STATE OF MARYLAND
Community Health Resources Commission
Temporary Physical Address: 100 Community Place, Room 4.507, Crownsville, MD 21032
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Larry Hogan, Governor; Boyd Rutherford, Lt. Governor;
Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

Maryland Health Equity Resource Advisory Committee
Data and Program Evaluation Subcommittee

Virtual Meeting – September 16, 2021 / 9:00 AM – 11:00 AM

Zoom Link: https://zoom.us/j/91297255229?pwd=cUpGeTB2aUNtVTZxVlNRSGFzTVdrQT09

Meeting ID: 912 9725 5229 / **Passcode:** 949144

Dial-In Number: 301-715-8592 / **Meeting ID**: 912 9725 5229 / **Passcode:** 949144

MEETING OBJECTIVES:

1. Review and discuss additional public comments received
2. Discuss potential sources of data that CRISP will provide to applicants
3. Discuss potential reporting requirements of grantees
4. Discuss remaining key questions to address as the Pathways RFP is addressed

AGENDA

1.	Call to Order	Chair Rebecca Altman	9:00 AM
2.	Review & Approve September 7 Meeting Minutes	Chair Rebecca Altman	9:05 AM
3.	Review additional Public Comments received	Chair Rebecca Altman	9:10 AM
4.	Opportunity for Public Comment	Chair Rebecca Altman	9:20 AM
5.	CRISP Presentation – Potential Data Sources	Laura Mandel / Anja Fries	9:30 AM
6.	Discussion of potential reporting requirements of grantees	Chair Rebecca Altman	10:00 AM
7.	Potential remaining key questions for Pathways RFP	Chair Rebecca Altman	10:20 AM
8.	Next Steps & Closing remarks	Chair Rebecca Altman	10:50 AM
9.	Adjourn	Chair Rebecca Altman	11:00 AM

Virtual Meeting of the
Health Equity Resource Community Advisory Committee
Data & Program Evaluation Subcommittee

Tuesday, September 7, 2021

The meeting was called to order at approximately 9:00 AM.

In addition to Subcommittee Chair Rebecca Altman, Maryland Community Health Resources Commission and Health Equity Resource Community Advisory Committee Chair Edward Kasemeyer, Advisory Committee members Maura Dwyer, Michelle Spencer, and Mikayla Walker, and CHRC Commissioner Flor de Maria Giusti attended the meeting virtually. Commission AAG Michael Conti, Commission Executive Director Mark Luckner, and Commission staff attended the meeting as well.

Welcome
Subcommittee Chair Altman called the meeting to order.

Meeting Minutes
A review of the August 24, 2021 minutes was held. Chair Kasemeyer made a motion to accept the August 24, 2021 minutes as presented, and the motion was seconded by Mikayla Walker. The minutes were approved unanimously.

Discussion of Public Comments
Chair Altman shared a list of the organizations and individuals who have submitted written comments to the questions approved by the Data & Evaluation Subcommittee regarding the Pathways to Health Equity Call for Proposals. She and other Subcommittee members have been reviewing the written comments. Mark Luckner said that written comments will be posted on the CHRC website, and that commenters should notify CHRC staff if they are concerned about attribution. Chair Altman then led a discussion of the questions and invited members of the public to provide additional comments orally.

Question 1 – What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Stephanie Klapper of the Maryland Healthcare for All Coalition urged that communities be empowered to present their own data, including qualitative data. Pilar Olivo, ACEs liaison for Frederick County, observed that CRISP lacks certain pediatric data. Anita Mwalui of the Community Engagement and Consultation Group recommended a focus on Social Determinants of Health (SDOH) and the circumstantial factors leading to SDOH.

Question 2 – What statewide measures should be used to demonstrate health disparities?

Participants urged that these measures be decided by stakeholders in each community. Kelly Arthur of Qlarant discussed her project to use Medicaid Z Codes to analyze SDOH. She identified the top five SDOH disparities from her work: homelessness, isolation, food insecurity, grief/loss, and transportation. Laura Mandel from CRISP said that data from Z Codes are not high quality because many providers do not use them. Anita Mwalui observed that access to technology can be a SDOH, particularly as many services have moved online due to COVID-19.

Question 3 - What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

No additional comments provided.

