Maryland Fights Health Disparities with Health Enterprise Zones Legislation

By using policy and administrative levers, Maryland Department of Health and Mental Hygiene’s Office of Minority Health and Health Disparities supported the efforts of the Maryland Health Quality and Cost Council’s Health Disparities Workgroup and the governor’s office to develop the innovative Health Enterprise Zone Initiative.

Maryland ranks as the state with the highest median household income, boasts some of the nation’s top medical schools, and has the fifth lowest smoking rate. However, health disparities have persisted in Maryland because programs were not always reaching the communities with the largest disease burdens. Some modifiable health determinants in these communities included provider shortages, ineffective patient/provider communication, lack of cultural competency, and the need for economic revitalization.

In response to these persistent health disparities, the Maryland Health Quality and Cost Council (MHQCC) convened the Maryland Health Disparities Workgroup in 2011 and charged the workgroup with investigating strategies to reduce and eliminate health disparities. Dr. Albert Reece, Dean of the University of Maryland School of Medicine, chaired the workgroup, which issued its recommendations in a January 2012 report. Those recommendations formed the basis for Senate Bill 234, the Maryland Health Improvement and Disparities Reduction Act of 2012 (MHIDR). The act was the policy lever and framework that provided funding to establish and implement the Health Enterprise Zones (HEZs) Initiative. HEZs are contiguous geographic areas with poor health outcomes that contribute to racial/ethnic and geographic health disparities, but are small enough for incentives to have a measurable impact.

Steps Taken:

The MHIDR Act was possible in part due to a climate of increasing awareness regarding health disparities in Maryland. This progress was facilitated in 2004 with the passage of House Bill 86, which established the Office of Minority Health and Health Disparities (MHHD) within the Maryland Department of Health and Mental Hygiene (DHMH). From 2004 to 2011, MHHD was able to develop state- and county-level health disparities data, a health disparities plan, and a logic model for minority health interventions, as well as administer community-level interventions. This led to increased awareness of the importance of minority health and addressing health disparities in Maryland. The federal Office of Minority Health helped fund MHHD, which was instrumental to its development and prepared it for roles in health reform and the HEZ initiative.

MHHD assisted MHQCC and the Maryland Health Care Reform Coordinating Council (HCRCC) in their

• Maryland Health Improvement and Disparities Reduction Act established the first health enterprise zones.
• Five health enterprise zones exist in Maryland as of July 2014.
• Health enterprise zones include innovative strategies to address health disparities, such as tax incentives and loan repayment programs.
health disparity efforts. Additionally, MHHD provided technical assistance, data, and health disparities expertise to their workgroups. The steps that led to the development and signing of the MHIDR Act were:

- The HCRCC final report presented to Lt. Gov. Brown served as the foundation for reform in Maryland. It included 16 recommendations, one of which was the elimination of health disparities.
- MHQCC was asked to form a health disparities workgroup to begin recommendations on actions to reduce and eliminate health disparities. Members included representatives from the governor’s office, advocates, community leaders, and hospitals.
- The workgroup presented its final report to MHQCC in January 2012, including the recommendation in favor of implementing HEZs.
- The HEZ recommendation was developed into the MHIDR Act, which Gov. Martin O’Malley signed into law in April 2012.

The Act targeted state resources to: (1) reduce health disparities; (2) improve health outcomes; and (3) reduce health costs and hospital admissions and readmissions in specific areas of the state. Funding for this initiative was placed in the Maryland Community Health Resources Commission’s (CHRC) budget, whose mission is to direct resources to communities where poor health outcomes persist. DHMH provides its public health expertise and its state authority to ensure assessment, policy development, and assurance that quality, safe, and effective health services are delivered.

Under the Act, a call for proposals for communities seeking HEZ designation was released. Nineteen applications were received, and through an internal review panel led by the Maryland Secretary of Health Joshua Sharfstein, five HEZs were designated in January 2013. Eligibility criteria were:

1. An HEZ must be a community, or a contiguous cluster of communities, defined by zip code boundaries (one or multiple zip codes).
2. An HEZ must have a resident population of at least 5,000 people.
3. An HEZ must demonstrate economic disadvantage: Medicaid enrollment rate; or WIC participation rate.
4. An HEZ must demonstrate poor health outcomes: A lower life expectancy or percentage of low birth weight infants.

Eligible applicants were nonprofit community-based organizations or local government agencies on behalf of a local community. The five that received HEZ funding included urban, suburban, and rural communities, were led by hospitals or local health departments, and all included broad community coalitions. The five HEZs include:

- Annapolis Community Health Partnership (ACHP) HEZ
  - Jurisdiction: Anne Arundel County
  - Community: Annapolis, Morris Blum Senior Apartments
  - Coordinating Organization: Anne Arundel Medical Center

This zone is using HEZ funds to establish a new primary care health center based in the Morris Blum public housing building. This in-house health care facility also provides diabetes and chronic disease self-management programs to residents, and coordinates healthy shopping and cooking events. Cultural competency training is provided to center staff. This HEZ’s goals include
addressing risk factors and managing chronic disease in order to reduce preventable 911 calls, ED visits, admission and readmissions.

- **Competent Care Connections HEZ (CCCHEZ)**
  - Jurisdiction: Dorchester and Caroline Counties
  - Community: Mid-Shore Region
  - Coordinating Organization: Dorchester County Health Department
  - This zone targets primary care and behavioral health issues and uses funds to support healthcare teams that include primary care providers, peer recovery support specialists, community health outreach workers, mobile crisis teams, and school-based wellness programs. Cultural competency training is provided to zone staff. This HEZ’s goals include reducing emergency department visits and hospitalization rates for behavioral health conditions, hypertension, and diabetes.

