STATE OF MARYLAND
Community Health Resources Commission
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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
Pathways Call for Proposals Design Subcommittee

Virtual Meeting – September 15, 2021 / 8:30 AM – 10:30 AM

Zoom Link: https://zoom.us/j/96587416051?pwd=dDBsWkVQdCtIMUhVQVVkamNyUG9Sdz09

Meeting ID: 965 8741 6051 / **Passcode:** 731460

Dial-In: 301-715-8592 / **Meeting ID**: 965 8741 6051 / **Passcode**: 731460

MEETING OBJECTIVES:

1. Discuss eligibility requirements under Maryland Health Equity Resource Act
2. Review additional public comments received
3. Discuss remaining key questions to address as the Pathways RFP is addressed

AGENDA

1.	Call to Order	Chair Jaki Bradley	8:30 AM
2.	Review & Approve September 8 Meeting Minutes	Chair Jaki Bradley	8:35 AM
3.	Discussion of eligibility requirements under the Maryland Health Equity Resource Act	Chair Jaki Bradley/Mark Luckner	8:40 AM
4.	Review of Additional Public Comments Received	Chair Jaki Bradley	9:20 AM
5.	Opportunity for Public Comment	Chair Jaki Bradley	9:30 AM
6.	Potential remaining key questions for Pathways RFP	Chair Jaki Bradley	9:50 AM
7.	Next Steps & Closing Remarks	Chair Jaki Bradley	10:20 AM
8.	Adjourn	Chair Jaki Bradley	10:30 AM

Virtual Meeting of the
Health Equity Resource Community Advisory Committee
Pathways Call for Proposals/Design Subcommittee

Wednesday, September 8, 2021

The meeting was called to order at approximately 8:35 AM.

In addition to Subcommittee Chair Jaki Bradley, Maryland Community Health Resources Commission and Health Equity Resource Community Advisory Committee Chair Edward Kasemeyer, Rebecca Altman, Noel Brathwaite, Maura Dwyer, John Hurson and Michelle Spencer attended the meeting virtually. Commission AAG Michael Conti, Commission Executive Director Mark Luckner, and Commission staff attended the meeting as well.

WELCOME

Subcommittee Chair Bradley advised the Subcommittee members that there will be a time extension to allow for additional stakeholder participation in the public comment period. Written comments will be accepted until September 14, 2021.

MEETING MINUTES

A review of the August 26, 2021, minutes was held. CHRC Chair Kasemeyer made a motion to accept the August 26, 2021, minutes as presented, and the motion was seconded by HERC Advisory Committee member Dr. Maura Dwyer. The minutes were approved unanimously.

REVIEW OF PUBLIC COMMENTS SUBMITTED

Chair Bradley invited HERC Advisory Committee members and stakeholders to discuss the questions and offer public comments.

Question 1 - 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?

Chair Bradley opined that her review of the comments submitted noted a split between those who felt the Call for Proposals should focus on chronic disease and those who preferred a broader scope.

Derek Robertson, representing the Sickle Cell Association, asked if "community" would be defined by the number of people affected by a rare disease. Chair Bradley advised that community wasn't defined by the number of people with an illness. CHRC AAG Conti advised that "community" does have a legislative definition of a minimum population of 5,000.

Dr. Anita Mwalui, a community engagement consultant, inquired whether a community organization could assist a population within a community if the overall ZIP code was affluent, but pockets within the ZIP code faced different circumstances and Social Determinants of Health (SDOH). Chair Bradley reiterated that the applicant would have to define the population.

Question 2 – What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Chair Bradley asked that Stephanie Klapper from the Maryland Citizens Health Initiative explain her comment regarding qualitative versus quantitative data. Ms. Klapper said focus groups and surveys could provide qualitiative data, and advised that process measures be considered in addition to outcome measures .

Kelly Arthur of Qlarant referenced a study regarding African American males who did not seek care because they were unable to find a practitioner who 'looked like them.'

Chair Bradley noted again that storytelling was going to be important.

Question 3 – What forms of Technical Assistance should the CHRC provide to potential applicants and grantees?

Mr. Luckner provided an overview of the mission of the Consumer Outreach and Community Engagement Subcommittee and detailed the outreach efforts that the CHRC will take to ensure active community outreach and engagement.

Question 4 - 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?

A member of the public noted that cooperation across agencies will be required to address the non-medical SDOH. Chair Kasemeyer noted that HERC grants are required to focus on non-medical SDOH including, but not limited to, mental health, housing and food deserts. Mr. Robertson noted transportation should be considered and Dr. Mwalui stated that language barriers should also be considered.

