SENATE BILL 340: UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, CENTER FOR HEALTH EQUITY – WORKGROUP ON HEALTH IN ALL POLICIES

JANUARY 2018 REPORT

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January 31, 2018

The Honorable Larry Hogan, Governor
State House
100 State Circle
Annapolis, Maryland 21401

The Honorable Thomas V. "Mike" Miller, Jr
President
Senate of Maryland
State House H-107
Annapolis, MD 21401

The Honorable Michael E. Busch
Speaker
Maryland House of Delegates
State House H-101
Annapolis, MD 21401

RE: Report required by State Government Article 5-112 (MSAR #5566)

Gentlemen,

In accordance with paragraph 2-1246 of the State Government Article, University of Maryland School of Public Health, Center for Health Equity Workgroup on Health in all Policies respectfully submits the January 31, 2018 report.

The University of Maryland School of Public Health, Center for Health Equity Workgroup on Health in All Policies (SB340) Act became effective June 1, 2017 and will end on June 30, 2019.

We would like to take this opportunity to thank the members of the Workgroup for their cooperation and commitment.

Sincerely,

Stephen B. Thomas, Ph.D

cc: Sarah Albert Department of Legislative Services (5 copies)
cc: Chair Senate Education, Health, and Environmental Affairs Committee (1 copy)
cc: Chair House Health and Government Operations Committee (1 copy)

Executive Summary
Senate Bill 340 Health in All Policies Workgroup
January 2018 Report

SB340 Legislation

Senate Bill 340 (SB340) requires a workgroup of State and non-state agency representatives to work with the Health in All Policies (HiAP) framework to examine the health of Maryland residents and ways for "State and local government to collaborate to implement policies that will positively impact the health of residents of the state" (SB340 pg2 (b)).

Recommendations

The workgroup respectfully submits the following recommendations for the Maryland Legislature's consideration. The SB340 Health in All Policies Workgroup recommends:

1. A Health in All Policies Framework be developed and a Health in All Policies Council be created.
2. A toolkit with a reference guide be developed.
3. Funding announcements encourage applicants to include a Health in All Policies framework in their funding proposals.
4. A process to provide guidance to state and county agencies to facilitate data sharing between and within agencies be developed
5. Maryland localities consult the Health in All Policies toolkit and Reference Guide during the Comprehensive Planning and Zoning regulations development process.

Health in All Policies Framework

HiAP is a framework through which policymakers and public and private stakeholders collaborate to improve health outcomes and reduce health inequalities in the State by incorporating health considerations into decision making across sectors and policy areas. (SB340, pg. 2 (b))

Workgroup Process

The workgroup met monthly (June – December 2017) to learn from relevant content experts and apply the HiAP framework to the work-plan. Through individual team discussion and a subsequent survey, the workgroup developed a list of recommendations.

Health in All Policies in Other States

Maryland is one of several states to adopt a HiAP framework to impact population health. California, Washington, Massachusetts, and Oregon each have implemented the Health in All Policies framework in different ways and to varying extents. Generally, these states focus on transportation, the environment, and nutrition.

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During the 2017 Maryland General Assembly, Senator Shirley Nathan-Pulliam presented Senate Bill 340 titled: "University of Maryland School of Public Health, Center for Health Equity – Workgroup on Health in All Policies." The bill passed the Senate and House third read by the end of March 2017.

On May 4, 2017, Maryland Governor Lawrence Hogan signed the bill into law.

"This bill requires the University of Maryland School of Public Health's Maryland Center for Health Equity (M-CHE), in consultation with the Department of Health and Mental Hygiene (DHMH), to convene a workgroup to study and make recommendations to units of State and local government on laws and policies that will positively impact the health of residents in the State. The workgroup must use a "Health in All Policies framework" to (1) examine and make recommendations regarding how health considerations may be incorporated into decision making; (2) foster collaboration among State and local governments and develop laws and policies to improve health and reduce health inequities; and (3) make recommendations on how such laws and policies may be implemented. M-CHE must submit a report with the workgroup's findings and recommendations, as well as draft legislation necessary to carry out the recommendations, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee by January 31, 2018." (SB340 Fiscal and Policy Note, pg. 1)

Workgroup Task

The workgroup is tasked to examine the health of Maryland residents and develop ways for the units of State and local government to collaborate using a Health in All Policies framework. The workgroup was tasked to examine the impact of the following factors on the health of Maryland residents:

1) Access of safe and affordable housing;
2) Educational attainment;
3) Opportunities for employment;
4) Economic stability;
5) Workplace inclusion, diversity and equity;
6) Barriers to career success and workplace promotion;
7) Access to transportation and mobility;
8) Social justice;
9) Environmental factors; and,
10 Public Safety

(Cited: p. 2, SB 340 fiscal policy note)

RECOMMENDATIONS

The SB340 Health in All Policies workgroup legislation requires a report of its recommendations on or before January 31, 2018.

The following recommendations are presented in accordance with the reporting requirement.

The workgroup recommends:

A Health in All Policies Framework be developed and a Health in All Policies Council be created.

A Health in All Policies Framework should be developed to guide state agencies and other organizations to include health considerations in all policies and programs. This Framework may include prevention and early intervention strategies and statements of principles designed for each agency or organization.

The workgroup recommends that a Health in All Policies Council consisting of senior-level individuals be established to help implement and coordinate the statewide Health in All Policies program and activities. The individuals could be identified as "Health in All Policies Champions."

A toolkit with a reference guide be developed.

The workgroup recommends that a toolkit with a reference guide be developed for use by state agencies and other organizations. To be most beneficial, a toolkit with a reference guide may include, but not be limited to, Health in All Policies definitions, best practices, outlines, training resources, and strategies to address social determinants of health. A toolkit with a reference guide may be used broadly by state agencies and organizations as well as in staff training for state agencies and by licensure boards to engage licensees in Health in All Policies.