- **Prince George’s Health Department County HEZ (PGCHEZ)**
  - Jurisdiction: Prince George’s County
  - Community: Capitol Heights
  - Coordinating Organization: Prince George’s County Health Department
  - This zone uses resources to expand primary care access and recruit providers to establish five patient-centered medical homes to serve a minimum of 10,000 residents. In addition, this zone is deploying community health workers, developing care coordination protocols and software, developing a county level health information exchange, providing cultural competency training, and developing and implementing an electronic Healthy Eating Active Living Wellness Plan Template. This HEZ’s goals are to reduce emergency department visit rates and hospitalization rates for asthma, diabetes, and hypertension.

- **Greater Lexington Park HEZ (GLPHEZ)**
  - Jurisdiction: St. Mary’s County
  - Community: Greater Lexington Park
  - Coordinating Organization: MedStar St. Mary’s Hospital
  - This zone uses funds to expand access to primary and behavioral health services. This includes recruiting new providers, deploying community health workers, providing cultural competency training, developing a care coordination program, establishing a health transportation shuttle route, developing a mobile dental van, and implementing their Hair, Heart and Health Program. The HEZ’s goals are to reduce emergency department and hospital admissions for behavioral health conditions and for hypertension, asthma, pulmonary disease, heart failure, and diabetes.

- **West Baltimore Primary Care Access Collaborative (WBPCAC)**
  - Jurisdiction: Baltimore City
  - Community: West Baltimore
  - Coordinating Organization: Bon Secours Baltimore Health System
  - This zone targets reducing cardiovascular disease and uses HEZ resources to support recruitment of primary care providers, deploy community health workers, and increase...
access to community health resources such as fitness classes and healthy food retailers and resources. Cultural competency training is provided to staff, care coordination programs have been developed, and chronic disease self-management classes are in place. This HEZ’s goals are to reduce emergency department visit rates and hospitalization rates for cardiovascular disease, diabetes, and hypertension.

The act provided $4 million per year over the program’s four-year duration and created the HEZ Reserve Fund, a non-lapsing fund administered by CHRC. It also provided HEZs with access to a range of incentives and resources, including loan repayment assistance, hiring tax credits, income tax credits, and CHRC grant funding. Additionally, the state provides specific technical assistance and program guidance to HEZs in the areas of loan repayment assistance, cultural competency training, chronic disease programs, behavioral health expansion, public health data support, and evaluation guidance.

Results:

- The initiative’s first year, which ended March 2014, was devoted to its start-up activities, including developing new partnerships, recruiting new providers, providing cultural competency training, and establishing data collection systems.
- DHMH provided baseline data regarding emergency department visits and hospital admissions and readmissions.
- Across all five zones, a total of fourteen care delivery sites have been opened or expanded as of September 2014. All five zones are now providing clinical and other support services.
- The zones had a goal of recruiting 38 new healthcare practitioners in year one. They reported the addition of 43 new practitioners, which include physicians, nurse practitioners, and registered nurses to deliver primary care services and licensed clinical social workers and a psychiatrist to deliver behavioral health services. As of September 2014, 21.2 licensed independent practitioner FTEs and 32.93 other certified or licensed practitioner FTEs have been added to the Zones.
- Four of the five HEZs have achieved their practitioner recruitment goals for year one. The zones reported creating a collective total of 87 jobs during the first year. This total includes HEZ practitioners, community health workers, and other staff that will deliver care and support the goals of each HEZ.
- The state works with the zones to collect and report patient clinical outcome data. All five zones include a focus on diabetes; other clinical goals include cardiovascular disease, hypertension, obesity, and asthma. The HEZs have also connected with Million Hearts to support their goals. HEZs and many other Maryland initiatives have the same goals as Million Hearts, and so outcomes and strategies are well aligned. In particular, explicit resources for Million Hearts, such as the Million Hearts coordinators, are deployed in two of the HEZs (St. Mary’s County and Baltimore City), allowing for a direct synergy between the two programs.
  - The [2013 annual report](#) was submitted to administration and legislators in January 2014.

Lessons Learned:

- Starting an innovative model takes time and attention. It is critical to develop skills and build
relationships with others. Pay attention to the diversity of skills within the team.

- Emphasize cooperation instead of competition for resources.
- Keep the community closely involved so the project reflects the needs and desires of the community. Set up venues where the communities can speak up and feel their needs are being addressed. HEZ partners have been meeting with diverse community groups in their own neighborhoods to hear their concerns and explain the new HEZ services.
- It is challenging to aggregate data across multiple systems, especially when they are not under the state health agency’s authority. Responses to this challenge include standardizing data across systems, developing crosswalks to navigate between systems, and building a comprehensive health information exchange.
- Mine health data for information, examine small geographic areas, and structure the data by age, ethnic/racial minorities, and other measures. In Maryland, data helped to generate the political will to move forward. Data were used to describe the size and growth of Maryland’s minority population, the persistence and severity of minority health disparities, and the high cost of those disparities.
- Teams need to function as a unified interdisciplinary team with content expertise in many areas, such as behavioral health, chronic disease, and health equity.
- Offer incentives, such as loan repayment programs and tax incentives, to recruit providers and build capacity and convince primary care practitioners to stay and practice in underserved areas.
- Engage key elected officials early in the process at both the state and local levels.

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