

# Maryland Health Disparities Collaborative

## **Leadership & Capacity Building Workgroup**

Recommendations on how to establish a Virtual Network of community health leaders interested in health equity to assist with outreach, offer training, and receive input within the HEZ area.

## **Background:**

The Maryland Health Improvement and Disparities Reduction Act of 2012 (Senate Bill 234) seeks to reduce health disparities among Maryland's racial and ethnic groups and geographic areas, improve health care access and health outcomes in underserved communities, and reduce health care costs by establishing a Health Enterprise Zones (HEZs) pilot program.

Successful implementation of the Maryland Health Improvement and Disparities Reduction Act of 2012 and other key initiatives depends on engaging community-based organizations around the state.

The inclusion of minority communities in health planning and outreach to those communities with health education and health services are key strategies for reducing and eliminating health disparities. To ensure that these organizations are alerted to the new HEZs and the application requirements, there must be one accessible Virtual Network to inform these organizations so they may create and implement an effective and sustainable plan to reduce health disparities, reduce costs or produce savings, and improve health outcomes. The network would also provide important training on health programs and issues. No such statewide network currently exists.

The Leadership are proud that Maryland is leading the nation in its work to reduce health disparities and promote health equity, and we see the creation of a Virtual Network of community health leaders as a key step in ensuring progress. We define "community health leaders" as residents, organizations and agencies (including but not limited to federally qualified health centers, local health departments, free clinics and other safety-net providers) that deliver primary, preventative, and specialty care services in the community.

We advise that racial and ethnic groups and all other groups experiencing health disparities be represented in the Virtual Network of community health leaders to ensure the greatest dissemination of information and thus greatest improvements to health equity. These leaders should be advised of their key role in developing health equity policies and consulting on the implementation of Health Enterprise Zones and all matters of health equity.

To establish a Virtual Network of community leaders interested in health equity that can be used to make announcements, offer training, and receive input on a wide range of health initiatives, it will be important to identify existing Virtual Networks of community health leaders and determine what software is available to create an overarching network to manage dissemination of information; ensure participating organizations have "leaders" that are willing to participate, and identify these leaders; and determine the minimum IT requirements community health leaders will need to access the Virtual Network once it is established. We also advise the Secretary to identify and employ other effective forms of communication for leaders who do not currently use IT.

The Leadership and Capacity-Building Work Group involved its members and the broader Health Disparities Collaborative membership in identifying sources of community-based organizations, networks, and consortia; as well as in defining the components of the prescribed “Virtual Network.”

Staff and Work Group leadership considered all input in the development of draft recommendations.

**Recommendation 1:** Include the following community health leaders and their contacts in the Virtual Network. They should be contacted to be a part of the Virtual Network via a letter being sent by the Awareness Workgroup and by email:

- Jurisdictions/County governments
- State Medicaid Office
- Maryland Community Services Locator
- United Way of Central Maryland
- Maryland Nonprofits ([www.marylandnonprofits.org](http://www.marylandnonprofits.org))
- Maryland Secretary of State
- The State Health Improvement Process’ Local Health Improvement Coalitions
- MOTA programs
- The State’s Home Visiting Program
- The State’s community colleges system
- The State’s Committee on Nursing and Allied Health
- Dr. Lorece Edwards in Morgan State University’s School of Community Health and Policy to provide a list of the university’s community partners
- Carol B. Payne, HUD Baltimore Field Office Director
- Maryland Public Health Association
- Local Chambers of Commerce and Small Business Resources
- Fraternities and sororities
- Other

Include in the Virtual Network ethnic and racial groups, faith-based organizations, and groups that address all social determinants of health: housing, education, transportation and others.

**Recommendation 2:** Identify who will be responsible for creating messages, the specific office in government that will manage the network, and a manager who will disseminate messages.

**Recommendation 3:** Identify tools and software used to disseminate information to large groups, and employ these technologies to create and manage the Virtual Network, such as:

- E-mail blasts
- Text messages
- Websites
- Webcasting/videoconferencing
- Teleconferencing
- Facebook/Twitter/blogging

**Recommendation 4:** Use these effective non-IT forms of communication to reach organizations and health leaders:

- Public Service Announcements (radio and television)
- Community and Town Hall meetings
- Community newsletters
- Direct mail post cards or letters
- Word-of-mouth
- Cable stations
- Print media (advertisements, letters to the editor, press releases)
- Fliers, newsletter inserts and other print material at trusted community organizations (churches, schools)
- Posting information in workplaces

**Recommendation 5:** Provide technical assistance for organizations to apply and achieve both promising practices and evidence-based practices (as addressed in the Home Visiting Accountability Act of 2012) so that they are viable to compete for HEZ dollars.

**Recommendation 6:** Locate resources for funds for the applications that are not selected, possibly with the Maryland Health Equity Learning Committee.

**References:**

**Home Visiting Accountability Act of 2012 (HB 699)**

Full text available at [http://mlis.state.md.us/2012rs/chapters\\_noln/Ch\\_80\\_hb0699T.pdf](http://mlis.state.md.us/2012rs/chapters_noln/Ch_80_hb0699T.pdf)