Question 4 - What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Anita Mwalui recommended that applicants whose proposals are rejected be given feedback on how they could improve for future applications. Mark Luckner said it is the standard procedure of the CHRC to offer such constructive feedback to applicants that are unsuccessful in receiving grants. Mikayla Walker recommended that the CHRC provide training to interested organizations prior to the Call for Proposals' deadline, and consider providing support in languages other than just English.

Question 5 – How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

Rachel Mandel discussed the need for both common measures across all projects, as well as measures unique to a particular project. Anita Mwalui stressed that applicants be given flexibility. Chair Altman agreed that outcomes should be customizable but measurable, adding that applicants will need to demonstrate that they have the infrastructure to collect needed data.

Next Steps

Chair Altman asked participants to reflect on whether additional questions should be added to the public comment period. None were proposed. The Subcommittee discussed the legislative requirement that each Pathways applicant demonstrate the ability to become self-sufficient as a Health Equity Resource Community (HERC). Chair Kasemeyer observed that the bill stipulates additional requirements for HERC grantees that exceed those for Pathways grantees.

The Subcommittee agreed to extend the deadline for written comments until close of business on September 13.

Meeting participants were invited to attend the next meeting of the Pathways Call for Proposals / Design Subcommittee, to be held on September 8 at 8:30 AM. The Consumer Outreach and Community Engagement Subcommittee will meet on September 13 at 9:00 AM. The next meeting of the Data & Evaluation Subcommittee will be September 16 at 9:00 AM.

The Pathways Call for Proposal will be discussed at the CHRC meeting on October 6, 2021 and released shortly thereafter. Proposals will be due the first week in December.

Adjourn

There being no further business, a motion to adjourn was offered by Chair Kasemeyer and seconded by Mikayla Walker. The motion was approved unanimously, and the meeting was adjourned at 9:54 AM.

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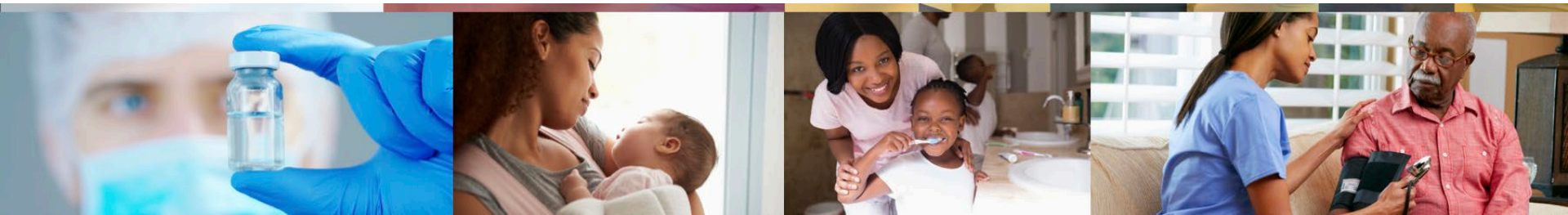
Maryland Health Equity Resource Act Pathways to Health Equity Program Eligibility Requirements

Mark Luckner, Executive Director

Maryland Community Health Resources Commission



Pathways to Health Equity Program

Pathways applicants need to demonstrate how:

1. The program will address each of the following five policy objectives:
   A. Reduce health disparities (see next slide);
   B. Improve health outcomes;
   C. Improve access to primary care;
   D. Promote primary and secondary prevention services; and
   E. Reduce health care costs and hospital admissions and re-admissions.
2. Demonstrate how the proposed Pathways program could be "self-sustainable" as a Health Equity Resource Community.

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MD Health Equity Resource Act Definition of Health Disparity

"Health Disparity" means a particular type of health difference, such as a difference in rates of:

- Hypertension
- Heart disease
- Asthma
- Diabetes
- Substance abuse
- Mental health disorders
- Maternal and infant mortality

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Health Equity Resource Communities Definition of Health Disparity

A "Health Disparity":

(1) Is closely linked with social, economic or environmental disadvantage; and

(2) Adversely affects groups of individuals who have systematically experienced obstacles to health care due to 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 characteristic historically linked to discrimination or exclusion.

