Addressing Health Disparities:
Health Enterprise Zones (HEZs)

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“Though Maryland has some of the finest health care resources in the world, far too many communities in our state lack access to fundamental health care services, Health Enterprise Zones will empower communities to expand community health resources to improve health, expand access to health care, and reduce health care costs.”

---- Lt. Governor Anthony G. Brown
The Maryland Health Improvement and Disparities Reduction Act (SB 234) was signed on April 10, 2012.

The new law:

• Creates **Health Enterprise Zones (HEZs)** to saturate underserved communities with essential health care services;

• Standardizes **collection of data** on race and ethnicity in health care;

• Requires **hospitals** to describe their efforts to track and reduce health care disparities;

• Requires **higher education institutions** to report on their activities to reduce health disparities;

• Establishes a **workgroup** to explore setting **cultural competency and health literacy criteria** for health care settings and providers.
Health Enterprise Zones (HEZs)

The purpose of establishing HEZs is to target State resources to:

- Reduce health disparities among racial and ethnic groups and geographic areas;
- Improve health care access and health outcomes in underserved communities; and
- Reduce healthcare costs and hospital admissions/readmissions.
Health Enterprise Zones

- Each HEZ will be a contiguous geographic area;
- Must have documented evidence of health disparities, economic disadvantage and poor health outcomes; and
- Small enough to allow incentives to have a significant impact but large enough to track data (population of at least 5,000).
Eligible HEZ Applicants

• Non-profit community-based organizations and local government agencies will be eligible to submit an application for HEZ designation on behalf of an area or community.

• The state is encouraging HEZ applications to reflect inclusion, community participation, collaboration, and support the priorities identified in the Local Health Improvement Process.

• The application for HEZ designation will be combination of both demonstrated need and intervention strategies to improve health outcomes in the potential Zone.
Eligibility Criteria and Data

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

1. Purpose
2. Description of need
3. Core disease targets
4. Goals
5. Strategy
6. Cultural competence
7. Balance
8. Coalition
9. Work-plan
10. Program Management and Guidance
11. Sustainability
12. Evaluation
13. Collaboration
Selection Process and Next Steps

• The Call for Proposals was distributed in October 2012.
• There were an initial 26 letters of interest received in October, and 19 final HEZ proposals received by the November 2012 deadline.
• After review of applications by an independent review committee, the top applicants will be invited to present in person to the Maryland Community Health Resources Commission (CHRC) on December, 2012.
• The final HEZ designation decisions will be made by the Secretary by the end of Calendar Year 2012.
• The HEZ program implementation period will begin in January 2013, and reporting requirements will be organized around a calendar year.
“I believe that every Marylander, of every race and ethnicity, in every part of our state, should have the same chance to live a healthy life and to maximize their contributions to society. By continuing to work together, we can make that ideal a reality.”

---- Lt. Governor Anthony G. Brown
Contact Information

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