

Government and Community Affairs

HB 172
Favorable

TO: The Honorable Guy Guzzone, Chair Senate Budget and Taxation Committee

The Honorable Delores Kelly, Chair Senate Finance Committee

FROM: Ron Daniels, President, Johns Hopkins University

Kevin Sowers, President, President, Johns Hopkins Health System; executive vice president,

Johns Hopkins Medicine

DATE: January 27, 2021

Johns Hopkins University and Medicine strongly supports Senate Bill 172 – Maryland Health Equity Resource Act. This bill establishes Health Equity Resource Communities ("HERCs"). HERCs would be underserved communities around the state that compete for grants and other financial incentives to address poor health outcomes that contribute to inequities by race, ethnicity, disability, and geographic location. These HERCs would create a critically needed strategy empowered by a dedicated new resource in Maryland to systematically lift up communities that do not have adequate access to health care. Now, more than ever, is the time to take action.

A pilot program from 2012-2016 that successfully increased access to health resources, improved residents' health, reduced hospital admissions, and created cost savings is the genesis of this initiative. At Johns Hopkins, researchers, including those led by Dr. Lisa Cooper at the Johns Hopkins Urban Health Institute and the Center for Health Equity, have shown definitively that health disparities are not simply a result of our healthcare system, but are, in fact, often linked to broader disparities and inequities that converge upon and unfairly burden some of our most economically fragile and underserved communities. At Hopkins, we have seen this kind of work in action: From the pioneering, community-based initiatives of the Urban Health Institute (UHI) and Dr. Cooper, which have cultivated stronger community partnerships to improve community safety and well-being, strengthen food security and improve health education to our economic inclusion program, HopkinsLocal, that helps our neighbors through targeted neighborhood hiring and Live Near Your Work program, which offers grants to employees looking to put down roots in their neighborhoods through homeownership. The HERC legislation will not only make use of these principles of evidence-based policy, it will also capitalize on the tremendous promise across Maryland.

Nowhere is this promise more urgent than in the Maryland communities that have borne the unfair burden of racial, economic, and health disparities, particularly our Black and Latinx communities. Crucially, this initiative is part of a critical strategy that will help expand access to high-quality healthcare to many around the state. And, as we know, COVID-19 has revealed deep-seated inequities in health for communities of color and amplifies the social and economic factors that contribute to poor outcomes. COVID-19 has shone a bright light on



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the disproportionate impacts borne by those communities and tremendous hardship has been caused by the COVID-19 pandemic. For example, from the outset of the pandemic, we observed that certain zip codes had a significantly higher positivity rate, particularly in very vulnerable areas. In collaboration with our community partners, we launched initiatives to provide COVID-19 testing to hard-hit areas of Baltimore by establishing mobile testing sites. In addition, our clinicians have also traveled to homeless shelters, substance use facilities, skilled nursing facilities, and nursing homes, also hard-hit by COVID-19, to provide much-needed testing.

HERC provides a powerful tool in the arsenal necessary to turn the tide in the battle against health inequities. And, all Marylanders deserve access to high-quality, affordable health care. Johns Hopkins applauds the sponsors for their leadership on this issue and strongly urges a favorable report on **Senate Bill 172 – Maryland Health Equity Resource Act.**

Signed,

Ronald J. Daniels

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cc: Members of Senate Budget & Taxation Committee Members of Senate Finance Committee Senator Antonio Hayes