



Maryland
Hospital Association

September 9, 2021

Mark Luckner
Executive Director
Community Health Resources Commission
PO Box 2347
Annapolis, MD 21404

Dear Mr. Luckner and Data and Evaluation Subcommittee Members:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to respond to the Subcommittee's questions.

MHA's priority legislation, the Maryland Health Equity Resource Act, recognizes the immediate need to improve longstanding health disparities exacerbated by the COVID-19 pandemic, while creating a sustainable effort to meaningfully improve the lives of the most underserved and under-resourced Marylanders. As the subcommittees, advisory group, and the Community Health Resources Commission (CHRC) establish the Pathways program, it is important to ensure these grants align with the broader Health Equity Resource Communities (HERC) strategy.

The Health Enterprise Zone Pilot program was successful, yet one missed opportunity was the inability to plan and evaluate interventions prior to the program start. Due to the short nature of the grants, it also was challenging to pivot when interventions were less fruitful. The Health Equity Resource Act helps overcome that barrier by establishing the initial Pathways program. The purpose of the program is "to provide the foundation and guidance for a permanent Health Equity Resource Community program." While Pathways grants are shorter, and likely smaller than future HERC awards, successful grantees should be well positioned to transition into a Health Equity Resource Community. Pathways grants should enable potential HERC coalitions to create the infrastructure to meet the goals of the HERC program, test innovative approaches to improve the health of communities, and focus on the immediate needs of the population with a plan for long-term and sustainable change.

Below are answers to the specific questions outlined in the request for public comment.

Should Pathways applicants focus on specific chronic disease(s) or be permitted to focus on broader health disparities that exist, as defined in the Maryland Health Equity Resource Act?

Applicants should be empowered to focus on improving the lives of their communities based on the competencies of the coalition. Inevitably a coalition will be required to focus on both chronic diseases and broader health disparities, as the focus on one will lead to the discovery of another.

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

Maryland hospitals and health systems utilize multiple sources of data for strategic planning in quality improvement and population health management. These include patient level data from electronic medical records; hospital aggregate data available through CRISP, like hospital readmissions; and other publicly available data sets, such as disease prevalence.

CHRC and the Advisory Committee should consider all available statewide data sources, as well as data from public sources when considering the data infrastructure for Health Equity Resource Communities programs. Like what was made available for Health Enterprise Zones, we recommend creating a public use file that all applicants can access, which shows standard data down to the ZIP code level.

Overall we encourage CHRC to prioritize alignment of HERC data strategy with the Maryland Department of Health's efforts to build a health equity data set as part of the [Maryland Commission on Health Equity](#) legislation.

What forms of technical assistance should the CHRC provide to potential applicants and grantees?

CHRC should consider building a statewide data dashboard with the elements outlined in the legislation establishing the [Maryland Commission on Health Equity](#). The Commission should also consider the feasibility of providing analytical support to potential applicants to help interpret statewide data and synthesize statewide data with the applicant's data.

Should Pathways applicants develop strategies to address non-medical social determinants of health (SDOH)? If so, are there specific SDOH to highlight in the call for proposals?

Yes, applicants should develop strategies to address non-medical social determinants of health. The SDOH domains the applicants choose to focus on should be determined by the needs of their specific community and capacity of the coalition.

How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Applicants could be encouraged to include letters of support from community leaders. The HERC legislation requires the inclusion of community-based organizations (CBO) that provide wrap around services to be considered for a HERC award. The Pathways program could require engagement of specific CBOs that would become full members of the coalition if the Pathways award converts to a HERC.

What should be the review/selection criteria for the Pathways call for proposals?

Review and selection criteria should evaluate components of a proposal that can be meaningfully improved within the two-year grant period. The selection committee should also evaluate the

proposal's potential to evolve into a full HERC. Lastly, the selection criteria should consider innovative approaches to address health disparities and improve health equity.

MHA appreciates the Commission's leadership to strengthen health equity in our state—a key priority for the state's hospitals and health systems. Please contact us if you need additional information.

Sincerely,

Erin Dorrien
Director, Government Affairs & Policy

Brian Sims
Director, Quality & Health Improvement