) strategies and interventions. Applicants must choose one or more of the following strategies when developing their Pathway Program proposal.

- a) Building health care provider capacity;
- b) Improving health services delivery;
- c) Effectuating community improvements;
- d) Conducting outreach and education efforts;
- e) Implementing systemic strategies to improve coordination and communication across organizations that provide health care services;
- f) Supporting community leadership development efforts;
- g) Facilitating policy interventions to address upstream determinants of health; and
- h) Implementing scalable approaches to meet the nonmedical social needs of populations identified in the most recent community health needs assessment, such as unstable housing, inadequate food, or job development.

The Work Plan should provide a clear description of the strategies planned to achieve the goals of the project, the key project activities, or “steps” necessary to effectively implement the project, and the roles of each coalition or participating partner organization who will assist in project execution and implementation of the proposed strategies and interventions intended to achieve the intended impact and outcomes of the project. In addition, the proposed strategies should be balanced between community-based and primary care provider-based approaches.

Examples of other potential strategies include:

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<sup>10</sup> <https://www.wkkf.org/resource-directory/resources/2004/01/logic-model-development-guide>

- a) Reducing specific community barriers to healthy lifestyle programs;
- b) Improving access to community health services in medically underserved, hard to reach communities through use of Community Health Workers (CHWs);
- c) Improving or implementing polices that improve environmental safety and reduce exposure to toxins in homes, schools, day care, recreation centers, senior centers, and the workplace;
- d) Increasing access to integrated behavioral health care in existing primary care practices;
- e) Enhancing provider capacity to better serve non-English speakers, including training to improve cultural competency and the use of culturally and linguistically sensitive approaches;
- f) Providing education and other interventions to increase the health literacy of the target population, particularly for individuals with low English proficiency; and
- g) Implementing scalable approaches to meet the nonmedical social determinant needs identified in the most recent community health needs assessment, such as unstable housing, inadequate food, or job development.

**Describe how the project will achieve measurable impact:** The evidence-based, cross-sector (or when not available practice-based) activities and intervention selected must address the specific needs of the target population and provide measurable improvements in health disparities and health outcomes and the other strategic goals of the Resource Act. For example, the project may seek to address the needs of individuals with poorly controlled diabetes by increasing access to diabetes self-management education (DSME) to improve diabetic control (as measured by HbA1c or blood glucose levels) and demonstrating the cost effectiveness of DSME by reducing the number of hospital admissions and readmissions for managing hyperglycemia, and reducing the risk of diabetes complications (e.g., nerve damage).

**Describe the project deliverables.** What specific deliverables (data) will be reported to the CHRC as evidence of completion of project milestones? How and when will these deliverables be produced? What are the associated quantifiable or qualitative outcome measures associated with these deliverables and the overall goals of project?

**Describe the major steps or actions in carrying out the project.** List the key actions and steps necessary to initiate and fully implement the project. Describe the processes and corresponding timeframes for completing the key actions and the steps necessary to initiate and implement planned activities, interventions, and other required elements of the project.

The Work Plan needs to demonstrate a clear understanding of how the project will be implemented including any foreseeable challenges which will need to be proactively addressed to prevent project implementation delays. The Plan must define specific project milestones and list all planned processes, activities, and interventions to be initiated, performed, and completed, with the corresponding timelines. For assessments and/or evaluations to measure impact and outcomes, provide the schedule and sequence for completing these assessments and evaluations.

The Work Plan will also identify the individuals or entities that have primary responsibility for ensuring that all planned activities, interventions, assessments, evaluations, and required reports are completed.

***Provide a timeline for each key project activity, and the steps necessary to achieve project milestones and deliverables.*** As noted above, the Plan should provide a “step-by-step” framework for initiating and completing project processes and activities with corresponding timelines over the two-year grant period. The Plan should define who (i.e., coalition or participating partners, or sub-contractors) will be responsible for initiating, implementing, and completing project processes and activities.

The lead or coordinating organization should state how it plans to monitor the completion of project processes and activities assigned, including those assigned to coalition or participating partners, or sub-grantees to ensure timely project implementation and completion according to the Plan. This should include any information or data the lead or coordinating organization will require from their coalition or participating partners, or sub-grantees to ensure internal performance monitoring, and for progress reports to the CHRC. The information gathered by the lead or coordinating organization should reflect the specific project milestones, data and/or other measures that will be used to evaluate progress in completing project implementation activities and progress toward achieving project goals (include a description of the data and/or measures in the Data Collection and Evaluation Plan below).

The proposal should describe what mechanisms will be put in place to address missed deadlines, delayed project deliverables or other performance issues by the accountable partner(s) or sub-grantees, and how this information will be reported to the CHRC.

It is acceptable to provide a Gantt chart or other detailed project plan template that lists key project actions, tasks (and when applicable, sub-tasks) and deliverables, each with corresponding timeframes for when these tasks will be initiated or completed, and who will be assigned the responsibility for these actions/tasks/deliverables. A sample Work Plan chart is provide in Appendix II.

#### **8.2.4 Data Collection and Evaluation Plan**

The Data Collection and Evaluation Plan will address the following:

- a) what data will be collected;
- b) how it will be collected;
- c) when it will be collected (i.e., the frequency and interval of assessments, measures)
- d) who will collect and manage the data;
- e) how the data will be used to evaluate the impact of the project; and
- f) how the data will be archived.

The applicant must select measures that will demonstrate the effectiveness of the strategies, activities, and interventions implemented during the project to achieve the desired impact and outcomes (i.e., what does success look like?). The Data Collection and Evaluation Plan must align with the Work Plan. Whereas the Work Plan can be presented in a chart format, this Data Collection and Evaluation Plan should be presented in narrative form.

***Project monitoring, evaluation, and the capacity to collect/report data:*** The proposal must describe how the lead or coordinating organization and participating partners will systematically collect and evaluate data during the project. The proposal must describe and demonstrate the capacity and capability to measure and report progress in achieving the goals and objectives of the project through the use of qualitative and quantitative data. The proposal will define the specific data collection activities and methods the lead or coordinating organization, and coalition or participating partner organizations (or sub-grantees) will undertake to capture the required data necessary to evaluate the effectiveness of selected actions and interventions in achieving the intended impact and outcomes.

There are two main categories of project data:

- a) **Project Performance:** Data that will be used to evaluate project performance in meeting key implementation and other project milestones. This data will also inform evaluation of project design, the logic model, and the Work Plan. The data will serve to answer other process related questions, for example:

**Q:** Was the project initiated, conducted, and completed on time and to budget according to the original Work Plan? If no, what could be improved, changed, or replaced during the Pathways project or in consideration of a future HERC designation? Are there other aspects of the project or plan execution that could be improved?

- b) **Project Impact and Outcomes:** Data that will be used to evaluate the effectiveness of the selected project strategies, activities, and interventions in achieving the intended impact and efficacy in helping to reducing health disparities, improving health outcomes and the other strategic goals of the Resource Act. This data will help to answer the following questions.

**Q:** What interventions worked well? Were there interventions or other activities that didn't achieve measurable change (i.e., yield the intended impact or outcome)? If yes, how could these activities or interventions be implemented more effectively or in a different manner? Should different measures or interventions be considered?

