

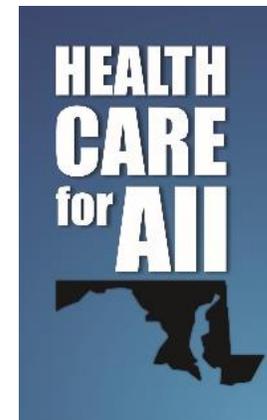


Maryland Health Equity Resource Act

Maryland Citizens' Health Initiative

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Agenda

- History of Health Enterprise Zones (10m)
- Health Equity Resource Act Passage (10m)
- Implementation (10m)
- Discussion

Historical Context: Health Enterprise Zones



Went from 2012-2016 with \$16 million before defunded



5 underserved communities with poor health outcomes



Reduced hospital admissions by 18,562



Cost savings of \$93.4 million

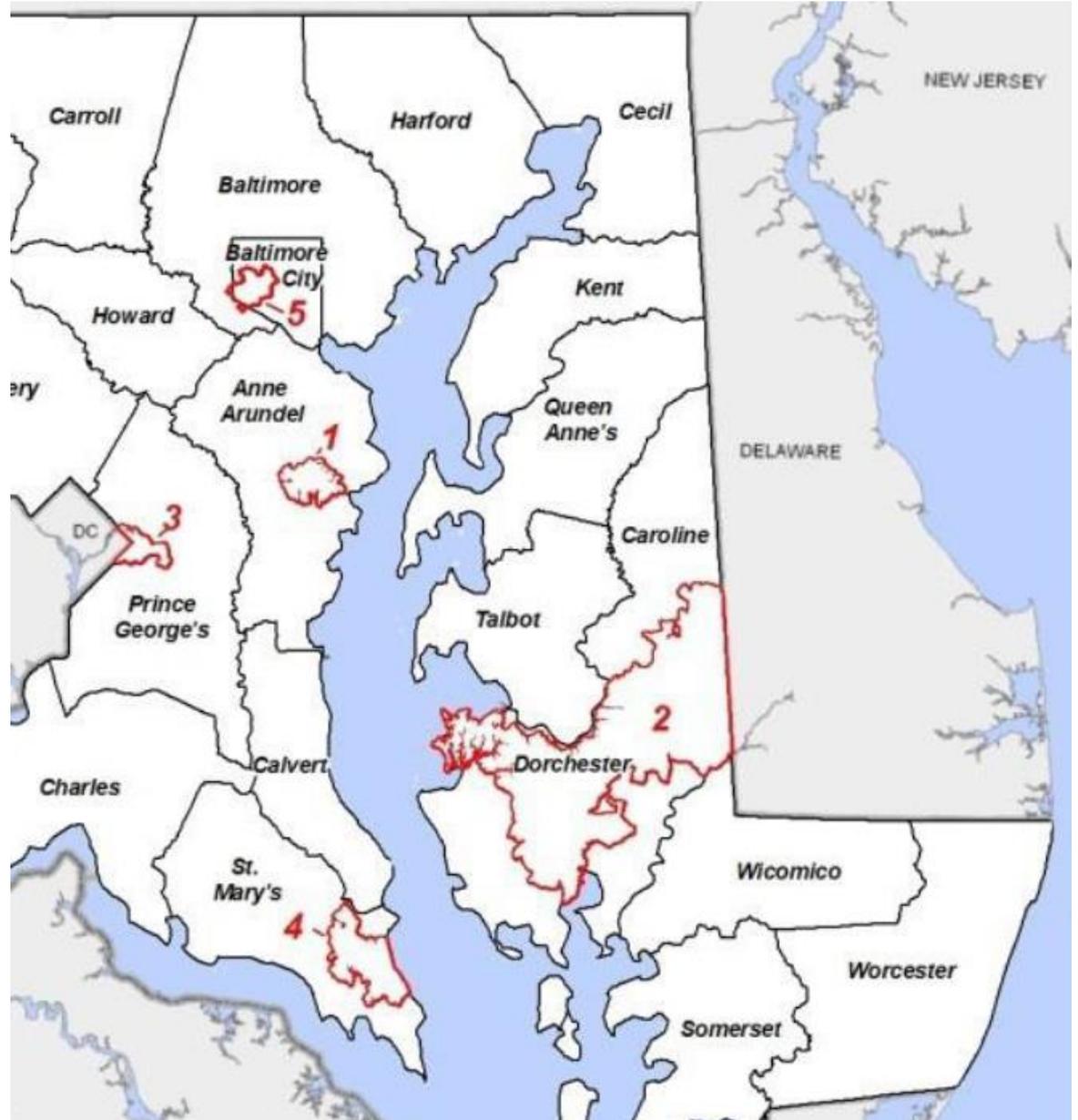
Annapolis/Morris
Blum

Caroline and
Dorchester Counties

Capitol Heights in
Prince George's County

Greater Lexington Park
in St. Mary's County

West Baltimore
in Baltimore City





Health Focuses

- All focused on diabetes and cardiovascular illnesses.
- Additional focuses:
 - Asthma- Capitol Heights and Greater Lexington Park
 - Behavioral/mental health- Caroline-Dorchester and Greater Lexington Park
 - Obesity- Caroline-Dorchester and West Baltimore

Methods

- Financial incentives to expand the availability of primary care
- Community health workers addressed clinical and social risk factors of vulnerable patients
- Localized approaches:
 - Mobile care units (medical, mental, and dental)
 - Nutrition and healthy lifestyle programs
 - Transportation assistance
 - Enhanced school-based health services
- Total of 300,000 visits to 170,000+ patients

Morris H. Blum Public Housing Clinic

- Reduced or no cost services for residents and low-income neighbors
- Served over 4,000 patients over 3 years
- Higher proportions of Black and Latino patients compared with the general population



A Hot Spot Prior to Clinic

- 184 elderly and/or disabled residents in 154 apartments
- In six months
 - 73 Morris Blum residents experienced 175 ED visits, with 38 visits resulting in admissions
 - Fewer than ten Morris Blum residents accounted for 41% of those 175 ED visits



Approach

- Challenges in recruitment
- “Cheers” environment
- Meeting people where they are
 - Same day appointments
 - Pharmacist’s creativity
 - Care coordination
 - Bi-lingual services
- Examples: Mr. P., Brenda Williams, Sandra Chapman

