



Population Health Transformation Advisory Committee Meeting 2

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Technical Logistics

- For speaking/asking questions:

Members (Panelists):

- Please **use the “Raise hand” function** at the bottom of your screen and unmute yourself once the presenter has recognized you to speak **OR** send a **chat message** to “All Panelists.”

Non-members (Attendees):

- There will be a public comment period at the end of the meeting. Please **use the “Raise hand” function** at the bottom of your screen and unmute yourself once the presenter has recognized you to speak during the public comment period.
 - You may also send written comments to mdh.maryland-model@maryland.gov email if you wish or if we run out of time during the public comment period.
- Muting (Everyone): Unless you have raised your hand and have been recognized to speak, **please keep yourself on mute.**
 - Technical issues (Everyone): Please **send a chat message to Rick Stoddard** (Host).
 - Closed Captioning (Everyone): **May be turned on/off by clicking the “CC” icon** in the lower left corner of the Webex window.

Agenda

- Summary of Meeting 1
- Discussion 1: Empowering Community Voice in Decision Making
- Discussion 2: Aligning Funding
- Discussion 3: Health Equity Measures
- Public Comment
- Looking AHEAD

Advisory Committee Goals

P-TAC will support the development of Maryland's application to the AHEAD Model:

1. Identify critical elements of existing strategies, plans and mandates to serve as a foundation for a statewide population health and health equity plan.
2. Assess the current landscape of funding sources and identify opportunities to better align investments across sectors to advance population health and health equity goals.
3. Advise on development of population health and health equity measure set and identify need for new methods/models to measure collective impact of interventions targeting population health improvement and health-related social needs.
4. Advise on approaches to local and/or regional oversight to coordinate efforts that build community capacity to advance population health and health equity goals.

Population Health Technical Advisory Committee Meeting 1 Summary

P-TAC Summary of Comments

Topic	Comment
Health Equity Definition	Need to consider both individual (CMS Definition focus) and community focus (CDC and WHO Definition focus). Should consider going beyond clinical focus in definition and consider community health and wellness.
	Need to improve data to address subsets of populations (e.g. age, chronic condition, ethnicity, neighborhood vs. zip codes). There are hidden communities with different access points.
	Definition should be explicit about racial inequalities.

P-TAC Summary of Comments (2)

Topic	Comment
Community engagement	Communities know what they need and it is important to get their input. Perspectives on lived experiences should be valued in process as much as technical expertise.
	Community organizations need a more equitable voice at the table.
	There should be accountability for outcomes articulated by the community.
	Community capacity needs to be supported. Consider paying community organizations and other strategies for engaging community.
Accountability	There has been a lack of meaningful progress on some goals. Need measurement and financial accountability.
Funding	Grants pale in comparison to health care funding. Community investments are not sufficient. All funding sources should be leveraged, including payers.
Intersectionality	There is intersection of health work and addressing community development. We need to be creative in addressing health disparities and community development.

P-TAC Summary of Comments (3)

Topic	Comment
Duplication and Collaboration	Not all community-based resources are known to health care providers. Need to share information and collaborate on what resources are available.
	There is duplication of specific hospital initiatives and there should be consideration for systems, regional or local approaches.
Operational and technical considerations	Need for more granular data to understand communities.
	Existing technology should be leveraged and technology and innovation has potential to improve access
	Align hospital health equity plans with industry standards

Discussion Topic #1

Empowering Community Voice in Decision Making

Foundations for Engaging Community

- AHEAD model requires the State to designate a governance structure. Maryland Commission on Health Equity (MCHE) is positioned to serve in this role
- HB 1333 introduced in current legislative session
 - Modifies membership to include broader range of stakeholders, including CBOs and underserved communities
 - Adds to charge developing and monitoring State Health Equity Plan required by AHEAD model

Discussion: Empowering Community Voice in Decision Making

- What types of strategies will empower community voice in decision-making?
- What tools or resources do communities need to meaningfully participate?
- What mechanisms can be put in place to enhance transparency and trust between communities and health care payers and providers and ensure fair and equitable distribution of resources for health-related initiative?
- What challenges might arise in sustaining community engagement in decision-making processes over the long term, and how can they be addressed?
- What are capacity needs of CBOs and how can they best be supported?

Discussion Topic #2: Opportunities to better align funding

Opportunities to better align funding

- How can we be better document the scale, focus and outcomes of different silos of funding streams? (providers, payers, federal, state and local grant making, private philanthropy)
 - Focus on population, funding source, service, geography, health related social services or by other?
- What are strategies for better connecting and aligning funding?
- What is the role of commercial and public payers, federal, state and local funding and philanthropy?
 - Service funding, admin infrastructure funding or pilots?
- How can we best foster interaction and collaboration?

Discussion Topic #3

Health Equity Data Measures

Health Equity Data Measures

- The State is committed to measuring improved health outcomes as the benchmark of success. Our goal is to ensure interventions address systemic and structural inequities.
- AHEAD requires states to meet certain quality and equity targets
 - Measures will be part of the State Agreement (2025) and informed by State Health Equity Plan (HEP) based on a template to be provided by CMS.
 - Developing HEP and selecting measures will be done during pre-implementation.

Health Equity Data Measures

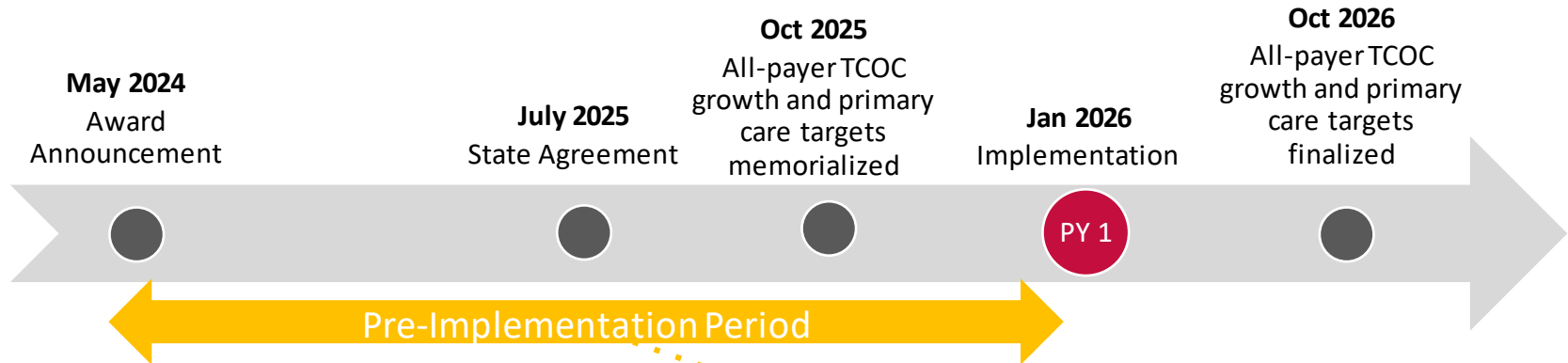
- How could we measure community engagement in resource allocation and priority setting?
- How should the distribution of community resources and investments be measured?

Public Comment

Additional comments may be sent to: mdh.maryland-model@maryland.gov



Looking AHEAD



The State envisions that **policy development and decision-making** will begin in July 2024 (the beginning of the Pre-Implementation Period) and continue through the July 2025 execution of the State Agreement. There will be **opportunity for community input** throughout this time frame.