**Health Equity Resource Communities Toolkit**

**JANUARY 16, 2021 UPDATE**: We have added [**a form**](https://healthcareforall.salsalabs.org/ContactLegislatortoSupportHERC/index.html) constituents can use to contact their legislators, a Take Action graphic, bill numbers to all of the graphics, and a link to news media.

**BACKGROUND**: With the virtual nature of this legislative session, online communications through email and social media are more important than ever. At key times during the legislative session we will update this toolkit with timely language and links to advocacy opportunities so that we can build support among constituents and legislators about the legislation. The language provided here can be copy/pasted, or you can edit it to tailor it to your own communication style.

**NEWSLETTER AND E-BLAST LANGUAGE**

We support creating and funding Health Equity Resource Communities in Maryland. Health inequities based on race, ethnicity, disability, and place of residence persist throughout the state and have been further exposed by the COVID-19 pandemic. In response, we are proud to join Maryland Citizens’ Health Initiative and a coalition of over 260 organizations across the state advocating for the creation of these communities which are to be funded by a proposed one penny per dollar alcohol sales tax increase.**Please use this** [**easy form**](https://healthcareforall.salsalabs.org/ContactLegislatortoSupportHERC/index.html) **to contact your legislators to support this life-saving legislation to improve health equity.**

**OUR SOCIAL MEDIA HANDLES:**

Twitter: @HealthyMaryland

Facebook: @MDHealthCareForAll

Please like, share, and retweet our content, and tag us when you make your posts!

**GRAPHICS:**

There are 24 graphics which you can use with social media posts, newsletters, and e-blasts.

Download All Graphics With Bill Numbers ([Zip File](https://healthcareforall.com/wp-content/uploads/2021/01/Revised-HERC-FB-posts-12006.zip), [Word Document](https://healthcareforall.com/wp-content/uploads/2021/01/Graphics-With-Bill-Numbers.docx))

Download All Graphics Without Bill Numbers ([Zip File](https://healthcareforall.com/wp-content/uploads/2021/01/HERC-Graphics-05JAN21.zip), [Word Document](https://healthcareforall.com/wp-content/uploads/2021/01/HERC-Graphics-Word-Document.docx))

**SOCIAL MEDIA POSTS ABOUT LEGISLATION**

There shouldn’t be a 20 year gap in life expectancy depending on where you live in Maryland. We need #HealthEquityNOW! Fill out this form to urge your legislators to pass #HB463 #SB172 to create and fund Health Equity Resource Communities: healthcareforall.salsalabs.org/ContactLegislatortoSupportHERC

#PassHealthEquity #MDGA21

Too many Marylanders don’t have access to the health care resources they need. Legislation introduced by @AntonioHayes40, @erekbarron, and @JazzforMaryland would help our communities to thrive. #HB463 #SB172 #PassHealthEquity #MDGA21 #HealthEquityNOW

Health inequities by race, ethnicity, disability, and geographic location exist all across the state. Maryland can and must do better. Contact your legislators to #PassHealthEquity legislation. Go to healthcareforall.salsalabs.org/ContactLegislatortoSupportHERC

#HB463 #SB172 #MDGA21 #HealthEquityNOW

We would love your support **Sen./Del. @\_\_\_\_\_** to #PassHealthEquity Resource Communities legislation in Maryland! Please pass #HB463 #SB172! #MDGA21 #HealthEquityNOW More info at healthcareforall.com/equityresolution

**SOCIAL MEDIA POSTS WITH NO REFERENCE TO LEGISLATION**

Did you know there is a 20 year gap in life expectancy depending on where you live in Maryland? We need Health Equity Resource Communities! #HealthEquityNOW Learn more at healthcareforall.com/equityresolution

Health inequities by race, ethnicity, disability, and geographic location exist all across the state. Maryland can and must do better. Learn more at healthcareforall.com/equityresolution #HealthEquityNOW

**NEWS MEDIA TO SHARE:** [**https://healthcareforall.com/tag/health-equity-resource-communities/**](https://healthcareforall.com/tag/health-equity-resource-communities/)

**TALKING POINTS**

**General**

* Health Equity Resource Communities 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.
* Maryland Citizens’ Health Initiative and over 250 faith, labor, business, community, and health organizations from across the state are advocating for this initiative.

**The Need**

* All Marylanders deserve access to high-quality, affordable health care.
* Health inequities based on race, ethnicity, disability and place of residence persist throughout the state, as shown in maternal and infant mortality rates and other measures.
* In underserved areas of the state, people with chronic conditions such as hypertension, heart disease, asthma, diabetes, and substance and mental health disorders have worse health outcomes and are less able to get the care and treatment they need.
* The COVID-19 pandemic has further exposed these health inequities and highlighted the need to address them and otherwise improve health outcomes in our state.
* Supporting health and reducing preventable hospital admissions will result in lower overall health care costs, including lower insurance premiums for everyone.
* This initiative is based on a 2012-2016 pilot that successfully increased access to health resources, improved residents’ health, reduced hospital admissions, and created cost savings.

**Alcohol Tax**

* The 2011 alcohol beverage sales tax increase led to significant reductions in underage drinking, binge drinking, driving under the influence, and sexually transmitted infections.
* Maryland has not raised its alcohol beverage sales tax since 2011 and its rate has fallen behind that of Washington D.C..
* Raising the state’s alcohol beverage sales tax will generate necessary funds and reduce drinking, including by underage Marylanders and heavy drinkers, which in turn will save lives and reduce health care costs.