During 2018 and 2019, the workgroup will identify partners (academic institutions, technology firms, etc.) and request their participation in the design of the toolkit. The organization responsible for toolkit maintenance will be determined after the toolkit is developed and distributed.

Funding announcements encourage applicants to include a Health in All Policies framework in their funding proposals.

The workgroup will evaluate the merits and feasibility of how a Health in All Policies framework can be embedded in funding proposals, including procurement and competitive grants. The goals, objectives, and procedures utilized in the Maryland Small Business Preference Program and Small Business Reserve Program will be researched. The workgroup will be mindful of Federal and State law.

A process to provide guidance to state and county agencies to facilitate data sharing between and within agencies be developed.

The workgroup recommends that a process to provide guidance to state and county agencies to facilitate data sharing between and within agencies be developed to ensure health and non-health data are being shared to support health in all policies. Appropriate, efficient data sharing is crucial in developing policies that best address the needs of residents of the State. The workgroup recommends providing county and state agencies with templates of materials such as Memorandums of Understanding and Data Use Agreements to support agreements between agencies and provide guidance to agencies about how and why it is important to share data to address health problems. Additionally, the workgroup recommends that initially, this process may focus on publicly available data from population survey sources including, but not limited to, the Maryland Behavioral Risk Factor Surveillance System.

The workgroup recommends that the process would begin in 2018 as a pilot data sharing activity within the membership of the SB340 Workgroup.

Maryland localities consult the Health in All Policies Toolkit and Reference Guide during the Comprehensive Planning and Zoning regulations development process.

Local Comprehensive and General Plans are developed every ten years to guide decisions related to development, land preservation, changing demographic and employment trends, neighborhood sustainability, capital projects, County services, and other key issues. These plans shape local zoning regulations that divide land into separate districts appropriate for residential, non-residential, and other public uses to guide growth and development patterns. Plans traditionally reflect the importance of considering economic, social, and environmental impacts in land use decision making. Since the physically built environment is a key social determinant of population health, it is important that health impacts are considered during the Comprehensive Planning and Zoning regulations development process.

The workgroup recommends that localities be provided with the Health in All Policies Toolkit and Reference Guide, once it is created, and be asked to consult it during the Comprehensive Planning and Zoning regulations development process so that the health of residents of the State is considered.

DESCRIPTION OF HEALTH IN ALL POLICIES

The World Health Organization (WHO) first cited Health in All Policies (HiAP) in a 1978 declaration. The participants at the 9th Global Conference on Health Promotion in Shanghai, China, reaffirmed their commitment to HiAP in November 2016. WHO defines HiAP as:

"…an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.
"A Health in All Policies approach is founded on health-related rights and obligations. It improves accountability of policymakers for health impacts at all levels of policymaking. It

includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being. It also contributes to sustainable development."

As further explained by the American Public Health Association, "HiAP is a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas. The goal of HiAP is to ensure that all decision makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A HiAP approach identifies the ways in which decisions in multiple sectors affect health and how better health can support the achievement of goals from multiple sectors. HiAP is intended to engage diverse governmental partners and stakeholders to work together to improve health and simultaneously advance other goals, such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, environmental sustainability, and educational attainment."

Per the Centers for Disease Control and Prevention (CDC), HiAP recognizes that health is created by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities. The HiAP approach provides one way to achieve the goals of the National Prevention Strategy, developed by The National Prevention Council, which is chaired by the Surgeon General, and Healthy People 2020, launched by the Department of Health and Human Services, and enhance the potential for state, territorial, and local health departments to improve health outcomes. The HiAP approach may also be effective in identifying gaps in evidence and achieving health equity.

The National Prevention Strategy provided a HiAP framework to guide our nation in the most effective and achievable means for improving health and well-being. It integrated recommendations and actions across multiple settings to focus on both increasing the length of people's lives and ensuring that their lives are healthy and productive. The broad goal of achieving better health has resulted in a call to action across the country that encompasses everything from promoting healthy behaviors to creating environments that make it easier to exercise and access healthy foods.

The primary goal of the HiAP model is to promote systems-level change to ensure that all decision-makers are informed about and consider the health, equity, and sustainability consequences of various policies. The main approach is to identify ways in which decisions in multiple sectors affect health and how better health can support the achievement of goals from multiple sectors (Cited: p. 2 SB 340, fiscal policy note).

HiAP principles have shaped policies throughout the world, our country, and states such as California, Massachusetts, Washington, and Oregon. CDC provided funding for successful HiAP implementation strategies in a number of US cities, including Baltimore, Houston, and San Diego.

At its simplest, Health in All Policies is an approach to policy-making that incorporates health considerations into all decisions across all sectors.

WORKGROUP PROCESS

The SB340 workgroup met monthly to discuss the work-plan, collaborate, and create recommendations. Conference calls were held between the monthly meetings to maintain communication and provide assistance to members. At several meetings, members listened to presentations from content experts to learn more about the application of the Health in All Policies framework.

Several workgroup meetings hosted content experts who presented before workgroup members. The purpose of these presentations was to explain Health in All Policies and related topics and ideas to workgroup members. Gerrit Knaap, PhD, Executive Director and Professor at the University of Maryland's National Center for Smart Growth Research and Education presented on "Health in Land Use and Transportation Planning." In a separate meeting, workgroup member Keshia Pollack-Porter, PhD representing Johns Hopkins Bloomberg School of Public Health presented on Health in All Policies efforts in the US. During the September meeting, Dr. Amir Sapkota of the University of Maryland, Maryland Institute of Applied Environmental Health presented a synopsis of the Maryland Climate and Health Profile Report.

During the monthly meetings, in addition to learning from content experts' presentations, workgroup members divided into teams and discussed the actions of their agency or organization that are in line with the workgroup's Health in All Policies focus areas defined in the work-plan. Workgroup leadership tasked each team with developing five recommendations based on the ideas discussed in each meeting. In the later meetings, recommendations were developed, discussed, edited, and honed. The recommendations presented in this report are based on the recommendations chosen by workgroup members via an online survey which asked members to vote on which of the teams' presented recommendations they wished to be recommended in this report. The results of the survey were then further edited by the workgroup; the edited recommendations are the recommendations presented in this report.

