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

Average Life Expectancy by Neighborhood

- Clifton/Berea (Predominantly Black): 67 years
- Cross-Country/Cheswolde (Predominantly White): 87 years
- Suitland (Predominantly Black): 70 years
- Greenbelt (Predominantly White): 86 years
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 Zone 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 state 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 misuse, 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.

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.

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Organizations:

[Enter organization information]

Phone Number: ( ) Email: [Enter email]

Name of Representative of the Organization (Print Name) [Enter name] Title: [Enter title]

Signature Date: [Enter signature and date]

Please fill the form out ONLINE at healthcaredforall.com/EquityResolution

Or mail, fax, or email completed form to:

Maryland Citizen’s Health Initiative, 2609 St. Paul St., Baltimore, MD 21218
Fax: 410-235-8463, Email: mch@healthcaredforall.com
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

THE BALTIMORE SUN
Maryland lawmakers, advocates tout ‘huge wins’ in health legislation.
Here’s what passed this year.

THE WASHINGTON POST
Democracy Dies in Darkness
Opinion: Maryland modeled how to tackle racial health disparities. Let’s revive that success.

MARYLAND MATTERS
New Grant Program Will Reduce Health Care Inequality, Advocates Say

MARYLAND THE DAILY RECORD
Lawmakers, group back health equity resource proposal

STATE OF REFORM
Health advocates praise productive legislative session

Baltimore Business Journal
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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