***Discuss how project success will be measured.*** Applicants will need to clearly define the intended outcome measures and the data that will be used to perform an evaluation of the effectiveness and impact of the selected project strategies, activities, and interventions. Applicants will need to select process and outcomes measures that are reasonable and achievable within the two-year Pathways Program grant period.

It is expected that a project evaluation will be done following completion of the Pathways Program which will inform changes to plans for a future HERC project. Pathways projects may elect to perform periodic evaluations of project strategies, activities, and interventions during execution of the project – this could be a data driven review or an operational evaluation by the grantee with all stakeholders, coalition and/or participating partner organizations.

The CHRC suggests taking a **Plan-Do-Study-Act** method approach as a planned reset mechanism for periodic reviews or evaluation of the project during execution.<sup>11</sup>

**NOTE:** The CHRC requires that all grant funded projects track and report the number of **unduplicated** individuals engaged by the project and the number of times each of these individuals is encountered (“touched”) by the project over the course of the grant regardless of the type of engagement. Applicants will need to plan for bi-annual reporting to the CHRC regarding progress and any challenges related to implementation of the Work Plan. The exact project and outcome metrics reported the CHRC will be jointly determined between the CHRC and each Pathways grantee following the grant award.

***Discuss what data will be collected, how frequently and when it will be collected, and how it will be evaluated.*** Identify the discrete data variables to be collected and evaluated (analyzed), the data sources, and the methodology that will be used for an evaluation analysis. Discuss how the organization will carry out the proposed data evaluation plan and report quantifiable outcomes. Clearly define the techniques for gathering the data (i.e., evidence). For example, indicate if this will be done through observation, surveys, collection of clinical and biometric measures, etc.

The proposal should describe what internal data analytic tools and methodologies will be used to perform quantitative and qualitative analysis. The measures and analytic methods selected must be sufficient to demonstrate project performance and progress toward meeting the key deliverables defined in the Work Plan, to measure the effectiveness and impact of these project activities and interventions in achieving the stated project outcomes **and** achieving or demonstrating progress toward achieving the strategic goals of the Resource Act. The evaluation methodology must align with the Work Plan and the Logic Model.

The applicant could also perform a “formal” cost-benefit analysis that compares the cost of implementing an innovative project intervention(s) against existing interventions and calculating the cost saving(s) that result from the project intervention(s).<sup>12</sup>

Where relevant, proposals should document the use of an EMR system, use of the CRISP ENS system, planned or existing data-sharing agreements with hospitals and/or community partners, the use of Medicaid claims data, or other applicable data tools and resources. Applicants are encouraged to include the projected costs of IT and data collection in their line-item budget and budget narrative with the expected costs for evaluation in the overall grant budget request.

### **8.2.5 Lead or Coordinating Organizational Capacity**

***Describe the Organization’s mission, structure, governance, facilities, and staffing.*** Describe the mission of the lead or coordinating organization (i.e., the organization submitting the Pathways proposal and the entity ultimately responsible managing the project and complying with CHRC reporting requirements), current projects and service area. Discuss organizational strengths and any foreseeable challenges implementing the project if awarded a Pathways grant. Is the applicant a for-profit or not-for-profit organization (refer to the “How to Apply” section of the Call for

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<sup>11</sup> <https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html>

<sup>12</sup> <https://www.cdc.gov/policy/polaris/economics/cost-effectiveness.html>

Proposals). Describe the type of organization (e.g., Nonprofit community-based organizations; FQHC; Nonprofit hospitals; Institutions of higher education; or Local government agencies).

Specify the governance structure of the lead or coordinating organization. In an attachment to the proposal, provide a list of the senior officers and board of directors or other governing body. Describe the current and proposed project staffing and provide an organizational chart as an attachment to the proposal. Describe the facilities owned and/or operated by the organization.

***Describe Organizational capacity, the roles and responsibilities of Key Project Personnel and planned project staffing:*** Describe the organization's capacity to implement and lead a Pathways project and demonstrate self-sustainability as a HERC. This could include any relevant experience in leading a coalition of organizations, community-based work, and the implementation of multi-year projects. Identify the Project Director or other project leader, their key role within the lead or coordinating organization, their qualifications to lead the project, and their responsibilities in carrying out the project. Also identify other key staff, their roles in the project, and their relevant qualifications. Résumés for all key personnel should be included with the full grant proposal. The proposal should describe the project positions that the organization will need to fill.

***Describe the Organization's history of working with the target population of the proposed geographic area and their partnerships in this community.*** The proposal must be specific in describing the lead or coordinating organization's history of service, work, or presence in the target population, and/or their work with partner organizations with close ties to the target population described above. When applicable this information should also be provided for coalition and participating partner organizations.

***Describe organizational commitment and financial viability:*** The lead or coordinating applicant organization must provide evidence that the organization is in sound financial standing, has adequate financial management systems, is capable of managing grant funds, and presents the strong likelihood of achieving the overall objective(s) defined in the grant proposal.

## 8.2.6 Partnerships

***Identify the participating partners and/or community-based organizations (include Community Advisory Groups where applicable) that will be involved in the project.*** Name the participating partner organizations, community groups, and/or other organization(s) that will play a defined role in the project. During the CHRC proposal review process, priority will be given to proposals that demonstrate support from key stakeholders and partner organizations in the public and private sectors, especially the support and engagement of residents from the proposed geographic area (community) and local government entities (e.g., LHICs). The full proposal should provide a list of all Pathways coalition and participating partner organizations.

***For a proposed or existing Pathways Coalition, describe the Coalition governance structure.*** A potential or existing Pathways coalition led by a lead or coordinating organization includes participating partner organizations, other community-based organizations or health care and other service providers that are delivering services for the Pathways project. Describe the coalition and participating partner organizations, and their capabilities, experience, knowledge, and other resources to be contributed to the project. There should be a clear governance structure for the

coalition with a point of accountability for the lead or coordinating organization and each coalition or participating partner organization.

***Discuss the ways a Pathways coalition and participating partners will contribute to the project.***

Clearly define the role of an existing or proposed Pathways coalition and each participating partner(s) organization in the project. Include a description of the added resource capacity that the partners bring to the project. Include letter(s) of commitment and/or Memorandum of Understanding (MOUs) with the proposal (see the “How to Apply” section below). Include a description of the specific role each participating partner organization agrees to play. Only organizations that have submitted a letter of commitment or MOU will be considered as participating partners in the project.

***Discuss how the relationships within a Pathways coalition and with participating partner organizations will be managed.*** Describe the management processes and organizational structures that exist or will be put into place to ensure that the coalition and/or participating partners will effectively work together to implement the project. Alternatively, this can be covered under the Work Plan if specifically identified as project management.

Applicants are encouraged to seek advice, input, and support from an existing Community Advisory Board (CAB) at any stage of project development and execution. The CAB will often be collective group composed of members from community-based organizations, neighborhood associations and residents of the proposed geographic area. The CAB may also serve in an oversight role with the coalition. The community advisory entity should have experience in serving minority communities or populations. Also, describe how members of the target populations and minority groups will be included to provide input on project planning and ongoing oversight of the project.