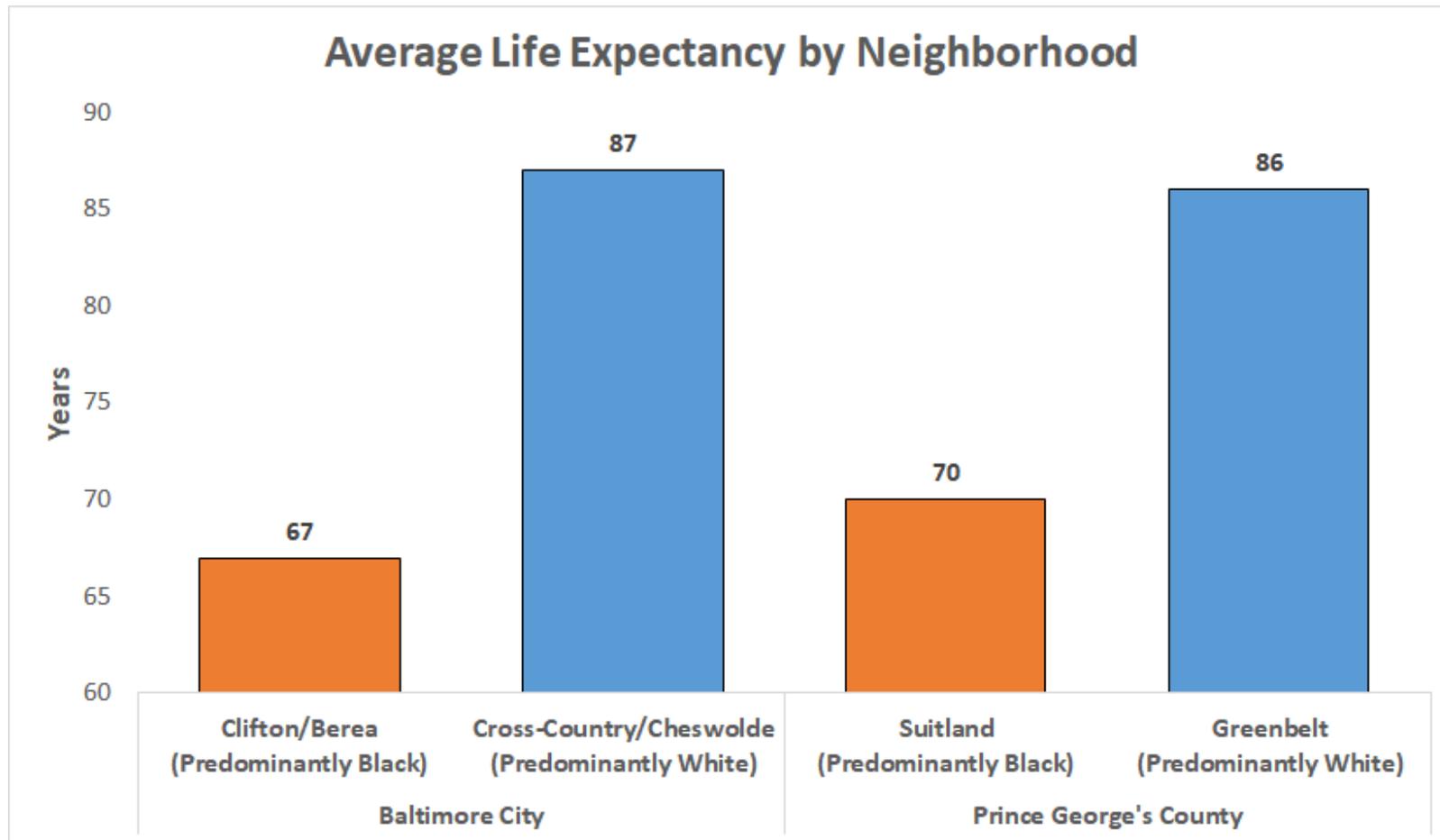


Outcomes

- Hospital visits
 - 17% decline in hospital admissions
 - 25% decline in readmissions
 - ED Visits went up 3%
- Health outcomes and disease management
 - A1c, Hypertension control, BMI, Tobacco
- Financial
 - Best HEZ return on investment
 - Spent \$800k, saved \$13.1 million



Health Equity Resource Act Passage



Health Equity Resource Communities Initiative

WHEREAS, all Marylanders deserve access to high-quality, affordable health care;

WHEREAS, health inequities based on race, ethnicity, disability and place of residence persist throughout the state, as shown in maternal and infant mortality rates and other measures;

WHEREAS, the COVID-19 pandemic has further exposed these health inequities and highlighted the need to address them and otherwise improve health outcomes in our state;

WHEREAS, in underserved areas of the state, people with chronic conditions such as hypertension, heart disease, asthma, diabetes, and substance and mental health disorders have worse health outcomes and are less able to get the care and treatment they need;

WHEREAS, supporting health and reducing preventable hospital admissions will result in lower overall health care costs, including lower insurance premiums for everyone;

WHEREAS, the 2012-2016 Health Enterprise Zones Program successfully increased access to health resources, improved residents' health, reduced hospital admissions, and created cost savings;

WHEREAS, the 2011 alcohol beverage sales tax increase led to significant reductions in underage drinking, binge drinking, driving under the influence, and sexually transmitted infections;

WHEREAS, Maryland has not raised its alcohol beverage sales tax since 2011 and its rate has fallen behind that of Washington D.C.;

WHEREAS, raising the state's alcohol beverage sales tax will generate necessary funds and reduce drinking, including by underage Marylanders and heavy drinkers, which in turn will save lives and reduce health care costs;

THEREFORE, BE IT RESOLVED that the undersigned organization supports increasing the state alcohol beverage sales tax by one cent per dollar to save lives and reduce health care costs caused by alcohol overuse, and supports using the funds raised by the alcohol tax increase to:

- 1) Create Health Equity Resource Communities, modeled after the former Health Enterprise Zone Program, in locations around the state to address poor health outcomes that contribute to racial, ethnic, and geographic health inequities, and
- 2) Create more community-based prevention, treatment, and recovery support programs to address substance use and mental health disorders.