See the Appendix for the Work Plan, Timeline, Agendas, and preliminary workgroup recommendations.

NEXT STEPS

The SB340 legislation requires the workgroup to continue through June 30, 2019. The workgroup plans to submit a report to the Maryland General Assembly in January 2019 and June 2019.

During the 2018 year, the SB340 workgroup will hold quarterly in-person meetings and monthly team conference calls.

The workgroup will continue to research and expand on the previously mentioned recommendations. Specifically, the workgroup teams will focus the feasibility and processes required to accomplish each recommendation.

MEMBERSHIP SELECTION

The Health in All Policies workgroup consists of mandated representatives of state agencies and a variety of invited non-state agencies.

The Health in All Policies workgroup has representatives from all stakeholders including state agencies, nonprofit organizations, trade associations, professional groups, and consumer groups.

The workgroup was divided into three teams in order to facilitate discussion, encourage synergy, and provide a more conducive environment for more efficient work. Teams were created to build on the variety of member's expertise and training. Each team was assigned at least one member from the University of Maryland School of Public Health and a member from the Department of Health along with other state agency and non-state agency representatives.

A list of all the agencies and organizations represented in the workgroup, workgroup members, and teams can be found in the appendix.

HEALTH IN ALL POLICIES EFFORTS IN OTHER STATES

Health in All Policies (HiAP) efforts have increased significantly over the past ten years in many states. HiAP efforts in states outside of Maryland typically materialize from governor executive orders or from legislation, as well as from the state agencies themselves. Addressed topics are most often related to transportation, the environment, or food production and procurement. HiAP projects and policies notably involve the collaboration of multiple state and local agencies, while some efforts also make a concerted effort to involve local stakeholders, such as nonprofits, and universities. No other state seems to have such an integrated partnership with a university as the Maryland General Assembly with the University of Maryland. In terms of financing, many ventures that are enacted by legislation include funding from state budgets or accounts, whereas other projects utilize grants, especially from CDC. We will outline the efforts of five states with prominent HiAP projects and policies.

California

In 2010, a Governor's Executive Order (S-04-10)[1] created the HiAP Task Force in collaboration with The Strategic Growth Council[2] with the purpose of promoting a government culture and state practices that prioritize the health and equity of all Californians in all policy areas and providing a forum for departments and agencies to identify shared goals and collaborate. The Task Force is staffed by the California Department of Public Health (CDPH) and the Public Health Institute, and has involved the participation of 22 state agencies.[3] Their main goals center around optimizing health in policies involving the environment, transportation, food production and procurement, and health and social equity in a sustainable and collaborative way and with the engagement of community stakeholders.[3] Eleven ideas for action were ultimately selected for implementation focusing on active

transportation, complete streets, smart house siting, air quality improvement, green spaces, violence prevention through environmental design, farm-to-fork policies, government spending for healthy food procurement, and incorporating a health and health equity perspective into State guidance, surveys, technical assistance documents, grant requests for applications, and monitoring/performance measures.[3] In addition to producing a culture change and increased awareness of health and health determinants among state agencies, the Task Force has also sparked new interagency agreements to co-develop new initiatives, integrated health language in state grants, and developed core set of indicators to monitor each component of the Health Community Framework.[3]

Overall, California's HiAP efforts are similar to those of Maryland in that they started with mostly multi-agency collaborative efforts and culminated in the state legislature initiated a comprehensive approach through a HiAP Task Force. Areas of focus include transportation, the environment, food production and procurement, housing development, and violence prevention. Some initiatives were funded through the state budget or accounts, while others depended on grants from CDC

Washington

In 2006, the State Legislature required the Department of Health (DOH) to complete health impact reviews if requested by any state legislator or the governor for any proposed legislative or budgetary change (2SSB 6195).[4] The health impact reviews assessed social determinants of health and contributing health factors that impact health status, health literacy, physical activity, and nutrition.[4] From 2007-2009, the Washington Board of Health regularly completed health impact reviews, but budgetary funding was suspended in 2009 and the DOH no longer has a health impact analyst on staff.[5]

Largely related to health as it relates to the environment and transportation, Washington measures have resulted from both legislation, as with the Lake Washington Bridge,[6] and from interagency collaboration spurred by local stakeholder concerns, as with the Puget shellfish beds.[7] Funding was provided either by dedicated budgetary funds or by the EPA (as with restoring the shellfish beds). While Washington has been a pioneer in legislative and inter-agency measures to improve HiAP, it has not yet developed an overriding HiAP state task force or working group to inform policies in a comprehensive way across the state.

Massachusetts

Massachusetts has used HiAP principles to improve nutrition in schools. In 2010, the state legislature passed the Act Relative to School Nutrition (H.4459)[8] which directed the state Department of Public Health and Department of Elementary and Secondary Education to develop standards for snacks and beverages sold in vending machines, school stores, snack bars, and cafeteria a la carte lines. It also included farm-to-school provisions, which have made it easier for schools to purchase food directly from farmers, and required training of public school nurses in screening and referral for obesity, diabetes, and eating disorders.[8] The completed standards (2011) promoted non-fried vegetables, fresh fruits, whole grains, and low- and non-fat dairy products, while greatly limiting highly processed and high calorie junk

foods (sodas, candy, chips) and requiring free drinking water to be available throughout the school.[8]

HiAP has progressed in Massachusetts predominantly via the efforts of their state legislature, or, less often, as initiated by state agencies. Massachusetts has been active in advancing health in projects related to the environment, transportation, and food production and procurement in schools. Projects involve a mix of allocated funds and lack of dedicated budgetary funds. Similar to Washington, though Massachusetts has been very active in legislative and inter-agency measures to improve HiAP, it has not yet developed an overriding HiAP state task force or working group to inform policies in a comprehensive way across the state.