### **8.2.7 Sustainability**

The sustainability section of the proposal should describe a feasible plan and strategies for long-term sustainability that includes acquisition of resources beyond State funding, including generating fee-for-service revenue or in-kind contributions from local community partners and stakeholders as part of a strategic resource mix. The proposal should identify potential sources of future revenue and describe efforts to achieve long-term financial sustainability, including matching fund commitments or leveraging additional resources. Letters of commitment that demonstrate financial support at the beginning, during, or after the project grant period are also strongly encouraged. Proposals that present a clear **sustainability** plan will be viewed favorably by the CHRC.

### **8.2.8 Project Evaluator**

Present a plan to hire or contract an evaluator. Refer to Section 7.3 above for further information to ensure all requirements for a project evaluator are addressed.

## **9. Selection Criteria**

The CHRC will evaluate proposals based on the proposal requirements in Section 8, and the selection criteria listed below. **All** proposals will be reviewed using these selection criteria. Based

on this review, the CHRC Commissioners will select applicants to present their proposals before the full CHRC. Details on the dates, location and presentation requirements will be announced following applicant selection. Applicants not selected for Pathways funding will be contacted and offered the opportunity to debrief with CHRC staff and receive feedback on their proposals.

The CHRC will use all of the following criteria to assess, prioritize, and select proposals based on a scoring system that assigns a numeric value range to each requirement of the proposal. The selection criteria are divided into three categories: 1) responsiveness to the strategic goals of the Resource Act; 2) how effectively the proposal demonstrates self-sustainability as a HERC; and 3) additional selection criteria based on CHRC priorities. In addition, proposals offered from geographic areas previously designated as Health Enterprise Zones (HEZs) will receive special consideration.

## 9.1 Responsiveness to the Strategic Goals of the Resource Act (50%)

The selection criteria that the CHRC will use during its review of the Pathways applications will focus on the plan presented to address or demonstrate progress toward achieving each of the strategic goals of the Resource Act listed below.

**(A) Reduce health disparities:** Does the proposal clearly identify at least one health disparity that will be addressed through project strategies, activities and interventions that are designed to achieve or demonstrate progress toward achieving a quantifiable impact in reducing health disparities?

**(B) Improve health outcomes:** Does the proposal clearly target one or more health outcomes to address? Does the proposal describe how the proposed evidence-based, cross-sector (or when not available, practice-based) strategies, activities and interventions will result in measurable changes in health outcome(s), health status and/or physical and mental well-being? What health indicators will be selected to demonstrate measurable changes that are attributable to the effect of the project strategies, activities or interventions used? Will the effect be measured at an individual, group or population level? Will the effectiveness and impact of the selected strategies, activities, and interventions be achievable and measurable by the end of the two-year Pathways Program? Refer to Section 8.2 above.

**(C) Improving access to primary care services:** Does the proposal explain how increased access to primary care services will be defined, calculated, and achieved within the two-year grant period? Does the proposal define evidence-based, cross-sector (or when not available, practice-based) multidisciplinary strategies, activities and interventions improve access and demonstrate understanding of the various factors that impact access? Have these factors been considered in the selection of measurements necessary to demonstrate measurable improvements in access to primary care? What access measurements will be used? Will the strategies and interventions focus on barriers or other factors that affect individuals (e.g., lack of insurance) or factors that limit the ability of primary care providers to meet the demand for health services within the proposed geographic area (e.g., limited primary care provider capacity, needed improvements in appointment scheduling and tracking)?

**(D) Primary and secondary prevention services:** Does the proposal clearly identify the primary and secondary prevention services that will be implemented, improved, or expanded? Does the proposal explain how improved or expanded access will help reduce health disparities in the target population? Does the proposal define achievable and measurable strategies and interventions to increase access/reduce barriers, expand service capacity, and/or improve the availability of primary and secondary prevention services? Do these strategies and interventions help to support the broader efforts within the proposed geographic area to reduce the incidence and prevalence of illness and disease and promote optimal health for those who have an illness or chronic disease? Does the proposal provide a sufficient explanation for how the selected strategies and interventions will achieve the intended impact on services and the health benefits?

**(E) Reduce health care costs and hospital admissions and readmissions:** Does the proposal offer quantifiable cost savings goals and clearly state what data will be collected to determine these cost savings and measure reductions in hospital admissions and readmissions? Does the proposal provide an estimate of the potential cost reductions or savings that project strategies and interventions may achieve, with a description of the methodology used to calculate the savings? For example, does the proposal clearly define what data will be used to establish a baseline cost figure from which a reduction in costs over time will be calculated (i.e., what data will be used)? Does the proposal offer strategies and measurable interventions to reduce potentially avoidable utilization of hospital services, particularly for ambulatory care sensitive conditions (e.g., congestive heart disease or diabetes) through improvements in care management and care coordination?

**(F) Geographic area and community need:** Does the proposed geographic area conform to the mandatory requirements listed in Section 7 of this Call for Proposals? Does the proposal provide sufficient data to justify/validate the selection? Does the proposal clearly identify the target population within the proposed geographic area through the use of quantitative data that includes demographics, rates of insurance coverage, and service utilization statistics? Does the proposal demonstrate a thorough understanding of the health and social needs of the target population identified within the proposed geographic area and explain how these needs exceed the existing health and nonmedical resources that are available and accessible to the target population?

**(G) Community engagement and support for the proposed project:** Does the proposal describe participation and support provided by key stakeholders in the public and private sectors, including residents of the proposed geographic area and local government? Have members of the target population to be served by the project been engaged in the development of the proposal and if awarded Pathways funding will they be included in the governance structure?

## 9.2 Demonstration of Self-Sustainability as a HERC (30%)

**HERC requirements:** Applicants will need to define how the HERC requirements defined in Section 7 of this Call for Proposals are addressed in their project plan and how the associated activities and interventions to meet these requirements will be developed, implemented, and measured during, and at the conclusion of the two-year project. Compliance with these requirements is necessary to evaluate the ability of a Pathways project to become a self-sustaining HERC.

**(A)** The proposal provides a description of how the project will expand the capacity Federally Qualified Health Centers or other community-based organizations to provide health care services

or wraparound health and support services to address non-medical SDOH. The proposal must also define how expanded capacity in these areas will be measured.

**(B)** The proposal clearly describes how the funding available under this Call for Proposals will be used to address health disparities and improve health outcomes through evidence-based, cross-sector (or when not available, practice-based) strategies that achieve one or more of the following:

- a) Building health care provider capacity;
- b) Improving the delivery of health services;
- c) Effectuating community improvements;
- d) Conducting outreach and education efforts;
- e) Implementing systemic strategies to improve coordination and communication across organizations that provide health care services;
- f) Supporting community leadership and development efforts;
- g) Facilitating policy interventions to address upstream determinants of health; and
- h) Implementing scalable approaches to meet the non-medical social needs of the populations identified in the most recent Community Health Needs Assessment (e.g., unstable housing, inadequate food, lack of transportation).

**NOTE:** Applicants are able to choose one or more of the above strategies when developing their Pathways Program proposal. The proposal must define how progress or impact in these areas will be measured and or demonstrated.

**(C)** The applicant presents a plan to achieve the following: hiring or contracting an evaluator during the two-year Pathways grant period to evaluate the operation, impact, and effectiveness of the project; and the proposed grant budget allocates funds to cover the salary and benefit costs for one evaluator or cover the fees for one contract evaluator.