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Definition of HERC

Contiguous geographic area that:

1. Measurable and documented disparities and poor health outcomes;
2. Small enough to allow for incentives to have a significant impact on improving health outcomes & reducing health disparities including:
   a. Racial
   b. Ethnic
   c. Geographic &
   d. Disability related disparities
3. Has a minimum population of 5,000 residents

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Pathways /HERC Eligible Entities

The following entities are eligible to apply:

1. Nonprofit, community-based organization;
2. Nonprofit hospital;
3. An institution of higher education;
4. Federally Qualified Health Center; or
5. Local Government Agency (i.e., Local Health Department).

The CHRC intends to use the HERC applicant eligibility requirements for the Pathways RFP

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Partner, Partner, Partner!

- Applicants are strongly encouraged to develop coalitions to achieve the objectives of the Act.
- Community-based organizations and other community groups are encouraged to partner with an eligible entity as the lead applicant.
- Examples of entities that should be contacted: Historically Black Colleges and Universities (HBCUs) and Local Health Improvement Coalitions (LHICs).

Pathways to Health Equity Proposed Application Requirements

Part 1: Pathways

- 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.

Part 2: Self-sustainability as a HERC

- Plan to address SDOH through expanding capacity of FQHCs or other CBOs to deliver healthcare or wraparound services
- Addressing health disparities through a combination of evidence-based cross sector strategies (examples next slide)
- Plan to use an evaluator

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Pathways to Health Equity Proposed Application Requirements

Combination of evidence-based cross sector strategies

1. Building health care provider capacity;
2. Improving health services delivery;
3. Effectuating community improvements;
4. Conducting outreach and education efforts;
5. Implementing systemic strategies to improve coordination and communication across organizations that provide health care services;
6. Supporting community leadership development efforts;
7. Facilitating policy interventions to address upstream determinants of health; and
8. 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.

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CRISP

HERC/Pathways

7160 Columbia Gateway Drive, Suite. 230
Columbia, MD 21046
877.952.7477 | info@crisphealth.org
www.crisphealth.org

Supporting Applicants in RFP - Eligibility

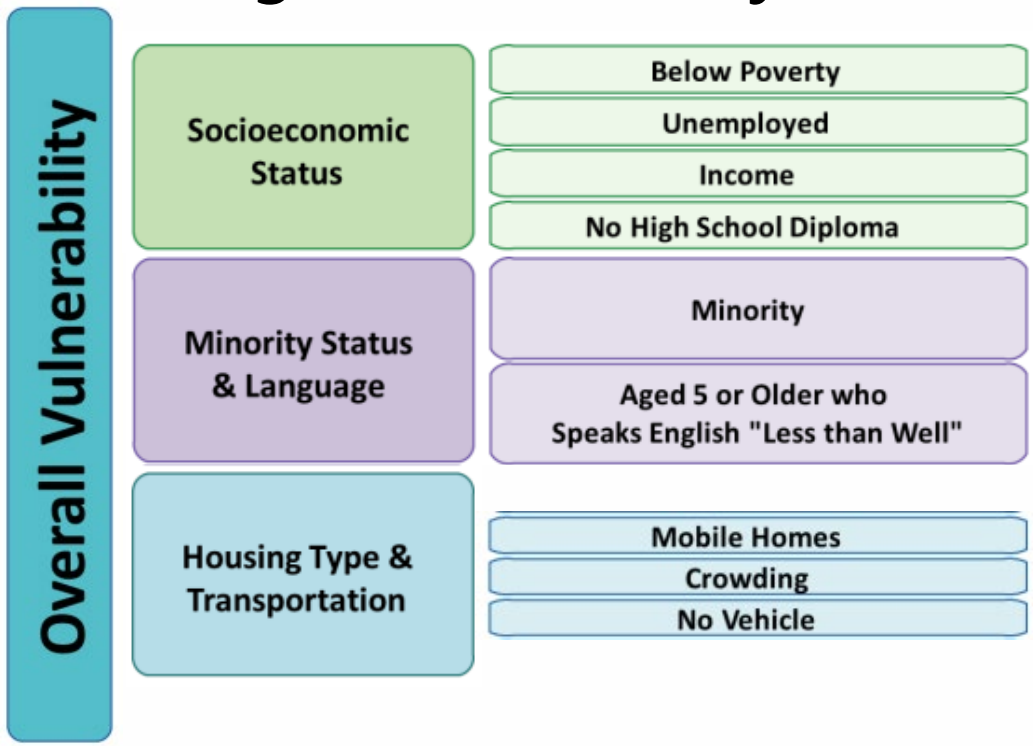
- As a reminder, definition from the Health Resource Equity Act:
  - "Health Equity Resource Community" means a contiguous geographic area that
    - (1) demonstrates measurable and documented health disparities and poor health outcomes;
    - (2) is small enough to allow for the incentives offered under the bill to have a significant impact on improving health outcomes and reducing health disparities, including racial, ethnic, geographic, and disability-related health disparities;
    - (3) is designated by MCHRC as specified; and
    - **(4) has a minimum population of 5,000 residents.**