Oregon

In 2016, the Oregon Health Authority Public Health Division and Coalition of Local Health Officials created a HiAP Workgroup[9] to help communities and policy-makers adopt a collaborative approach to the most pressing health needs across the state. They currently conduct quarterly meetings, are analyzing current HiAP efforts across the state, and planning future projects.[9]

REFERENCES

1. Governor of California . *Executive Order S-04-10*.; 2010.

2. California Strategic Growth Council. California Strategic Growth Council. http://sgc.ca.gov/. Accessed November 2017.

3. Rudolph L, Caplan J, Ben-Moshe K, et al. Health in All Policies: A Guide for State and Local Governments. 2013. American Public Health Association and Public Health Institute. http://www.phi.org/resources/?resource=hiapguide. Accessed November 2017.

4. Office of Program Research. *2SSB 6195*.; 2006.

5. Health Impact Reviews. Washington State Board of Health. http://sboh.wa.gov/OurWork/HealthImpactReviews. Accessed November 2017.

6. Fleming D, McLerran D. *The SR 520 Impact Assessment: A bridge to a healthier community*. Washington State Department of Transportation; 2008.

7. Shellfish Beds Reopened Vital Sign. Puget Sound Partnership. http://www.psp.wa.gov/vitalsigns/shellfish_beds_reopened.php. Accessed November 2017.

8. Bill H.4459 186th (2009 - 2010): An Act Relative to School Nutrition. The 190th General Court of the Commonwealth of Massachusetts. https://malegislature.gov/Bills/186/House/H4459. Accessed November 2017.

9. Oregon Coalition of Local Health Officials. HiAP Workgroup. Oregon Coalition of Local Health Officials. https://oregonclho.org/resources/hiap-workgroup/. Accessed November 2017.

APPENDIX

APPENDIX I: Other Items for Consideration

1. Visio Zero is a public health campaign/program, Maryland Department of Transportation already incorporates Vision Zero for pedestrian fatalities, we recommend that we expand the Vision Zero campaign to other state and county agencies that are not transportation related (i.e. promote with housing agencies to deal with safety issues at crosswalks, parking lots, etc.)
2. Implement well-resourced, evidence-based interventions that address leading determinants of health, such as food security and nutrition, housing, education, access to jobs, and transportation. (Note: Refer to World Health Organization's exhaustive list of social determinants and the new Centers for Disease Control and Prevention guidebook).
3. The Public Service Commission regulates gas, electric, telephone, water, and sewage disposal companies. Also subject to the jurisdiction of the Commission are electricity suppliers, fees for pilotage services to vessels, construction of a generating station and certain common carriers engaged in the transportation for hire of persons. The Commission has the authority to issue a Certificate of Public Convenience and Necessity (CPCN), which provides authority for a person to construct or modify a new generating station or high-voltage transmission lines. We recommend that a Health Impact Assessment or Environmental Justice Assessment be conducted whenever a CPCN is issued to ensure associated projects do not compromise public health.
4. Select one issue and do an assessment of local programs to see how they handle Health in All Policies and suggest best practices to facilitate across county agencies and the state. We could focus on one issue as a case study.
5. Better understand how hospitals are partnering with social services agencies to facilitate affordable housing under global budget waiver
6. Leverage existing employee tuition benefits or other educational programs to encourage staff from all agencies to pursue Master of Public Health or Master of Health Administration degrees so that we have public health trainees in all agencies, even "non-health" agencies
7. Leverage scout volunteer or other youth activities (i.e. Youthworks) going on at other agencies and focus on health issues
8. Consider ways to ensure health-focused advertising is occurring via free advertising sources. For example, agencies get free ad space on buses and bus shelters; we could ensure free advertising space is used to promote culturally competent, health literate, health-related messages
9. Assure inclusion of those with disability in all programs and activities, assuring representation from organizations serving those with disabilities
10. Work through Human Resources staff to coordinate across agencies around health issues, perhaps we can start with injury prevention and safety in common job classifications throughout the state/counties/cities, and then convene the HR managers to focus on broader health issues since Human Resources is one department that exists in all agencies. Create committee made up of Human Resources staff/managers from all agencies.
11. Focus on health and wellness when doing employment and job skills training
12. Benefits counseling by agencies tends to be siloed, application process is unique to programs and localities. We should try to do a better job coordinating, similar to Maryland Access Point where they already coordinate programs for older adults.

13. Add social determinants of health and health in all policies training to licensure requirements for doctors, nurses, chiropractors, day care providers, teachers, etc.
14. Committee to ensure child care, Family and Medical Leave Act, nursing and other health-related child development activities can be coordinated and prioritized. Could coordinate through Department of Budget and Management and Transportation Service Human Resource System for Human Resources.
15. Systematic and sustained action is needed to achieve food and nutrition security for all in the US and particularly in Maryland. Interventions are needed including adequate funding for and increased utilization of food and nutrition assistance programs, inclusion of food and nutrition education in such programs, and innovative programs to promote and support individual and household economic self-sufficiency
16. Registered dietitians and dietetic technicians must play key roles in ending food insecurity and they are uniquely positioned to make valuable contributions through provision of comprehensive food and nutrition education; competent and collaborative practice; innovative research related to accessing a safe, secure, and sustainable food supply; and advocacy efforts at the local, state, regional, and national levels
17. Implement a pilot study/project with Baltimore City Government, where there are likely the most concentrated health disparities and inequities in the state
18. We would like to develop language to introduce Health in All Policies into State Government planning for integrated pest management. This would include actions at the County level and with similar requirements as stated for the Public Service Commission above
19. Education Article Section § 5-312 (with definitions in § 3-602.1) requires new state-funded school construction to meet or exceed the Leadership in Energy and Environmental Design (LEED) Silver rating (or state equivalent).
    a. Under US Green Building Council LEED/Schools, indoor air quality (IAQ) construction management is an optional credit that projects can choose, but is not a requirement. Additionally, when it comes to schools, certain LEED credits – specifically those related to IAQ, integrated pest management (IPM), and Green Cleaning should be made mandatory – that is be made to be a "prerequisite" rather than a "credit".
    b. Currently buildings can qualify for LEED certification without selecting any Indoor Environmental Quality credits. This is unacceptable for schools and can be remedied by making certain LEED credits prerequisites. Maryland must consider the impact to the building occupants as well as energy efficiency, etc. The building should have a positive impact on public health as well as the environment.
20. Education Article Section 5-112 Green Cleaning Procurement for Public Schools: Education Article § 5-112 establishes guidelines for purchasing green products cleaning supplies in public schools. To improve children's health, it should be expanded to include day care centers and other areas where children spend their time. Additionally, clarification is needed so that schools would understand that air-fresheners should not be allowed in schools. Greater guidance on disinfecting wipes and soaps is also needed
21. Maryland should address the issues identified in the Final Report of the Advisory Committee on the Management and Protection of the State's Water Resources (Wolman Report 2008). Access to clean drinking water, protection of ground water, streams and the bay is vital to public health.