When applicants are considering hiring or contracting with an evaluator, the CHRC recommends that the applicants select an evaluator with demonstrated experience in the methods of qualitative and quantitative analysis. The applicant should define the activities and responsibilities to be assigned to the evaluator, which shall include:

- Providing data, statistical and other analyses, or reports necessary to comply with CHRC reporting requirements by the CHRC for information; and
- Ensuring the CHRC is provided timely data and other information necessary to meet its reporting requirements to the Governor and General Assembly (Title 20, Subtitle 1408).

**NOTE:** Notwithstanding the above requirement to hire (or formulate a plan to hire) a full-time employee, the applicant may contract with a Historically Black College or University (HBCU) in Maryland to provide these evaluation services.

### **9.3 Other Selection Criteria Based on CHRC Priorities and Experience (20%)**

**(A) Project monitoring, and the capacity to collect, evaluate and report data:** Does the proposal demonstrate the capacity and capability of the lead or coordinating organization and coalition or participating partners to collect and report the data necessary to demonstrate that the project is

being implemented effectively? Does the project incorporate the best available evidence-based (or when not available, practice-based) activities and interventions to demonstrate impact and achieve the defined project objectives? Does the proposal clearly identify what data source(s) will be utilized to document overall project impact? Does the proposal identify the methodology or tools to be used for quantitative and qualitative evaluation of the data collected? Does the proposal demonstrate the ability of the applicant to comply with the periodic monitoring requirements that will be required by the CHRC?

**(B) Quality, completeness and effectiveness of the overall project plan in addressing the strategic priorities and achieving the intended impact:** Does the Work Plan provide a clear, achievable, and effective plan that demonstrates how the proposed project will achieve or show progress toward achieving each of the strategic goals of the Resource Act (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)? Does the proposed project demonstrate a high likelihood of achieving its overall project goals and a reasonable prospect for success? Does the proposal clearly define the intended impact and outcomes that will be achieved? Is the logic model clear and does it effectively summarize the project and link project strategies, activities and interventions with the expected impact and intended outcomes? Does the application reflect careful attention to detail, completeness, and editorial quality (e.g., the use of clear, concise language).

**(C) Cultural, linguistic and health literacy competency.** Applicants are encouraged to present strategies for working with the target population/community in a culturally sensitive and linguistically competent manner. Explain what strategies the project may consider addressing low health literacy in the target population/community. Other strategies could include the following:

- Managing translation and interpretation issues for non-English speakers.
- Efforts to enhance recruitment of a racially, ethnically, and linguistically diverse project and/or healthcare workforce.
- Expand the cultural, interpretation capacity and health literacy competencies of professional and paraprofessional health care workforce.

**(D) Community involvement in the development and implementation of the Pathways project.**

Does the proposal identify the key community stakeholders, community partners, local government agencies (e.g. LHICs), and community groups or organizations who were actively engaged and participated in the preparation of the proposal? Does the proposal describe if/how these entities will be involved in the planning and implementation of the Pathways project? Does the proposal clearly identify how the support and input from members of the communities represented in the target population of the proposed geographic area were solicited and incorporated in the proposal? Has the applicant documented how the advice, input, and the support of an existing Community Advisory Board (CAB) or similar community-based organizations, and neighborhood associations of the proposed geographic area and target population were solicited, particularly those serving minority communities? Does the selection of Pathways coalition and/or participating partners from the public and private sectors represent a broad cross-section of entities that serve the target population?

## 9.4 Special Considerations for Prior Health Enterprise Zones (HEZs)

As noted in Section 7.4 above, the Pathways to Health Equity Program legislation (Title 19, Subtitle 2112) directs the CHRC to give “special consideration” to proposals from **areas** previously designated as a Health Enterprise Zone (HEZ). To address the legislative requirement, the CHRC will consider allocating up to **two additional points** using the criteria below for proposals submitted from the geographic areas previously designated as HEZs.

- **1 additional point** shall be allotted for proposals submitted from zip codes which previously hosted a Health Enterprise Zone:
  - Annapolis: 21401;
  - Capital Heights: 20743;
  - Caroline / Dorchester Counties: 21613, 21631, 21632, 21643, 21659, 21664, and 21835;
  - Lexington Park: 20634, 20653, 20667; and
  - West Baltimore: 21216, 21217, 21223, and 21229
- **1 additional point** shall be allotted for proposals that continue the activities or support the work of the prior HEZs.

## 10. Data and Technical Support

As part of the Pathways Call for Proposals, the CHRC and CRISP are providing potential applicants with data files to help support preparation of their Pathways proposals. These public use health and SDOH data files can be used by applicants to identify health disparities in their communities and to highlight areas of need. The data files will be posted on the CHRC website following release of this Call for Proposals. CRISP will also provide links to state, federal, and other relevant data sources that are available; however, applicants may also use additional verifiable data sources with supplementary information on health disparities in their communities. A description of the data in the health and SDOH data files with links to other potential data sources is provided in Appendix IV.

CRISP will provide technical assistance on the provided public use files to Pathways applicants during proposal preparation, and the CHRC will host a series of in-person and virtual regional forums, and technical assistance calls prior to the application submission deadline on December 7, 2021. The dates and details for these in-person and virtual (online) calls will be posted on the CHRC website.

In addition, the CHRC provides a list of useful links to information, guidance, resources, reports, and other materials in Appendix V that applicants may wish to consult.

## 11. CHRC Monitoring of Projects

As a condition of receiving grant funds, grantees must agree to participate in an ongoing CHRC evaluation of the project. Grantees will be required to submit regular project progress and fiscal/expenditure reports as well as deliverables produced under the grant as a condition of payment of Commission grant funds. To facilitate project monitoring, grantees will be required to articulate and report clearly defined data metrics, quantifiable outcomes, and progress towards

achieving the overall goals of the project. CHRC grantees will also be required to participate in ongoing grant monitoring and technical assistance provided by the CHRC.

The project team may be asked to attend virtual or in-person meetings, participate in site visits, and give reports on progress and accomplishments to the Commission, its staff and technical advisors, and other grantees. At the conclusion of the project, the grantee will be required to provide a final written report on the project.

## 12. Use of Grant Funds

Grant funds may be used for project staff salaries and fringe benefits (fringe benefits are limited to 25% of the total salaries), consultant fees, data collection and analysis, project-related travel, conference calls and meetings, and office supplies and expenses. If the grantee requests more than 25% in fringe benefits, the applicant will be required to provide a compelling rationale for exceeding this amount. Requests to exceed 25% will be considered on a case-by-case basis.

Applicants are encouraged to be efficient in the use of public resources. **Proposals that reflect moderation in budget requests will be viewed favorably by the Commission.** Indirect costs are limited to 10% of the total grant funds requested. However, in light of legislation approved by the Maryland General Assembly which requires the State to honor certain rates for indirect costs on certain State-funded grants and contracts with nonprofit organizations that involve federally approved rates, the CHRC will consider on a case-by-case basis permitting higher indirect cost rates (above 10%) if the applicant can demonstrate that a higher rate has been approved by the federal government.