Organization: _____

Address: _____

Phone Number: (o) _____ (c) _____ Email: _____

Name of Representative of the Organization (Print Name): _____ Title: _____

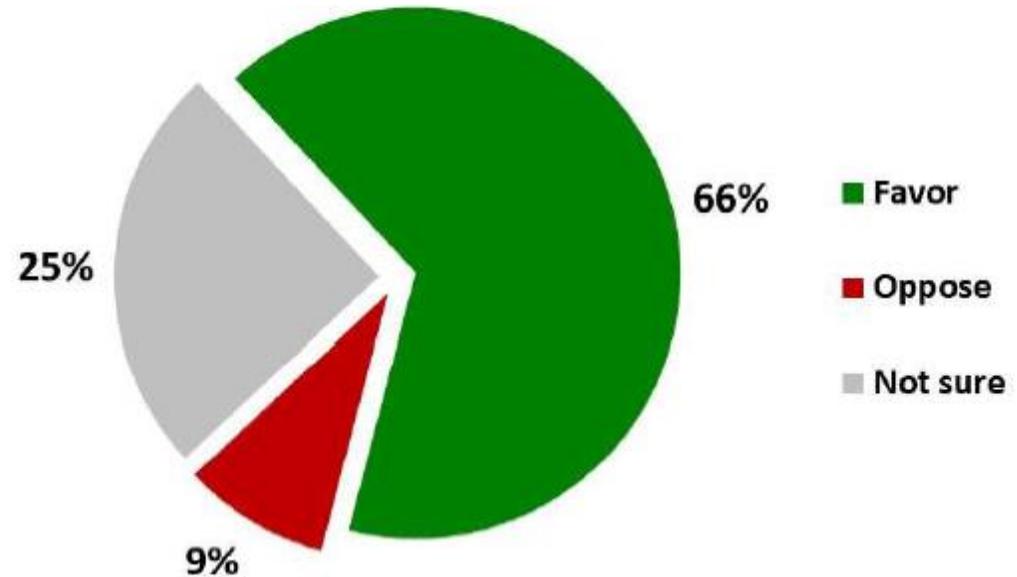
Signature: _____ Date: _____

Please fill the form out ONLINE at: healthcareforall.com/EquityResolution
 Or mail, fax, or email completed form to:
 Maryland Citizens' Health Initiative, 2600 St. Paul St., Baltimore, MD 21218
 Fax: 410-235-8963; Email: stephanie@healthcareforall.com

Widespread Support for Health Equity Resource Communities

By an overwhelming margin of 66% to 9%, Maryland voters support the creation of Health Equity Resource Communities to provide grants, tax incentives, and loans for health care providers in parts of the state with poor health outcomes. One-quarter of the state's voters said they were not sure.