22. Maryland should address the issues identified in the first state-wide assessment of Children's environmental health, Maryland's Children and the Environment (August 2008). The Report concluded (refer to page 4) “Maryland has made significant progress in reducing children’s exposures to some environmental hazards. However, there are limitations in the state’s capacity to conduct surveillance on important and emerging environmental hazards and exposures, as well as health outcomes. Maryland’s investments in monitoring and surveillance have taken us part of the way in understanding children’s environmental health in the state. We are aware of important trends and important differences by region and population group. It is important for public health policy to be guided by the best available science, supported by effective surveillance and dialogue. We hope that the indicators presented in this document advance the public dialogue and lead to improvements in children’s environmental health.”
23. Maryland Department of Agriculture (MDA) Regulations 15.05.02 School Integrated Pest Management (IPM) Law
    a. This regulation needs to be improved because it only covers the academic year (e.g. allows pesticide applications without notification on school gardens outside the academic year), prohibits the use of pest control products that are exempt from Environmental Protection Agency (EPA) registration and continues to allow for the routine application of pesticides in school buildings and on school grounds, and does not cover pesticide applications to a school's artificial turf athletic fields (as they are currently exempt from this regulation).
    b. Per MDA practices, School Districts are not required adopt an IPM Policy as required by the statute. Some pesticide applications such as those for mosquito control, tick control and artificial turf fields not covered by regulations. Requesting that the MDA address the weaknesses in the School IPM regulations as these concerns do impact children's health.
24. MDA Regulations 15.05.01.15 Posting of Signs (for pesticides applied to turf)
    a. Signage is not sufficient to adequately inform the public and protect the public from unintended contact with pesticides. Expanded signage options for organic pest control applications should be developed so that the public knows which areas are treated with conventional pesticides and which are treated with organic means of pest control, some of which are exempt from EPA registration.
    b. Commercial pesticide applications should be required to post the product name on the yellow "turf flag" along with their company name, phone number and date of application. The regulations should be modified so that members of the public who come in contract with a posted turf pesticide application sign can call and promptly obtain the Product Label and Material Safety Data Sheet (MSDS or SDS) for the products applied. Currently, this information is not available to the public, however, such information is vital to health care providers should someone experience a negative reaction or wish to protect themselves from contact with the pesticide applied.
25. Per the MDA regulations (2011's SB 546) - Fertilizer can be applied from November 16 through December 1 a maximum of 0.5 pound per 1,000 square feet of water soluble nitrogen (no slow release) may be applied.
    a. Issue - this regulation does not consider organically maintained turf and the application of compost as a fertilizer outside of the regulation designated window for the application of a fertilizer. Healthy soil is a key component impacting public health (i.e. air, water, soil, food, etc.) The law is being used

to minimized runoff of nutrients, but unlike most states Maryland is not exempting compost — therefore treating compost the same as other fertilizers. There are so many benefits of compost from a human and environmental health standpoint. Regulations should address compost independent of conventional fertilizers.

26. MDA Pesticide Sensitive Individual Notification Report (15.05.01.17)
    a. This program should be simplified and made accessible to all residents of Maryland. Access to the form and the written requirements (ex. physician's certifications, list of neighbor's names and addresses, etc.) makes it difficult for most Marylanders to apply and receive notifications of a pesticide application made to a property contiguous to their residence or obtain the product label (PL) and Safety Data Sheet (SDS) for the product being applied. Protection from unintentional exposure to pesticides from such applications or from the drift from such applications is vital to public health.
27. The Maryland Children's Environmental Health and Protection Advisory Council (CEHPAC) respectfully requests that the Maryland Department of Agriculture (MDA) review existing regulations pertaining to the Pesticide Applicator's Law (15.05.01) and Integrated Pest Management (IPM) and Notification of Pesticide Use in a Public School (15.05.02) to ensure that pesticide applications made to synthetic (or artificial) turf fields including those on public school grounds are regulated in the same manner as pesticide applications made to natural turf fields and other public school grounds. CEHPAC requests that the MDA take prompt action to clarify the regulations as necessary correct to this situation (Source: Letter CEHPAC to MDA 12/13/16)
28. CEHPAC recommends that the Maryland Department of Health and Mental Hygiene asks the United States Department of Human Services to formally petition the Federal Communications Commission (FCC) to revisit the exposure limit to ensure it is protective of children's health and that it relies on current science. [Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report (December 13, 2016) page 8]
29. CEHPAC recommends that the Maryland State Department of Education should recommend that local school systems:
    a. Consider using wired devices
        i. Where classrooms are powered, but without wired access to the school networks, a centralized switch and dLAN units can provide a reliable and secure form of networking for as many laptops as necessary without any microwave electromagnetic field exposure
        ii. If a new classroom is to be built, or electrical work is to be carried out in an existing classroom, network cables can be added at the same time, providing wired network access with minimal extra costs and time
    b. Have children place devices on desks to serve as a barrier between the device and children's bodies
    c. Locate laptops in the classroom in a way that keeps pupil heads as far away from the laptop screens (where the antennas are) as practicable
    d. Consider using screens designed to reduce eyestrain
    e. Consider using a switch to shut down the router when it is not in use
    f. Teach children to turn off Wi-Fi when not in use
    g. Consider placing routers as far away from students as possible
    h. Share this document with teachers and parents

[Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report (December 13, 2016) page 8]

30. CEHPAC recommends the General Assembly should consider funding education and research on electromagnetic radiation and health as schools add Wi-Fi to classrooms [Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report (December 13, 2016) page 8]
31. CEHPAC recommends that the Maryland Department of Health and Mental Hygiene should provide suggestions to the public on ways to reduce exposure:
    a. Sit away from Wi-Fi routers, especially when people are using it to access the internet
    b. Turn off the wireless on your laptop when you are not using it
    c. Turn off Wi-Fi on smartphones and tablets when not surfing the web
    d. Switch tablets to airplane mode to play games or watch videos stored on the device

    [Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report (December 13, 2016) page 9]
32. CEHPAC recommends that the Maryland CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report be posted on the Council website and shared with the:
    a. United States Department of Health and Human Services
    b. Federal Communications Commission
    c. Maryland State Department of Education
    d. Maryland General Assembly

    [Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report (December 13, 2016) page 9]

APPENDIX II: Work-Plan for SB340 Workgroup

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University of Maryland School of Public Health, Center for Health Equity –
Workgroup on Health in All Policies Act of 2017 (SB 340)

WORK-PLAN FOR (SB 340) HEALTH IN ALL POLICIES

Bill Summary (SB340): "Health in All policies framework" means a public health framework through which policymaker and stakeholder in the public health and private sectors use a collaborative approach to improve health outcomes and reduce health inequities in Maryland by incorporating health considerations into decision making across sectors and policy areas.

The plan was developed with the urgency imposed by an aggressive timeframe; a limited budget; a final report deadline of January 31, 2018; and the goal to align with the population health priorities identified by the Maryland Department of Health.

Procedure: To facilitate the project, members of the workgroup were divided into three teams (See attachments). Each team will examine the leading cause of the list of illnesses in the attached document, on the health of residents of the state.

Determine the impact of the following factors on the health of residents of the state:
(1) access to safe and affordable housing
(2) educational attainment
(3) opportunity for employment
(4) economic stability
(5) inclusion, diversity, and equity in the workplace
(6) barriers to career success and promotion in the workplace
(7) access to transportation and mobility
(8) social justice
(9) environmental factors and public safety
The work plan will include a gap analysis of health policies within states agencies

Timeline :
August : Review the plan with the teams
September : Teams meet in conference calls and review the impact
September : Teams report out their recommendations
October : Teams (in a group consensus) will present their results
November each team present a draft of their recommendation
December: Final drafting of recommendations for the January report.
January : Report findings and recommendations to the Legislative Committees

Leading Illness (Morbidity) (Per Maryland Health Data)

Maryland Behavioral Risk Factor Surveillance System, 2015

Chronic Health Indicator*	Maryland	White	Black	US
High Cholesterol	35.9	39.1	33.2	36.3
High Blood Pressure	32.5	33.5	38.9	30.9
Diabetes	10.3	9.9	12.7	9.9
Childhood Asthma	9.7	5.8	16.1	9.2
Asthma	8.8	9.3	9.9	8.4
Low Birth Weight	8.6	6.7	11.9	8.07
Chronic Obstructive Pulmonary Disease (COPD)	6.1	7.2	6.1	6.2
Cardiovascular Disease	5.8	6.9	4.6	6.1

- Rates per 100,000 populations. Prevalence estimate not available. If the unweighted sample size for the denominator was < 50 or the Relative Standard Error (RSE) is > 0.3 or if the state did not collect data for that calendar year.

APPENDIX III: SB340 Timeline

SB340 2017 Timeline

- Meeting:
  - Date: June 13, 2017
  - Time: 1:00 – 3:00 PM
  - Location: University of Maryland School of Public Health, Friedgen Family Student Lounge 2nd Floor, 4300 Valley Drive, College Park, MD 20742
- Meeting:
  - Date: July 20, 2017
  - Time: 12:00-1:30 PM
  - Location: Maryland Department of Health, 201 W. Preston Street, Baltimore, Maryland 21201
- Meeting:
  - Date: August 22, 2017
  - Time: 11:00 AM – 1:00 PM
  - Location: University of Maryland School of Public Health, Friedgen Family Student Lounge 2nd Floor, 4300 Valley Drive, College Park, MD 20742
- Conference Call:
  - Date: September 14, 2017
  - Team R: 10:30 – 11:00 AM
  - Team P: 2:30 – 3:00 PM
  - Team M: 4:30 – 5:00 PM
- Meeting:
  - Date: September 21, 2017
  - Time: 1:00 – 3:00 PM
  - Location: University of Maryland School of Public Health, Friedgen Family Student Lounge 2nd Floor, 4300 Valley Drive, College Park, MD 20742
- Conference Call:
  - Date: September 28, 2017
  - Team R: 3:00 – 3:30 PM
  - Team P: 3:45 – 4:15 PM
  - Team M: 4:30 – 5:00 PM
- Meeting:
  - Date: October 26, 2017
  - Time: 1:00 – 3:00 PM
  - Location: Maryland Hospital Association, 6820 Deerpath Road, Elkridge MD, 21075
- Conference Call:
  - Date: November 2, 2017
  - Team R: 3:00 – 3:30 PM
  - Team P: 3:45 – 4:15 PM
  - Team M: 4:30 – 5:00 PM
- Conference Call: Team M
  - Date: November 8, 2017
  - Time: 4:00 – 5:00 PM
- Conference Call: Team R