Grant funds may also be expended for a limited amount of essential equipment and minor infrastructure improvements required by the project. Grantees may subcontract with other organizations as appropriate to accomplish the goals of the project, and the role of the subcontractor organization should be explicitly stated in the proposal in terms of achieving the fundamental goals and objectives of the project. Grant funds may not be used for depreciation expenses, major equipment, or new construction projects, to support clinical trials, or for lobbying or political activity. Grant funds may be used for those renovations necessary to carry out the proposed project.

If the services proposed by the project will be delivered by a subcontractor organization and not directly by the lead applicant, the applicant may not take a fee for passing through the funds to the contractor agency.

Applications should include a clear description indicating how CHRC funding made available under the Pathways Call for Proposals would not duplicate, but rather leverage current initiatives/ resources from the Maryland Department of Health, federal and other state and/or private foundation funding sources that serve the strategic goals under this Call for Proposals.

### 13. How to Apply

The application process begins with submission of the full grant proposal by **12:00 p.m. (noon) on December 7, 2021**. CHRC staff will review these materials to ensure the proposal is complete with all required attachments as described below.

Applicants will be notified about the status of their grant proposals in January 2021. **A select number of well-reviewed grant proposals will then be considered for grant awards at the Commission's meeting in February 2021.** Grant awards will be made by the CHRC following this meeting and applicants will be notified shortly after the meeting.

#### **STEP 1:**

Submission of the full grant proposals (see components listed below).

A full grant proposal must be received electronically (via email delivery) by the CHRC no later than 12:00 p.m. (noon) on December 7, 2021. The full grant proposal and any appendices must be sent to Jen Thayer at [mdh.chrc@maryland.gov](mailto:mdh.chrc@maryland.gov). In the subject line of the email, please state your organization's name and indicate "Pathways Program Proposal".

If grant funded services are provided through **formal** partnerships with other organizations or groups, the CHRC will require that a **Memorandum of Understanding (MOU)** or similar legally binding document is in place prior to submission of the grant proposal. A copy of each fully executed document must be submitted with the proposal.

**NOTE:** Applicants are **strongly encouraged** to confirm that all scanned documents are legible and complete prior to submitting the proposal to the CHRC as poor image quality, incomplete or missing pages could result in disqualification of the proposal.

The full grant proposal must follow the guidelines detailed below and include the following:

- a) Transmittal or Cover Letter
- b) Executive Summary
- c) Project Proposal (includes **ALL** elements described in Section 8, and listed below)
- d) Project Budget
- e) Fiscal and Contractual Documentation
- f) Appendices (described below)

**NOTE:** for the electronic submission, the **Executive Summary and Project Proposal** (sections b and c above) of the full grant proposal must be submitted in these two file formats: (1) Adobe Acrobat PDF, and (2) MS Word (version 2010 or later).

In addition to the electronic submission, **one hard copy original** of the full grant proposal with all items listed below must be sent to the CHRC via USPS mail or express delivery service.

**Delivery Options:** If sent by USPS, it must be post-marked no later than **December 7, 2021**; if sent by an express delivery service, the package must indicate that the package was picked up for delivery by the close of business on **December 7, 2021, to be considered a complete proposal.**

One original full grant proposal includes a signed original of each of the following:

- a) Transmittal Letter
- b) Grant Application Cover Sheet
- c) Executive Summary and Full Project Proposal (no signature required)
- d) Contractual Obligations, Assurances, and Certifications
- e) Form W-9
- f) Financial Audit or Statement(s)

The original grant proposal with all items listed above, and any appendices or attachments must be bound together and labeled “Original”.

**PLEASE NOTE:**

1. **Hand-delivery of the hard copy original of the full proposal is not permitted due to building access restrictions at 100 Community Place, Room 4.507, Crownsville, MD, 21032. Therefore, all applicants must choose one of the delivery options listed above.**
2. The hard copy original of all proposal documents should be bound with binder clips, two-prong report fasteners, or spiral bound. If two-prong fasteners are used, cardboard or plastic covers and backs can be used. Do **not** use three ring binders.

As noted above, the original hard copy of the full grant proposal should be sent by USPS mail or express delivery service (with a post-mark or confirmed pick up for delivery date **no later than December 7, 2021**) to the address below:

**Jen Thayer, CHRC Administrator**  
**Maryland Community Health Resources Commission**  
**100 Community Place, Room 4.507**  
**Crownsville, MD 21032**

Full grant proposals must include the following items for full consideration:

- (1) Transmittal Letter:** This letter from the applicant organization’s chief executive officer should specify the title of the proposal, the applicant organization, and the project director and state that the applicant organization understands that submission of a proposal constitutes acceptance of the terms of the CHRC grants program.
- (2) Executive Summary:** A 2-page overview of the purpose of your project summarizing the key points.
- (3) Grant Application Cover Sheet:** The form should be completed and signed by the project director(s) and either the chief executive officer or the individual responsible for conducting the

affairs of the applicant organization and legally authorized to execute contracts on behalf of the applicant organization.

**(4) Table of contents:** for the full proposal, including the Project Proposal and appendices.

**NOTE: The above items will not count toward the 25-page limit stated below for the Project Proposal**

**(5) Project Proposal:** See proposal guidelines and requirements in Section 8 above.

Project proposals should be well-written, clear, and concise. Applicants are strongly encouraged to limit their project proposal to 25 pages in length, using single-spacing on standard 8 ½" x 11" paper with one-inch margins and using 12-point Times New Roman or Arial font.

Tables and charts may use a 10-point font or larger. All pages of the proposal must be numbered. The appendices specified in the guidelines below are excluded from the 25-page limit guideline. The project proposal should be structured using these topic headings:

- a) Executive Summary
- b) Background and Justification
- c) Work Plan (including Problem Statement and Needs Assessment) and Logic Model
- d) Data Collection and Evaluation Plan
- e) Lead or Coordinating Organizational Capacity
- f) Partnerships
- g) Sustainability
- h) Project Evaluator
- i) Project Budget and Budget Justification

**The following items will not count toward the 25-page limit stated for the Project Proposal.**

**(6) Contractual Obligations, Assurances, and Certifications:** The agreement should be completed and signed by either the chief executive officer or the individual responsible for conducting the affairs of the Lead or Coordinating applicant organization and authorized to execute contracts on behalf of the applicant organization.

**(7) Mandatory proposal appendices:**

- (a) IRS determination letter indicating 501(c)(3) tax-exempt status, if applicable
- (b) List of officers and Board of Directors or other governing body (if applicable) for the lead or coordinating organization applicant
- (c) Organizational Chart for the lead or coordinating organization applicant
- (d) Overall organization budget
- (e) Form 990, if applicable
- (f) Résumés of key project personnel

- (g) Logic model and Work Plan
- (h) Letters of commitment or MOUs from participating partners or collaborators

## **(8) Optional appendices**

- (a) Service maps, data, and other statistics on the target population
- (b) Annual report for the lead or coordinating organization, if available

The suggested content of the following sections is discussed below. Provide as much detail as necessary. Appendices should be limited to only the material necessary to support the proposal. The Commission will request additional material if required.