Health Equity Resource Communities



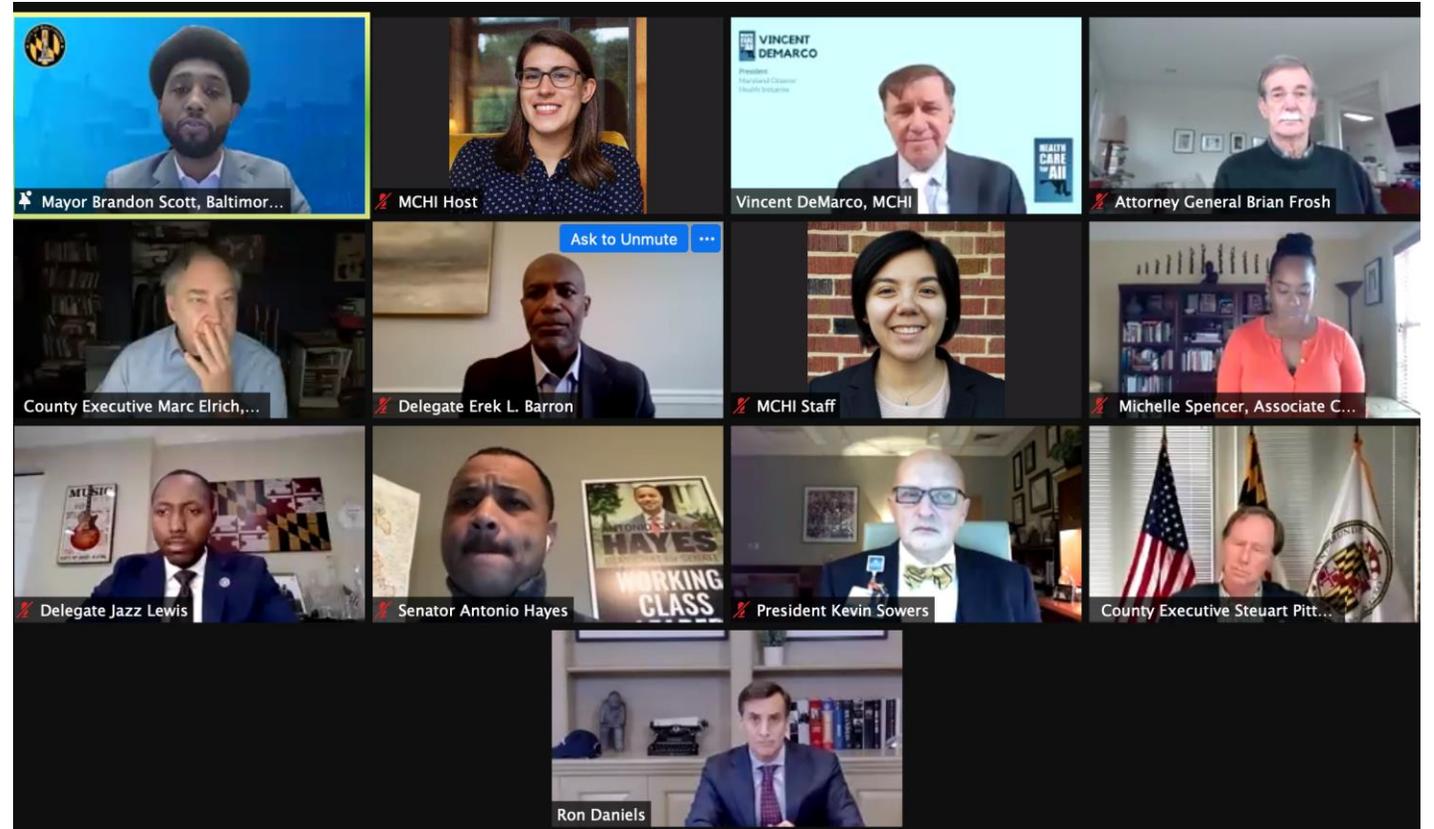
Health Equity Coalition

Hundreds of faith, business, labor, community, and health care organizations



Media Event

January 8, 2021 with Johns Hopkins, lead sponsors, county executives, mayor, and attorney general



Media Coverage



New Grant Program Will Reduce Health Care Inequality, Advocates Say



Lawmakers, group back health equity resource proposal

THE BALTIMORE SUN

Maryland lawmakers, advocates tout 'huge wins' in health legislation. Here's what passed this year.



Opinion: Maryland modeled how to tackle racial health disparities. Let's revive that success.



Health advocates praise productive legislative session



Johns Hopkins among over 250 organizations backing health equity legislation in Maryland

Health Equity Resource Act Implementation

- Evidence-based, community-led efforts to improve health care access in disadvantaged communities
- \$59 million in new funding over the next five years
 - \$14 million now for Pathways to Health Equity Grants
 - \$45 million later for Health Equity Resource Communities