    - Date: November 9, 2017
    - Time: 3:00 – 4:00 PM
- Conference Call: Team P
    - Date: November 13, 2017
    - Time: 12:00N – 1:00 PM
- Meeting:
    - Date: November 15, 2017
    - Time: 1:00 – 3:00 PM
    - Location: University of Maryland School of Public Health, Friedgen Family Student Lounge 2nd Floor, 4300 Valley Drive, College Park, MD 20742
- Meeting:
    - Date: December 14, 2017
    - Time: 1:00 – 3:00 PM
    - Location: Maryland Hospital Association, 6820 Deerpath Road, Elkridge MD, 21075

APPENDIX IV: June 13, 2017 Meeting Agenda

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University of Maryland School of Public Health, Center for Health Equity – Workgroup on Health in All Policies Act of 2017 (SB 340)

Date & Time: **Tuesday, June 13, 2017** from **1:00 PM - 3:00 PM**
Location: University of Maryland School of Public Health, Friedgen Family Student Lounge 2nd Floor, 4300 Valley Drive, College Park, MD 20742

Agenda

1:00 PM	Enjoy Light Refreshments
1:10 PM	Call to Order and Welcome from Co-Chairs Dr. Stephen B. Thomas, Dr. Shalewa Noel-Thomas
1:30 PM	Welcome Remarks from Dr. Boris Lushniak, Dean and Professor
1:35 PM	Introduction of Official Designated HiAP Workgroup Members
1:50 PM	HiAP Workgroup Goals and Objectives, Dr. Stephen B. Thomas
2:00 PM	Short Break
2:10 PM	Content Expert Presentation Gerrit Knaap, PhD, Executive Director and Professor University of Maryland National Center for Smart Growth Research and Education
2:30 PM	Presentation of HiAP Timeline for Deliverable Mr. Wesley Queen, HiAP Senior Staff
3:00 PM	Next Meeting and Adjourn

APPENDIX V: July 20, 2017 Meeting Agenda

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Health in All Policies Act of 2017 (SB 340) Leadership Meeting

Date & Time: **Thursday, July 20, 2017** from **12:00 noon - 1:30 PM**
Location: Department of Health, 201 W. Preston Street, Room 500 C, Baltimore, Maryland 21201

12:00 N	Welcome and Introductions Secretary Dennis Schrader, Maryland Department of Health
12:10 PM	Health in All Policies Presentation Keshia Pollack, PhD, Johns Hopkins Bloomberg School of Public Health
12:30 PM	Workgroup Focus and Alignment Discussion
1:00 PM	Next Steps
1:30 PM	Adjourn

APPENDIX VI: August 22, 2017 Meeting Agenda

UNIVERSITY OF MARYLAND
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University of Maryland School of Public Health, Center for Health Equity –
Workgroup on Health in All Policies Act of 2017 (SB 340)

Date & Time: **Tuesday August 22, 2017** from **11:00 AM - 1:00 PM**
Location: **University of Maryland Extension, Maryland 4-H Center, 8020 Greenmead Drive, College Park, MD 2074**
Conference Call #: 301-405-2900 *Participant code 751528

Agenda

11:00 am	Welcome, Dr. Stephen B. Thomas and Dr. Shalewa Noel-Thomas
11:10 am	Workgroup Introductions
11:15 am	Content Expert Presentation "Overview of Health in All Policies in the U.S"
	Dr. Keshia M. Pollack, PhD. Associate Professor, Department of Health Policy and
	Management, Johns Hopkins Bloomberg School of Public Health
11:50 am	Q & A
12:20 pm	Lunch
12:35 pm	HiAP Workgroup Team Duties, Mr. Wesley Queen
1:00 pm	Adjourn

Next meeting
Date, Thursday September 21, 2017
Time: 1:00 P.M- 3:00 P. M
Location: University of Maryland Extension
Maryland 4-H Center
8020 Greenmead Drive
College Park, MD 20740

APPENDIX VII: September 21, 2017 Meeting Agenda

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University of Maryland School of Public Health, Center for Health Equity – Workgroup on Health in All Policies Act of 2017 (SB 340)

Date & Time: **Thursday, September 21, 2017** from **1:00 PM - 3:00 PM**
Location: **University System of Maryland, Wilson H. Elkins Building, Chancellor's Board Room, 3300 Metzerott RD Adelphi, MD 20783**
Conference Call # 1-800-857-6158 ***Participant code 58543**

Agenda

1:00 p.m. Welcome Remarks from Dr. Stephen B. Thomas, Chair
1:10 p.m. Workgroup Introductions
1:15 p.m. Content Expert Presentation:
MARYLAND CLIMATE AND HEALTH PROFILE REPORT
Dr. Amir Sapkota, Associate Professor
Applied Environmental Health (MIAEH)
University of Maryland, School of Public Health
College Park, MD

2:00 p.m. Break
2:15 p.m. Workgroup Work Session
2:45 p.m. Workgroup Report Out
3:00 p.m. Adjourn

APPENDIX VIII: October 26, 2017 Meeting Agenda

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University of Maryland School of Public Health, Center for Health Equity – Workgroup on Health in All Policies Act of 2017 (SB 340)

Date & Time: **Thursday, October 26, 2017** from **1:00 PM - 3:00 PM**
Location: **Maryland Hospital Association, 6820 Deerpath Road, Elkridge MD, 21075**

Agenda

1:00 p.m.	Welcome Remarks from Dr. Stephen B. Thomas, Chair
1:15 p.m.	Workgroup Team Breakout Sessions
2:15 p.m.	Team R Report Out
2:30 p.m.	Team P Report Out
2:45 p.m.	Team M Report Out
3:00 p.m.	Adjourn

APPENDIX IX: November 15, 2017 Meeting Agenda

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University of Maryland School of Public Health, Center for Health Equity – Workgroup on Health in All Policies Act of 2017 (SB 340)

Date & Time: **Wednesday, November 15, 2017** from **1:00 PM - 3:00 PM**
Location: **University System of Maryland, Wilson H. Elkins Building, Chancellor's Board Room, 3300 Metzerott RD Adelphi, MD 20783**