Question 5 - How should applicants be required to demonstrate the genuine engagement of the community in the shared decision-making processes of the grant?

Subcommittee Chair Bradley asked Chair Kasemeyer discuss the upcoming regional forums. Chair Kasemeyer advised that there would be six events held across the state. Dr. Mwalui asked if they would be in-person or virtual. Chair Kasemeyer noted that he hoped they would be hybrid, but that it remains to be decided.

Mr. Robertson inquired whether there would be a requirement for the applicants to have a community advisory board. Chair Bradley noted that she "liked the idea," but the RFP was in the process of being drafted. Brent Daily of UMMS St. Joe's asked if individual hospitals or hospital systems would be eligible. Chair Bradley noted that there should be collaboration among entities. Mr. Daily followed up by asking if the applicant should focus on one condition or take a wholistic approach.

Stacy Little of UMMS noted that each hospital in a system has a population that has a different SDOH. Mr. Robertson suggested partnering with other organizations – nonprofits or other providers. Dr. Mwalui noted that once a program successfully collaborates with others, it can lead to sustainability.

Question 6 - What should be the review/selection criteria for the Pathways Call for Proposals?

No additional discussion regarding Question 6 took place.

Chair Bradley turned to individuals who submitted comments and participating in the virtual meeting.

Dr. Mwalui said that Technical Assistance could include a grant writing workshop, but acknowledged that the timeline may not permit extensive Technical Assistance for applicants. She suggested selection criteria include preference for applicants with providers who "look like" the population they intend to serve.

Dr. Rachel Mandel spoke to the supplemental comments she submitted and stressed the collective impact approach. She said communities and providers may be able to build on the coordination and infrastructure developed to address the COVID-19 the pandemic. Chair Bradley suggested that SDOH can be addressed by looking at what's driving the community to hospitals and urgent care facilities. Dr. Mandel noted "until you ask, you don't know."

Ms. Little said that applicants should be encouraged to leverage pandemic-related infrastructure, partnerships, and data tools for their Pathways projects. She noted that her organization has a Vulnerable Population Committee and use SDOH tools and assessments. Applicants should utilize county and State data and tools.

Data & Program Evaluation Subcommittee Chair Rebecca Altman suggested that the applicants must be able to collect data. Anecdotal information can be shared.

Washina Ford of The Community Builders provided a brief overview of the work of the Integrated Complex Care at Home coalition her organization has built. Ms. Ford further stressed that partners will be important to the success of a program.

Ms. Little asked if there was a requirement to partner with a Local Health Department. Commission AAG Conti noted that there is a legislative requirement for collaboration with Federally Qualified Health Centers, but not necessarily collaboration with a Local Health Department.

Ms. Arthur shared a list of "Z" codes used for Medicaid and asked whether CRISP could utilize them to provide SDOH data. CRISP staff and Chair Bradley observed that the codes are not widely used because they frequently do not lead to reimbursement. Chair Bradley suggested that perhaps providers could build SDOH and "Z" Codes into their electronic medical records.

Schedule for next Subcommittee meeting

The Pathways Call for Proposals/Design Subcommittee will next meet on September 15 from 8:30 AM to 10:30 AM. The meeting will be held virtually.

Adjourn

There being no further business, a motion to adjourn was offered by Commission Chair Kasemeyer and seconded by Rebecca Altman. The motion was approved unanimously, and the meeting was adjourned at 10:25 AM.

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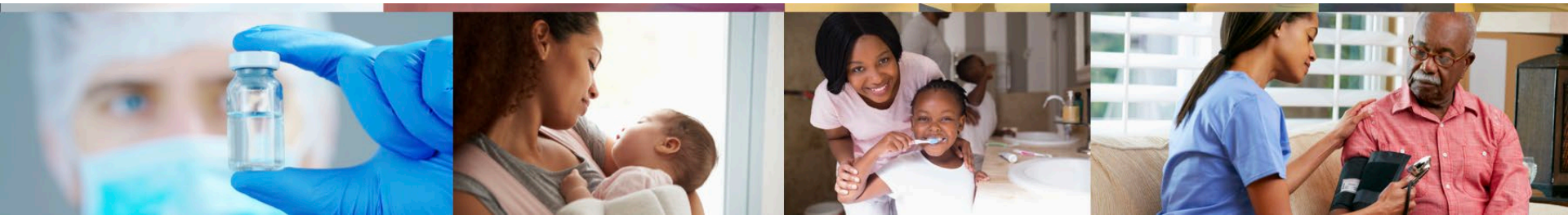
Maryland Health Equity Resource Act Pathways to Health Equity Program Eligibility Requirements

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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