- Administered by the Community Health Resources Commission and assisted by an Advisory Committee
- Technical assistance, grants, and health care provider loan repayment assistance

Community Health Resources Commission

- Created by the Maryland General Assembly in 2005
- Independent commission operating within the Maryland Department of Health
- 11 members who are appointed by the Governor
- Expands access to health care services in underserved communities in Maryland





HERC Advisory Committee

- 11 experts in health equity, the social determinants of health, health care finance, and public health
- Provides guidance and assistance to the CHRC:
 - Implementation
 - Evaluation and data collection metrics
 - Annual report
 - Strategies for tax incentives and loan repayments

Upcoming Opportunity

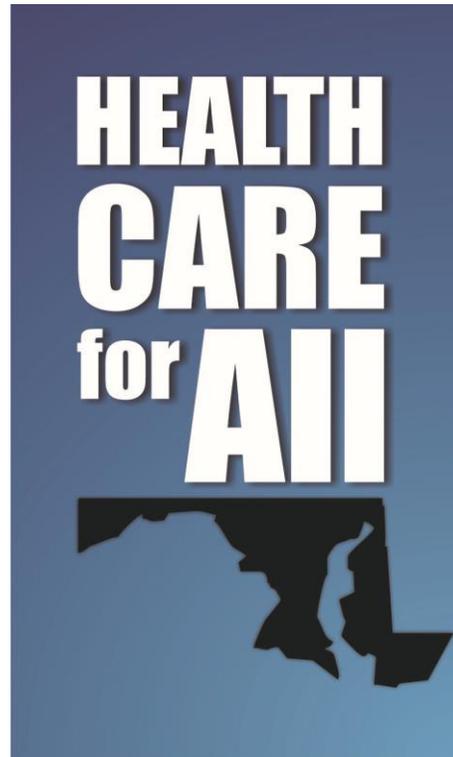
- Meeting August 11 at 1pm open to public
- 100 Community Place, Crownsville
- Virtual Option to attend: meet.google.com/vux-grvw-fwu
- <https://health.maryland.gov/mchrc/Pages/home.aspx>
- Email Mark Luckner, CHRC Executive Director at mark.luckner@maryland.gov to be added to distribution list



Discussion

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