#### **MARK LUCKNER**



Executive Director of the Maryland Community Health Resources Commission since 2009.

Previously served as senior policy adviser on health care, human services, and public safety issues for Governor Martin O'Malley's StateStat program and legislative aide in the Maryland House of Delegates for eight years, including six years as Assistant-to-the-Chairman for the Health and Government Operations Committee.

B.A. in American Government from Georgetown University and M.A. in American Government from Johns Hopkins University.



#### BACKGROUND ON THE CHRC



 The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.

# Statutory responsibilities include:

- Increase access to primary and specialty care through community health resources
- Promote emergency department diversion programs to prevent avoidable hospital utilization and generate cost savings
- Facilitate the adoption of health information technology
- Support long-term sustainability of safety net providers

# **BACKGROUND ON THE CHRC**



 Eleven Commissioners of the CHRC are appointed by the Governor.

#### Allan Anderson, M.D., Chairman

**Elizabeth Chung, Vice Chair**, Executive Director, Asian American Center of Frederick

**Scott T. Gibson,** Vice President for Human Resources, Melwood Horticultural Training Center, Inc.

**J. Wayne Howard,** Former President and CEO, Choptank Community Health System, Inc.

**Celeste James**, Executive Director of Community Health and Benefit, Kaiser Permanente of the Mid-Atlantic States

**Surina Jordan, PhD**, Zima Health, LLC, President and Senior Health Advisor

**Barry Ronan,** President and CEO, Western Maryland Health System

**Erica I. Shelton, M.D.**, Physician and Assistant Professor, Johns Hopkins University School of Medicine, Department of Emergency Medicine

Ivy Simmons, PhD, Clinical Director, International Association of Fire Fighters Center of Excellence

**Julie Wagner,** Vice President of Community Affairs, CareFirst BlueCross BlueShield

**Anthony C. Wisniewski, Esq.,** Chairman of the Board and Chief of External and Governmental Affairs, Livanta LLC

### IMPACT OF CHRC GRANTS



- Since 2007, CHRC has awarded 210 grants totaling \$64.1 million. Most grants are for multiple years.
   CHRC has supported programs in all 24 jurisdictions.
- These programs have collectively served over 458,000 Marylanders. Most individuals have complex health and social service needs.
- Grants awarded by the CHRC have enabled grantees to leverage \$23 million in <u>additional</u> federal and private/ nonprofit resources.
- Of this \$23 million, more than \$19M has been from private and local resources.

# **RURAL HEALTH AND CHRC**

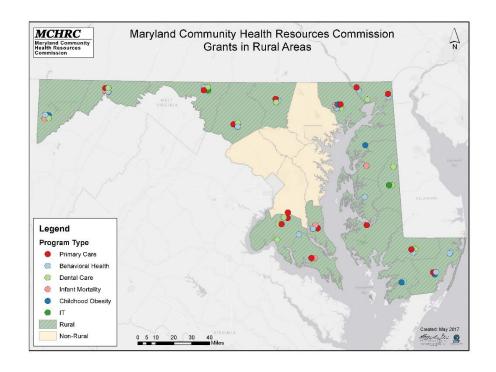


Awarded 107 grants totaling \$28 million to support programs in rural jurisdictions.

Projects served more than 82,000 residents.

#### **Areas of Focus:**

- Primary/Preventative Care
- Dental Care
- Integrated Behavioral Health Services
- Food Security/Obesity Prevention



#### MRHA-CHRC WHITE PAPERS

- 1. Social Determinants of Health and Vulnerable Populations in Rural Maryland; Issued: December, 2016
- 2. Bringing Care Where it is Needed: A Rural Maryland Perspective; Issued: May, 2017
- 3. Dental Access in Rural Maryland: Innovative Approaches to Care; To be issued: September, 2017



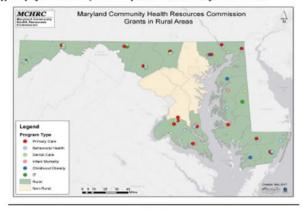
The following three white papers can be found on the MRHA website:

impact of CHRC grants in rural communities.

- 1. Social Determinants of Health and Vulnerable Populations in Rural Maryland (Dec., 2016)
- Bringing Care Where It Is Needed: A Rural Maryland Perspective (May, 2017)
   Dental Access in Rural Maryland: Innovative Approaches to Care (Oct, 2017)

(http://www.mdruzhleaith.org/sbout-us/current-oubications-educational-documents/)
The CHRC has awarded 190 grants totaling \$50.3 million. Of this, more than half (99 of 190) have supported programs in rural Maryland. The map below shows the CHRC grants in rural areas.

underserved communities in the state and to bolster the capacity of Maryland's health care safety net infrastructure to deliver affordable, high-quality health services. This executive summary highlights the lasting