## **(9) Project Budget**

- a) Applicants must provide an annual budget for each year of its project. The total budget amount must reflect the specific amount requested by the applicant for CHRC funding, which may or may not be the project's total actual cost. If the CHRC grant request is a portion of the overall cost of the project, clarify this (such as the percentage that the CHRC grant request is of the overall project cost), and indicate the sources of other funding.
- b) Applicants must use the Budget Form provided in Appendix III of the Call for Proposals. The CHRC Budget Form must include the following line item areas:
  - *Personnel*: Include the percent effort (FTE), name, and title of the individual.
  - *Personnel Fringe*: The Commission advises that the fringe rate be calculated at no more than 25%. If the grantee requests more than 25%, the applicant will be required to provide a compelling rationale for exceeding this amount. Requests that exceed 25% will be considered on a case-by-case basis.
  - *Equipment/Furniture*: Small equipment and furniture costs.
  - *Supplies*
  - *Travel/Mileage/Parking*
  - *Staff Trainings/Development*
  - *Contractual*: Contracts for more than \$10,000 require specific approval of the Commission prior to being implemented. The budget justification should provide additional details about the use of funds to support contractual costs.
  - *Other Expenses*: Other miscellaneous expenses or other project expenses that do not fit the other categories can be placed here. Detail each different expense in this area in the budget justification narrative.
  - *Indirect Costs*: Indirect costs may not exceed 10% of direct project costs; however, the CHRC will consider on a case-by-case basis permitting higher indirect cost rates (above 10%) if the applicant can demonstrate that a higher rate that has been approved by the federal government.
- c) Applicants must include a line-item budget justification detailing the purpose of each budget expenditure.

## **Step 2:**

**Presentation before the CHRC (invited applicants only):** A select number of Pathways applicants will be invited to present their proposal at a Community Health Resources Commission meeting (dates to be determined and will be posted on the CHRC website). Invited applicants will be provided presentation instructions upon notification of the invitation to present.

## **14. Inquiries**

**CHRC Pathways to Health Equity Call for Proposals FAQ Meeting for Applicants:** The Commission will host a conference call for interested applicants to provide information on the Pathways Program grant and assistance with the proposal process. This virtual meeting and conference call is optional, though strongly encouraged, and will last approximately two hours, depending on the number of questions from potential applicants. Meeting details are provided below.

### **To join via Zoom:**

<https://zoom.us/j/94445525281?pwd=VmQzMkgxdXZ4TkdmSElVVXBnNmwwQT09>

Meeting ID: 944 4552 5281

Passcode: 228453

Dial in #: (1) 301 715 8592

Meeting ID: 944 4552 5281

Passcode: 228453

**Questions from Applicants:** Applicants may also submit written questions about the Pathways Program grant application process at any time. Please email questions to Michael Fay at [michael.fay@maryland.gov](mailto:michael.fay@maryland.gov). Responses will be provided on a timely basis by CHRC staff.

Following the public conference call, CHRC staff will post a **“Frequently Asked Questions”** document on the CHRC website.

**Program Office:** The CHRC Program Office is located within the Maryland Community Health Resources Commission. CHRC staff members:

Mark Luckner, Executive Director E-mail: <a href="mailto:mark.luckner@maryland.gov">mark.luckner@maryland.gov</a>	Lorianne Moss, Policy Analyst E-mail: <a href="mailto:lorianne.moss@maryland.gov">lorianne.moss@maryland.gov</a>
Michael Fay, Program Manager E-mail: <a href="mailto:michael.fay@maryland.gov">michael.fay@maryland.gov</a>	Ed Swartz, Financial Advisor E-mail: <a href="mailto:ed.swartz@maryland.gov">ed.swartz@maryland.gov</a>
Chris Kelter, Chief Financial Officer E-mail: <a href="mailto:chris.kelter@maryland.gov">chris.kelter@maryland.gov</a>	
Jen Thayer, Administrator E-mail: <a href="mailto:jen.thayer@maryland.gov">jen.thayer@maryland.gov</a>	

## **15. About the Maryland Community Health Resources Commission**

*The Community Health Care Access and Safety Net Act of 2005* became law on May 10, 2005. The law authorized establishment of the 11-member Maryland Community Health Resources

Commission to help communities in Maryland improve access to care for low-income families and under- and uninsured individuals. Current members of the Commission have been appointed by the Governor and are subject to confirmation by the Maryland State Senate.

### Current CHRC Commissioners

Edward J. Kasemeyer, Chair

J. Wayne Howard, Vice Chair

Scott T. Gibson

Flor Giusti

Celeste James

David Lehr

Karen Ann Lichtenstein

Carol Masden, LCSW-C

Sadiya Muqueeth, DrPH

Destiny-Simone Ramjohn, Ph.D.

Carol Ivy Simmons, Ph.D.

## **16. HERC Advisory Committee Members**

**The Honorable Edward J. Kasemeyer**, Chair, Community Health Resources Commission 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 Chair, Maryland Community Health Resources Commission

**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, Reef Point Group, LLC

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

**The Honorable John A. Hurson**, Esq., former Chair, Maryland Community Health Resources Commission

## APPENDIX I: Logic Model Form

CHRC PATHWAYS TO HEALTH EQUITY CALL FOR PROPOSALS				
Organization name:				
Project name:				
Amount requested:				
Area of focus:				
RESOURCES	ACTIVITIES	OUTPUTS	SHORT- AND LONG-TERM OUTCOMES	IMPACT
In order to accomplish our set of activities we will need the following:	In order to address our problem or asset we will accomplish the following activities:	We expect that once accomplished these activities will produce the following evidence or service delivery:	We expect that if accomplished these activities will lead to the following changes in 1-2, then 3-5 years:	We expect that if accomplished these activities will lead to the following changes in 5 years and beyond:

## APPENDIX II: Workplan Template

Workplan Template						
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION						
Organization Name:						
Project Name:						
<b>PROJECT PURPOSE:</b>						
(1) GOAL						
Objective	Key Action Step	Expected Outcome	Data Evaluation and Measurement	Data Source and Baseline Measure	Person/Area Responsible	Timetable for Achieving Objective
<i>Example: Reduce the # of BH related ED visits at Hospital X by 20%</i>	Mobilize BH mobile crisis team to respond to emergency BH calls	Crisis team will be able to de-escalate BH related emergency situations and divert individuals who would have been hospitalized into appropriate BH care.	# of individuals referred to a BH specialist, # of ED visits to Hospital X for BH related conditions	Data on BH ED visits at Hospital X will be obtained from CRISP or individual hospital partner. 2014 CRISP data for BH ED visits to Hospital X will be used as baseline	J. Doe - Project Manager	12/31/2018
(2) GOAL						
Objective	Key Action Step	Expected Outcome	Data Evaluation and Measurement	Data Source and Baseline Measure	Person/Area Responsible	Timetable for Achieving Objective
(3) GOAL						
Objective	Key Action Step	Expected Outcome	Data Evaluation and Measurement	Data Source and Baseline Measure	Person/Area Responsible	Timetable for Achieving Objective

