NOTE: The state's Health Information Exchange – Chesapeake Regional Information Systems for our Patients (CRISP) prepared data files to help support the Health Equity Resource Communities applicants. The CHRC is making these files available for applicants to use for the FY 2024 Request for Applications. Applicants can use these data files to identify disparities in their communities and highlight areas of need; however, applicants may also use additional data sources with supplementary information on disparities in their communities.

CHRC is providing two files organized by zip code:

1. HERC Public Use Social Determinants of Health file
2. HERC Public Use Health Data file

Health Disparity Definition

The Maryland Health Equity Resource Act asks applicants to demonstrate how their programs will reduce health disparities in their communities. The Act defines a health disparity as a "particular type of health difference, such as a difference in rates of hypertension, heart disease, asthma, diabetes, substance abuse, mental health disorders, and maternal and infant mortality, that:

(1) is closely linked with social, economic, or environmental disadvantage; and
(2) adversely affects groups of individuals who have systematically experienced greater obstacles to health care based on their: (i) race or ethnicity; (ii) religion; (iii) socioeconomic status; (iv) gender, gender identity, or sexual orientation; (v) age; (vi) mental health status; (vii) cognitive, sensory, or physical disability; (viii) geographic location; or (ix) other characteristic historically linked to discrimination or exclusion."

Social Determinants of Health File

The Social Determinants of Health File includes information from the American Community Survey on zip codes in Maryland. The specific variables chosen were based on the variables included in the CDC's Social Vulnerability Index[1], elements highlight in the Maryland Health Equity Act and public comments from the Pathways project.

Disparities listed in the Act	Variable(s) included in SDOH spreadsheet
Race or ethnicity	Minority
Religion	X

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[1] CDC Social Vulnerability Index:
https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html

Socioeconomic status	Poverty, Per Capita Income, Unemployment, No High School Diploma
Gender, gender identity, sexual orientation	X
Age	Age <18, Age 65+
Mental health status	X
cognitive, sensory, or physical disability	X
Geographic location	Zip, County
Additional variables (not in Act)	Limited English Speaking, crowding, no vehicle access, internet access

Health data file

The Health data File includes information from the Health Services Cost Review Commission on hospital visits as well as low birth weight information from the Maryland Vital Statistics Administration. The specific variables chosen were based on the health disparities highlighted in the Maryland Health Equity Act, and public comments. Cell sizes less than 11 are suppressed, so a pivot table was not created to support applicants combining zip codes. However, advanced users can use the hidden numerator data available for some of the health outcomes to create their own pivot tables if there is valid (non-suppressed) data for selected zip codes.

Health outcomes listed in Act	Data provided on:	Group breakdown available by:
Hypertension	Hospital visits with Hypertension	Race, Ethnicity, Gender, Age
Heart Disease	Hospital visits with heart disease	Race, Ethnicity, Gender, Age
Diabetes	Inpatient admissions with Diabetes	Race, Ethnicity, Gender, Age
Substance Use	Hospital Emergency Department Visits with Substance Use Disorder	Race, Ethnicity, Gender, Age
Mental Health Disorders	Hospital Emergency Department Visits with Mental Health Disorder	Race, Ethnicity, Gender, Age
Asthma	Hospital Emergency Department Visits with Asthma	Race, Ethnicity, Gender, Age

Breakdowns for religion, socioeconomic status, mental health status, disability, and gender identity were not available based on available data.

Other Data Sources

Applicants are not required to use the two public data files for their application. Applicants are welcome to use other data sources to show how an intervention may impact and improve health disparities in their communities. Applicants may have access to sources such as local surveys, health records, or may be interested in using data from other available data sources listed below.

Environmental Public Health Tracking Network

https://ephtracking.cdc.gov/
Data on community characteristics data to identify households or geographies likely to be affected by a public health emergency.

County Health Rankings by State and County
https://www.countyhealthrankings.org/
Provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support community leaders working to improve health and increase health equity.

Behavioral Risk Factor Surveillance Survey (BRFSS)
State and county level data: https://www.cdc.gov/brfss/brfssprevalence/index.html
Local level data (PLACES): https://www.cdc.gov/places/index.html (data cannot be trended over time per CDC)
Maryland BRFSS site: https://health.maryland.gov/phpa/ccdpc/Reports/Pages/brfss.aspx
Health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

The Annie E. Casey Foundation KIDS Count Data Center
https://datacenter.kidscount.org/
Data center provides resources and develops and distributes reports on important child well-being issues.

Maryland- State Open Data Portal (iMAP)
https://imap.maryland.gov/Pages/health.aspx
Interactive maps below providing information and statistics on human services, infectious disease and environment-related health, domestic violence, and zip codes at risk for lead or food systems.

AARP Livability Index
https://livabilityindex.aarp.org/
Livability factors include housing, transportation, civic and social engagement, environment

City Health Dashboard
https://www.cityhealthdashboard.com/
Dashboard on clinical care, health behaviors, health outcomes, and physical environment for large, small, and mid-size cities

Maryland – Governor's Office for Children
https://goc.maryland.gov/wellbeingscorecard/
Describes the general well-being of Maryland's children and families and measures progress in realizing these core results by tracking quantifiable proxies for success called Indicators. (kindergarten readiness, crime, graduation rates, etc)

Maryland – Governor's Office of Crime Prevention, Youth, and Victim Services
https://goccp.maryland.gov/crime-statistics/
Provides information on crime statistics for more than the past 30 years.

Medical shortage areas
https://data.hrsa.gov/tools/shortage-area
Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).

Appendix A. Additional Proposed Variables

SDOH File

Staff original proposed a more limited set of SDOH variables, and public comments from Data Subcommittee meeting on September 16, 2021 requested to add age categories, disability, uninsured,

foreign born population, and internet access. Some SDOH or disparity categories listed in the Act or via public comment do not have a reliable, recent, and updated data source that could be used across Maryland zip codes.

The following variables were listed in Act, but CRISP could not identify a comprehensive data source at a zip code level for the state of Maryland: Religion, Gender Identity, Sexual Orientation, Mental Health Status.

The following variables were suggested in the public comments, but were not updated recently enough to include: Food environment index (last updated 2015)

Health File

Staff originally proposed to include the following health outcomes: asthma ED visits, substance Use ED overdoses, ED visits, diabetes hospitalizations, and low birthweight babies. Public comments requested rates of clinical outcomes by breakdowns (including by age and gender), to include substance use disorder generally to include alcohol use, inclusion of non-utilization-based measures, and to show disparity index where cell sizes would need to be suppressed.

In response, staff aligned the health outcomes more generally to the health disparities outlined in the Act and showed breakdowns by four groupings: race, ethnicity, age, and gender. Staff found that the suggested disparity index approach resulted in unstable estimates that could not be used reliably for comparisons. Applicants are welcome to use other data sources for additional data.