Page 1

#### WHITE PAPERS – PROGRAM IMPACT



# 1. Driving innovation in rural communities

- Mobile Integrated Health
- **Telehealth**

# 2. Innovative ways to tackle Social **Determinants of Health**

- Transportation
- **Health Literacy**

# 3. Stretching limited public resources and leveraging private investment

- Private and Family Foundations
- **Hospital-Community Partnerships**



Health Resources

Dental Access in Rural Maryland: Innovative Approaches to Care

The Maryland Rural Health Association (MRHA) and Maryland Community Health Resources Commission (CHRC) are partnering to produce a series of white papers. MRHA is a non-profit organization whose mission is to educate and advocate for the optimal health of rural communities and their residents. The 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 Maryland's health care safety net infrastructure to deliver affordable, high-quality health services. The CHRC has awarded 190 grants totaling \$60.3 million. Of this, more than half (99 of 190) have supported programs in rural areas.

The first white paper in this series, "Social Determinants of Health and Vulnerable Populations in Rural Maryland," published in December 2016. and the second white paper, "Bringing Care Where It Is Needed: A Rural Maryland Perspective," published May 2017, can be found on the MRHA

http://www.mdruralhealth.org/about-us/current-

This third white paper provides an overview of the difficulties in accessing dental care in isolated rural communities, how health services can be provided in non-traditional settings, and how new partnerships can be formed to meet the community

Of Maryland's 24 counties, 18 are designated as rural by the state. Rural jurisdictions in Maryland have a population of over 1.6 million and differ in demographics, environment, and geography from the urban areas in the state. Rural communities share common challenges, as they are often poor, partnering with the University of Maryland School of

geographically isolated, and lack the services and employment opportunities found in urban and suburban communities. Moreover, rural communities often lack sufficient numbers of dental care professionals to adequately treat the rural population.

In 2000, the Surgeon General declared oral disease a "silent epidemic," a statement which remains true today. According to the DentaQuest Institute's April 2017 Report: "Executive Summary: Narrowing the Rural Interprofessional Oral Health Care Gap," poor oral health affects overall physical health and significantly contributes to the expanding cost of the US health care system. The report details that "adults in rural communities are more likely to have all natural teeth missing than their non-rural peers ... and children living in rural areas are more likely to have unmet dental needs, less likely to have visited a dentist in the past year, and less likely to see a dental care team for ongoing preventive care."

The CHRC has supported 24 community-based oral health programs in rural communities for a total of more than \$4.1 million that have brought needed dental services to more than 27,000 residents. These programs have helped individuals overcome the lack of access to adequate and necessary dental care.

Each rural community faces unique challenges to providing access to dental care for their residents. A variety of strategies are therefore needed to address these challenges and ensure that individuals have an opportunity to receive necessary care.

Five MRHA organizational members have received CHRC grant funds to deliver dental care services in rural jurisdictions through a number of community-based strategies. These strategies have included: (1) supporting new or expanding existing dental clinics in the community; (2) subsidizing dental care provided by community dentists for those unable to bear the cost of treatment; and (3)

### **WHITE PAPERS – LESSONS LEARNED**



- 1. Rural communities are particularly impacted by a shortage of providers, and care coordination programs can be an effective intervention.
- 2. Lack of access to public transportation is a major barrier to care. Transportation assistance or bringing health care to patients can be effective tools in helping people access care.
- 3. Promoting health literacy may be an effective tool in improving health outcomes.

# **CHRC FY 2019 CALL FOR PROPOSALS**



- \$5.9 million available to support new projects
- This year's strategic priorities:
  - Serving vulnerable populations regardless of insurance status
  - 2. Promoting health equity and addressing social determinants of health
  - 3. Innovation, sustainability, and replicability

# This year's Areas of Focus:

- Essential health services, i.e., primary/preventative care, dental, and women's health services
- 2. Addressing heroin and opioid epidemic through behavioral health integration
- 3. Promoting food security and addressing obesity

# **CHRC FY 2019 CALL FOR PROPOSALS**



# <u>Timeline of Key Dates of the FY 2019 RFP</u>

October 17, 2018 Release Call for Proposals

November 13, 2018 Letters of Intent due

December 17, 2018 Deadline for receipt of

applications

January 2019 Review of applications

Mid-February 2019 Selected applicants

present to the CHRC;

grant award decisions

follow

TATTE OF MARYLAND
COMMUNITY Health Resources Commission
45 Calvert Steer, Room 336 - Amapolis, Maryland 21401
45 Calvert Steer, Room 366 - Amapolis, Maryland 21401
45 Calvert Steer, Room 366 - Amapolis, Maryland 21401
467 Additional Commission
All Maddition, M.D. Culti- Work Ladane, Electric Director

Promoting Community Health Resources: Supporting innovative, replicable, and sustainable projects that serve vulnerable populations and promote health equity

FY 2019 Call for Proposals

October 17, 2018

10