### APPENDIX III: Pathways To Health Equity Budget Form Template

Budget Form Template - Pathways for Health Equity Call for Proposals			
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION			
Organization Name:		Project Name:	
Revenues	Budget Revenue	% of Total Project Budget	 <b>MCHRC</b> MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION
CHRC Grant Request			
Patient/Program Revenues/Income			
Organization Match			
Other Grant/Funding Support			
<b>Total Project Cost</b>	<b>0</b>	<b>0%</b>	
Line Item Budget for <u>CHRC</u> Grant Request	Year 1 Budget Request	Year 2 Budget Request	Line Item Total Budget Request
<b>Personnel Salary</b> (enter the requested information for each FTE; do not provide the salaries as a single, total number)			
% FTE - Name, Title			0
% FTE - Name, Title			0
<b>Personnel Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Personnel Fringe</b> (no more than 25% of Personnel costs)			<b>0</b>
<b>Equipment / Furniture</b>			<b>0</b>
<b>Supplies</b>			<b>0</b>
<b>Travel / Mileage / Parking</b>			<b>0</b>
<b>Staff Training / Development</b>			<b>0</b>
justification)			
a. Professional/other services by vendor/contractor (1)			0
b. Professional/other services by vendor/contractor (2)			0
d. Advertising			0
e. Lease or rental costs (not incl. under "Equipment/furniture", "Supplies", "Other Expenses" or			0
<b>Other Expenses (MUST detail below)</b>			
a. Other			0
b. Other			0
<b>Indirect Costs:</b> no more than 10% of direct costs (>10% - refer to Budget Form instructions and RFP)	<b>0</b>	<b>0</b>	<b>0</b>
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Percent of Organization's Total Budget that this Project Budget Represents</b>			<b>0%</b>



**CRISP**

## Pathways Request for Proposals Public Use Files

As part of the Pathways Request for Proposals, the Community Health Resources Commission (CHRC) is providing potential applicants with data files to help support their applications. Applicants can use these data files to identify disparities in their communities and highlight areas of need; however, applicants may also use additional data sources with supplementary information on disparities in their communities.

CHRC is providing two files organized by zip code:

1. Pathways Public Use Social Determinants of Health file
2. Pathways Public Use Health Data file

### Health Disparity Definition

The Maryland Health Equity Resource Act asks applicants to demonstrate how their programs will reduce health disparities in their communities. The Act defines a health disparity as a “particular type of health difference, such as a difference in rates of hypertension, heart disease, asthma, diabetes, substance abuse, mental health disorders, and maternal and infant mortality, that:

- (1) is closely linked with social, economic, or environmental disadvantage; and
- (2) adversely affects groups of individuals who have systematically experienced greater obstacles to health care based on their: (i) race or ethnicity; (ii) religion; (iii) socioeconomic status; (iv) gender, gender identity, or sexual orientation; (v) age; (vi) mental health status; (vii) cognitive, sensory, or physical disability; (viii) geographic location; or (ix) other characteristic historically linked to discrimination or exclusion.”

### Social Determinants of Health File

The Social Determinants of Health File includes information from the American Community Survey on zip codes in Maryland. The specific variables chosen were based on the variables included in the CDC’s Social Vulnerability Index<sup>1</sup>, elements highlight in the Maryland Health Equity Act and public comments. Please see Appendix A for response to public comments and information on variables not included. Applicants can use the pivot table included to see the impact of combining zip codes on SDOH variables.

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<sup>1</sup> CDC Social Vulnerability Index:  
[https://www.atsdr.cdc.gov/placeandhealth/svi/data\\_documentation\\_download.html](https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html)

## APPENDIX IV: CRISP Public Use Health and SDOH Data Files



Disparities listed in the Act	Variable(s) included in SDOH spreadsheet
Race or ethnicity	Minority
Religion	X
Socioeconomic status	Poverty, Median Income, Unemployment, No High School Diploma
Gender, gender identity, sexual orientation	X
Age	Age <18, Age 65+
Mental health status	X
cognitive, sensory, or physical disability	Disability
Geographic location	Zip, County
Additional variables (not in Act)	Limited English Speaking, mobile homes, crowding, no vehicle access, uninsured, foreign born population, internet access

### Health data file

The Health data File includes information from the Health Services Cost Review Commission on hospital visits as well as low birth weight information from the Maryland Vital Statistics Administration. The specific variables chosen were based on the health disparities highlighted in the Maryland Health Equity Act, and public comments. Please see Appendix A for response to public comments and information on variables not included. Cell sizes less than 11 are suppressed, so a pivot table was not created to support applicants combining zip codes. However, advanced users can use the hidden numerator data available for some of the health outcomes to create their own pivot tables if there is valid (non-suppressed) data for selected zip codes.

Health outcomes listed in Act	Data provided on:	Group breakdown available by:
Hypertension	Hospital visits with Hypertension	Race, Ethnicity, Gender, Age
Heart Disease	Hospital visits with heart disease	Race, Ethnicity, Gender, Age
Diabetes	Inpatient admissions with Diabetes	Race, Ethnicity, Gender, Age
Substance Use	Hospital Emergency Department Visits with Substance Use Disorder	Race, Ethnicity, Gender, Age
Mental Health Disorders	Hospital Emergency Department Visits with Mental Health Disorder	Race, Ethnicity, Gender, Age
Asthma	Hospital Emergency Department Visits with Asthma	Race, Ethnicity, Gender, Age
Maternal & Infant Mortality	Low Birthweight Babies	Race, Ethnicity

Breakdowns for religion, socioeconomic status, mental health status, disability, and gender identity were not available based on available data.

7160 Columbia Gateway Drive, Suite 100 | Columbia, MD 21046 | T/877-952-7477 | [info@crisphealth.org](mailto:info@crisphealth.org) | [www.crisphealth.org](http://www.crisphealth.org)

## APPENDIX IV: CRISP Public Use Health and SDOH Data Files



# CRISP

### Other Data Sources

Applicants are not required to use the two public data files for their application. Applicants are welcome to use other data sources to show how an intervention may impact and improve health disparities in their communities. Applicants may have access to sources such as local surveys, health records, or may be interested in using data from other available data sources listed below.

#### Environmental Public Health Tracking Network

<https://ephrtracking.cdc.gov/>

Data on community characteristics data to identify households or geographies likely to be affected by a public health emergency.

#### County Health Rankings by State and County

<https://www.countyhealthrankings.org/>

Provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support community leaders working to improve health and increase health equity.

#### Behavioral Risk Factor Surveillance Survey (BRFSS)

State and county level data: <https://www.cdc.gov/brfss/brfssprevalence/index.html>

Local level data (PLACES): <https://www.cdc.gov/places/index.html> (data cannot be trended over time per CDC)

Maryland BRFSS site: <https://health.maryland.gov/phpa/ccdpc/Reports/Pages/brfss.aspx>

Health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

#### The Annie E. Casey Foundation KIDS Count Data Center

<https://datacenter.kidscount.org/>

Data center provides resources and develops and distributes reports on important child well-being issues.

#### Maryland- State Open Data Portal (iMAP)

<https://imap.maryland.gov/Pages/health.aspx>

Interactive maps below providing information and statistics on human services, infectious disease and environment-related health, domestic violence, and zip codes at risk for lead or food systems.

