



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of House Bill 1100
Public Health – Health Equity Dashboard**

Good afternoon Chair Peña-Melnyk, Vice Chair Cullison, and members of the House Health and Government Operations Committee. Thank you for the opportunity to present **HB 1100 Public Health – Health Equity Dashboard** for your consideration.

HB 1100 requires the Maryland Department of Health, in partnership with the Maryland Commission on Health Equity, to develop and maintain a user-friendly, publicly accessible health equity dashboard. A health equity dashboard will serve as a critical tool to systematically track disparities, identify trends, and measure the effectiveness of interventions. This dashboard will track and display age-adjusted health disparities, disaggregated by race, ethnicity, and gender, including key indicators such as chronic diseases, health insurance access, mental health and substance abuse. The bill will enhance transparency and serve as a tool to address health inequities through data-driven policymaking. HB 1100 is a legislative priority of the Legislative Black Caucus of Maryland.

Racial and ethnic minorities continue to experience higher rates of chronic disease, maternal and infant mortality, and barriers to accessing quality healthcare.¹ These disparities are deeply rooted in systemic inequities, including systemic racism, biases in medical education, clinical decision-making, and the uneven distribution of healthcare resources.² The COVID-19 pandemic further exposed and exacerbated these disparities, underscoring the urgent need for comprehensive and real-time data to drive policy decisions that promote health equity.³ Several states, including California and Missouri, as well as cities like Philadelphia, have utilized health equity dashboards.⁴ These tools have been essential in guiding public health responses, such as tracking disparities during the COVID-19 pandemic.⁵ By using these dashboards, policymakers and health professionals could monitor trends and target resources more effectively, ensuring that vulnerable populations were supported and that health equity remained a priority. While research has helped illuminate these inequities, we must go further.

¹ Commonwealth Fund. (2024, April). *Advancing racial equity in U.S. health care*. The Commonwealth Fund.

<https://www.commonwealthfund.org/publications/fund-reports/2024/apr/advancing-racial-equity-us-health-care>

² Artiga, S., Pham, O., & Ramirez, G. (2023, February 23). *How present-day health disparities for Black people are linked to past policies and events*. KFF. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/how-present-day-health-disparities-for-black-people-are-linked-to-past-policies-and-events/>

³ Gallifant, J., Chen, E. M., Desai, S., Fong, K., & Ibrahim, S. A. (2023). Disparity dashboards: An evaluation of the literature and framework for health equity improvement. *The Lancet Digital Health*, 5(11), e831–e839. [https://doi.org/10.1016/S2589-7500\(23\)00150-4](https://doi.org/10.1016/S2589-7500(23)00150-4)

⁴ Cooper, R., & Rosenthal, J. (2020, November 30). States build infrastructure to advance equity in their COVID-19 responses and beyond. National Academy for State Health Policy. <https://nashp.org/states-build-infrastructure-to-advance-equity-in-their-covid-19-responses-and-beyond/>

⁵ Donelle, L., Comer, L., Hiebert, B., Hall, J., Shelley, J. J., Smith, M. J., Kothari, A., Burkell, J., Stranges, S., Cooke, T., Shelley, J. M., Gilliland, J., Ngole, M., & Facca, D. (2023). Use of digital technologies for public health surveillance during the COVID-19 pandemic: A scoping review. *Digital health*, 9, 20552076231173220. <https://doi.org/10.1177/20552076231173220>

By providing up-to-date, disaggregated data, this health equity dashboard can foster collaboration among stakeholders—including government agencies, community organizations, researchers, and healthcare providers—ensuring that health equity efforts are targeted towards the communities most in need. This level of transparency strengthens the foundation for continuous improvements in public health strategies through real-time insights and adaptive interventions.

After further conversation with the Maryland Department of Health, instead of updating the dashboard every thirty days, the dashboard will be updated quarterly as data is available and utilize existing resources, with no fiscal impact on state revenues. Additionally, the House Health and Government Operations Committee learned on January 22, 2025, that the Office of Minority Health and Health Disparities has plans to further develop the Health Indicators Dashboard, which will incorporate measures outlined in HB 1100.

HB 1100 Public Health – Health Equity Dashboard presents an opportunity to position the State of Maryland for the future, strengthen our data infrastructure, transparency, and seeks to address health inequities. This will ensure the Maryland Department of Health’s current work continues and would equip and empower our communities, policymakers, and stakeholders to make informed, evidence-based decisions that promote meaningful change.

I respectfully request a favorable report.

Thank you for your consideration,



Delegate Jennifer White Holland