Providing data for RFP / applicants

- Propose providing publicly accessible excel(s) of zip codes to help RFP applicants with information on:
  - population
  - SDOH factors
  - health outcomes
- Where possible, Excel will be set up so users can combine zip codes and view information by coalition of zips
- CHRC guidance that applicants are welcome to use other public or local data as part of their application

SDOH Variables for applicants

- Provide info by zip code on key SDOH variables from 2018 Census
- Identified key SDOH variables by the CDC's Social Vulnerability Index
- Will not be providing the SVI itself, just the representative variables



*Modified from CDC's SVI diagram

Highlight on Rate Calculation

- Rates let you compare a variable across zip codes, even with different populations

$$\frac{\text{Age 25+ without high school diploma}}{\text{Age 25+}} \times 100 = \%\text{ of persons in zip code without high school diploma}$$

Zip Code	No High School Diploma	Age 25+	Rate
Zip Code A	10	100	10%
Zip Code B	10	1000	1%

- Proposed SDOH excel has a pivot table that calculates the rates for each variable.
- Combining zip codes in the pivot will automatically recalculate the SDOH rates with multiple zip code info on the numerator and denominator
  - Zip Code A and B combined = rate of 20/1100 * 100 = 1.81%

SDOH Spreadsheet Tabs

1. Read Me: provides important caveats and notes
2. Instructions: information on how to use the spreadsheet and pivot table
3. Pivot: Main tab to be used by organizations
4. Pivot Data Dictionary: Description of Pivot Fields
5. Data (hidden): numerator and denominator data that powers Pivot Table
6. Detailed Data Dictionary (hidden): corresponds with data (hidden)

SDOH Spreadsheet demo

Health data for applicants

- Important context:
  - CRISP does not own any health data – CRISP is a custodian of data for other health data sources in the state
  - Any release of health data requires permission from data owners
  - Patient privacy must be protected – cannot release any data on fewer than 11 people for a particular geography
  - Data is not official and may not be directly comparable to other reports
  - Due to most Census data formats, ethnicity and race cannot be combined

Health disparities data for RFP

- Health disparity (in Act) means 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

- Public comments indicated interest in seeing more global data

Proposed Health disparities data for RFP

- As a result of anticipated data availability, Act noted health disparities, and public comment, proposed data metrics in the RFP files are:
  - Asthma-related ED visits per capita
  - Diabetes Hospitalizations per capita
  - ED Overdoses per capita
  - Percent of low birthweight newborns
  - ED Visits per capita

*Per CHRC guidance, applicants are welcome to use other public or local data sources in their application as well.

Health Data: Challenge and options

- CRISP suggests providing 2 files
- File with zip code level rates by race and ethnicity where possible
  - Recognizes that many small zip codes will have all data suppressed and will not be included in file.
  - Certain races and ethnicities have particularly small counts and will not be able to be shown in most cases
  - If the most data is suppressed for a measure, do not include race and ethnicity breakdowns
- File with providing county level rates (zip codes rolled up) by race and ethnicity

Health rate calculation and challenges

Ideally, you would:

- Show the events for each race or ethnicity
- Show the total population for each race or ethnicity
- Show the rate of the event by the total population * 1000

However, separating by zip code makes this a bit challenging

Race	Total Pop	Diabetes Admits	Rate
Total Population	**10,000**	**65**	**6.5 admits per 1000**
Asian	100	<11	Suppressed
Black	6000	40	6.67 admits per 1000
Some other race	900	<11	Suppressed
White	3000	<11	Suppressed

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