#### AARP Livability Index

<https://livabilityindex.aarp.org/>

Livability factors include housing, transportation, civic and social engagement, environment

#### City Health Dashboard

<https://www.cityhealthdashboard.com/>

Dashboard on clinical care, health behaviors, health outcomes, and physical environment for large, small, and mid-size cities

#### Maryland – Governor’s Office for Children

<https://goc.maryland.gov/wellbeingscorecard/>

Describes the general well-being of Maryland’s children and families and measures progress in realizing these core results by tracking quantifiable proxies for success called Indicators. (kindergarten readiness, crime, graduation rates, etc)

#### Maryland – Governor’s Office of Crime Prevention, Youth, and Victim Services

<https://goccp.maryland.gov/crime-statistics/>

Provides information on crime statistics for more than the past 30 years.

#### Medical shortage areas

<https://data.hrsa.gov/tools/shortage-area>

Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).

7160 Columbia Gateway Drive, Suite 100 | Columbia, MD 21046 | T/877-952-7477 | [info@crisphealth.org](mailto:info@crisphealth.org) | [www.crisphealth.org](http://www.crisphealth.org)



### Appendix A. Additional Proposed Variables

#### SDOH File

Staff originally proposed a more limited set of SDOH variables, and public comments from Data Subcommittee meeting on September 16, 2021 requested to add age categories, disability, uninsured, foreign born population, and internet access. Some SDOH or disparity categories listed in the Act or via public comment do not have a reliable, recent, and updated data source that could be used across Maryland zip codes.

The following variables were listed in Act, but CRISP could not identify a comprehensive data source at a zip code level for the state of Maryland: Religion, Gender Identity, Sexual Orientation, Mental Health Status.

The following variables were suggested in the public comments, but were not updated recently enough to include: Food environment index (last updated 2015)

#### Health File

Staff originally proposed to include the following health outcomes: asthma ED visits, substance Use ED overdoses, ED visits, diabetes hospitalizations, and low birthweight babies. Public comments requested rates of clinical outcomes by breakdowns (including by age and gender), to include substance use disorder generally to include alcohol use, inclusion of non-utilization-based measures, and to show disparity index where cell sizes would need to be suppressed.

In response, staff aligned the health outcomes more generally to the health disparities outlined in the Act and showed breakdowns by four groupings: race, ethnicity, age, and gender. Staff found that the suggested disparity index approach resulted in unstable estimates that could not be used reliably for comparisons. Non-utilization based measures were explored, but data available for the Pathways RFP was limited in what was immediately available in the timeframe. Applicants are welcome to use other data sources for additional data.



## APPENDIX V: Links to Additional Tools and Resources

### **Links to Federal Resources**

CDC – Health People 2030 Resources (array of tools and resources)

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>

<https://health.gov/healthypeople/tools-action/browse-evidence-based-resources>

<https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/health-literacy-healthy-people-2030>

CDC - Promoting Health Equity – Resource to Help Communities Address Social Determinants of Health

<https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>

CDC – Developing an Effective Evaluation Plan

<https://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf>

CDC – High Impact Prevention (HIP) and Interventions to Improve Community Health

<https://www.cdc.gov/nchhstp/highimpactprevention/index.html>

<https://www.cdc.gov/nccdphp/dch/pdfs/Planning-High-Impact-Interventions.pdf>

CDC - Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide

<https://www.cdc.gov/eval/guide/index.htm>

CDC – Developing Evaluation Questions

<https://www.cdc.gov/library/researchguides/evaluationquestions.html>

<https://www.cdc.gov/std/Program/pupestd/Developing%20Evaluation%20Questions.pdf>



## APPENDIX V: Links to Additional Tools and Resources

CDC – Health Impact in 5 Years Initiative

<https://www.cdc.gov/policy/hst/hi5/index.html>

CMS – Accountable Health Communities (AHC) Health-Related Social Needs Screening Tool

<https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>

<https://innovation.cms.gov/innovation-models/ahcm>

AHRQ - Pathways Community HUB Manual: A Guide to Identify and Address Risk Factors, Reduce Costs, and Improve Outcomes

<https://www.ahrq.gov/innovations/hub/index.html>

AHRQ - Patient Surveys and Guidance

<https://www.ahrq.gov/tools/index.html>

<https://www.hcup-us.ahrq.gov/faststats/OpioidUseMap>

AHRQ – National Health Care Quality and Disparities Report (2019)

<https://www.ahrq.gov/research/findings/nhqrdr/index.html>

HRSA - Medically underserved areas (MUAs):

<https://data.hrsa.gov/tools/shortage-area/mua-find>

HRSA - Health Professional Shortage Areas (HPSAs):

<https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas>

HRSA - School-Based Health Centers:

<https://www.hrsa.gov/our-stories/school-health-centers/index.html>



## APPENDIX V: Links to Additional Tools and Resources

School-Based Health Centers – Health Equity:

<https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-school-based-health-centers>

<https://www.thecommunityguide.org/>

### **Links to Maryland Resources**

Community Health Needs Assessments (CHNAs) – a link to available CHNAs will be posted to the CHRC website following release of this Call for Proposals

Maryland childhood poverty

[https://mda.maryland.gov/about\\_mda/Documents/SNAB/Maryland-Poverty-Profiles\\_2018\\_1-15-2018\\_T.pdf](https://mda.maryland.gov/about_mda/Documents/SNAB/Maryland-Poverty-Profiles_2018_1-15-2018_T.pdf)

Maryland - CHW Advisory Council under MD Population Health

<https://health.maryland.gov/pophealth/Community-Health-Workers/Pages/Advisory-Committee.aspx>

Maryland Department of Health – Environmental Public Health Data, Health Indicators and Reports (e.g., Asthma ED visits)

<https://health.maryland.gov/phpa/OEHFP/EH/tracking/Pages/Home.aspx>

Maryland Primary Care Program – the MDPCP site provides a Resource Directory Master List compiled by the Program Management Office with publicly available resources and resource directories organized by category (social needs, behavioral health, etc.).

<https://health.maryland.gov/mdpcp/Documents/MDPCP%20Resource%20Directories.pdf>

Maryland Department of Health – 2018 Joint Chairmen's Report on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

<https://health.maryland.gov/phpa/Documents/2018-JCR-p.-80-Report-on-the-Special-Supplemental-Nutrition-Program-for-Women-Infants-and-Children-WIC.pdf#search=Percent%20of%20Eligible%20People%20Not%20Receiving%20WIC%20in%20Maryland>



## APPENDIX V: Links to Additional Tools and Resources

### **Links to Other Sources:**

United Way of Central Maryland – Study of Financial Hardship in Maryland (report by ALICE - Asset Limited, Income Constrained, Employed)

<https://www.uwcm.org/alice>

<https://www.unitedforalice.org/maryland>

America’s Health Rankings (a variety of state-level health reports including health disparities)

<https://www.americashealthrankings.org>

Communities in Action: Pathways to Health Equity (Guide available from the National Academy of Sciences)

<https://pubmed.ncbi.nlm.nih.gov/28418632/>

Prevention Institute (non-profit organization that offers publications, resources, and tools for healthier more equitable communities)

<https://www.preventioninstitute.org/>

<https://www.preventioninstitute.org/publications/measuring-what-works-achieve-health-equity-metrics-determinants-health>

<https://www.preventioninstitute.org/publications/developing-effective-coalitions-eight-step-guide>