

Figure 1. CDC Social Vulnerability Index¹ and CDC Maternal Mortality Review² Website as of 2/14/2025

What SB0684 does:

- SB0684 seeks to require that the Maryland Department of Health, in collaboration with the Commission on Health Equity, develop a dashboard on health equity data and update it at least every 30 days.
- By creating and regularly updating a dashboard, it is easy to pinpoint the areas and populations most affected by disparities, so that decision-makers can ensure equitable distribution of healthcare resources, funding, and policy attention.

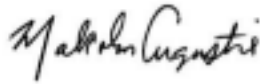
How SB0684 helps:

- **Enshrining this policy into law rather than relying on a mandate ensures durability, legitimacy, and enforceability. This is key to providing long-term stability across different administrations.**
- **Centralized Data:** A centralized dashboard provides a comprehensive view of disparities in health outcomes, access to care, and social determinants of health.^{3,4} This facilitates evidence-based policymaking and targeted interventions to address disparities effectively.
- **Data Transparency and Accessibility:** By making disparity data accessible to stakeholders, the dashboard fosters transparency and accountability. Governments, healthcare institutions, and organizations can track progress toward reducing health inequities and adjust strategies accordingly.^{3,4}
- **Regular Maintenance:** Regularly updated data helps detect emerging trends and geographic hotspots where disparities are most pronounced. This allows for timely responses and resource allocation to underserved communities.
- **Stakeholder Engagement:** A health disparities dashboard serves as a common platform for stakeholders, including public health officials, researchers, and advocacy groups, to share insights, coordinate efforts, and implement evidence-based solutions.³

- By embedding this policy into law, we will ensure consistency and reliability over time for understanding the health and safety of Marylanders, particularly for those in marginalized communities.
- States such as Arizona, Delaware, Idaho, Indiana, Rhode Island, and Washington already have developed data visualization tools similar to this one and made the toolsets available for their populations to utilize.⁵

In summary, this bill represents a vital step in protecting and improving data access and understanding, which will empower Marylanders to take control of their health and health information.

Chair Beidle and members of the committee, I ask for your favorable report.



Sincerely,
President Pro Tempore -- District 47 – Prince George’s County

Senator Malcolm Augustine

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1. CDC social vulnerability index. <https://www.atsdr.cdc.gov/place-health/php/svi/index.html>.
 2. CDC maternal mortality index. <https://www.cdc.gov/maternal-mortality/index.html>.
 3. Gallifant J, Kistler EA, Nakayama LF, et al. Disparity dashboards: An evaluation of the literature and framework for health equity improvement. *The Lancet. Digital health*. 2023;5(11):e831–e839. [https://dx.doi.org/10.1016/S2589-7500\(23\)00150-4](https://dx.doi.org/10.1016/S2589-7500(23)00150-4). doi: 10.1016/S2589-7500(23)00150-4.
 4. Dowding D, Randell R, Gardner P, et al. Dashboards for improving patient care: Review of the literature. *International journal of medical informatics (Shannon, Ireland)*. 2015;84(2):87–100. <https://www.clinicalkey.es/playcontent/1-s2.0-S1386505614001890>. doi: 10.1016/j.ijmedinf.2014.10.001.
 5. Artiga & Samantha, Rao A. State reported efforts to address health disparities: A 50 state review. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/state-reported-efforts-to-address-health-disparities-a-50-state-review/#Publicly-Reported-State-Activities>. Updated 2024.