"For the purpose of requiring the University of Maryland School of Public Health, Center for Health Equity, in consultation with the Department of Health and Mental Hygiene, to convene a workgroup to study and make recommendations to units of State and local government on laws and policies to implement that will positively impact the health of residents of the State; requiring the workgroup, using a certain framework, to examine certain matters, make certain recommendations, and foster collaboration among units of State and local government…"

-Senate Bill 340

Agenda

1:00 PM	**Welcome**
1:15 PM	**Individual Team Discussion**
1:50 PM	**Break**
2:00 PM	**Team R Presents their Top 5 Recommendations**
2:10 PM	**Team P Presents their Top 5 Recommendations**
2:20 PM	**Team M Presents their Top 5 Recommendations**

APPENDIX X: December 14, 2017 Meeting Agenda

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University of Maryland School of Public Health, Center for Health Equity – Workgroup on Health in All Policies Act of 2017 (SB 340)

Date & Time: **Thursday, December 14, 2017** from **1:00 PM - 3:00 PM**
Location: **Maryland Hospital Association, 6820 Deerpath Road, Elkridge MD, 21075**

Agenda

1:00 PM	**Welcome**
1:10 PM	**Teams Review & Discuss SB340 Report Individually**
1:30 PM	**Break**
1:40 PM	**Discuss SB340 Report**
2:30 PM	**Next Steps & Next Meeting**
2:45 PM	**Holiday Thank You**
3:00 PM	**Adjourn**

APPENDIX XI: Workgroup Members

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University of Maryland School of Public Health, Center for Health Equity

Workgroup on Health in All Policies Act of 2017 (SB 340)

	Name	Title	Organization	Team
1	Nicholette K Smith-Bligen	Acting FIA Executive Director	Maryland Department of Human Resources	R
2	Dourakine Rosarion	Special Assistant, Director's Office	Maryland Association of County Health Officers	M
3	Matthew Rowe	Assistant Director, Water and Science Administration	Maryland Department of the Environment	R
4	Leni Preston	President	Consumer Health First	R
5	Cheri Wilson	Diversity & Inclusion, Cultural & Linguistic Competence, & Health Equity Subject Matter Expert	Diversity & Inclusion, Cultural & Linguistic Competence, & Health Equity Consultant	R
6	Steven Ragsdale, MSL	Healthcare Management & Cultural Competency Consultant		R
7	Tamara Toles O'Laughlin	Executive Director of Maryland Environmental Health Network	Maryland Environmental Health Network	R
8	Andrea Lasker	Special Assistant for Policy and Program Development	Department of Public Works & Transportation Prince George's County Government	R
9	Veronika Carella	MD CEHC Legislative Director	Maryland Children's Environmental Health Coalition	R
10	Jonathan Coplin	Executive Assistant to Deputy Secretary	Maryland Department of Transportation	M
11	Holly Arnold	Deputy Director, Planning and Programming	Maryland Transit Administration	M
12	Matthew Teffeau	Director, Government Relations	Maryland Department of Agriculture	M
13	Jennifer Eastman	Director, Community Living Policies	Maryland Department of Disabilities MDOD	M
14	Emily Dow, Ph.D.	Assistant Secretary, Academic Affairs	Maryland Higher Education Commission	M

15	John Enriquez, Ph.D.	Director, Research, and Policy Analysis	Maryland Higher Education Commission	M
16	Rachael Faulkner	Director of Research and Policy Development	Public Policy Partners	M
17	Robbyn Lewis	Delegate	Maryland House of Delegates	M
18	Marilyn Lynk	Executive Director, Center for Health Equity and Wellness	Maryland Hospital Association	P
19	Jennifer Witten	Director of Government Relations	Maryland Hospital Association	M
20	David Marcozzi, MD, MHS-CL, FACEP	Associate Professor Director of Population Health, Department of Emergency Medicine	University of Maryland at Baltimore	R
21	Jennifer D. Roberts Dr.P.H.	Assistant Professor, Department of Kinesiology	School of Public Health, University of Maryland (UMD)	R
22	Dylan H. Roby, Ph.D.	Associate Professor, Department of Health Services Administration	School of Public Health, UMD	M
23	Devon C. Payne-Sturges Dr.P.H.	Assistant Professor, Maryland Institute for Applied Environmental Health	School of Public Health, UMD	P
24	Farah Farahati Ph.D.	Lecturer/Senior Health Economist	School of Public Health, UMD	M
25	Kimberly Hiner, MPH	Program Administrator, Minority Health and Health Disparities	Maryland Department of Health	M
26	Alice S. Bauman, MSPH	Deputy Director, Office of Population Health Improvement, Public Health Services	Maryland Department of Health	P
27	Ruth Maiorana	Executive Director	Maryland Association of County Health Officers	M
28	Caroline Varney-Alvarado	Special Assistant	Department of Housing and Community Development	P
29	Lauren Gilwee	New Americans Initiative Coordinator	Division of Workforce Development and Adult Learning, Maryland Department of Labor, Licensing, and Regulation	P
30	Sharon Baucom	Chief Medical Director	Department of Public Safety and Correctional Services	P

31	Karen Koski-Miller	Director of Social Work	Department of Public Safety and Correctional Services	P
32	Glenda L. Lindsey Dr.PH, MS, RDN, LD	Nutritionist, Public Health Consultant	Maryland Academy of Nutrition and Dietetics	P
33	Deborah Nelson	Section Chief, Specialist	School Safety and Climate. School Psychological Services. MD State Department of Education	P
34	Jan Desper Peters	Executive Director	Black Mental Health Alliance	P
35	Elaine Zammett	Chief Staff	Office Senator Shirley Nathan-Pulliam	P
36	Keshia M. Pollack Porter, Ph.D.	Associate Professor. Director, Institute for Health and Social Policy, Department of Health Policy and Management	Johns Hopkins Bloomberg School of Public Health	P
37	Cheryl DePInto MD, MPH, FAAP	Medical Director, Office Population Health Improvement	Maryland Department of Health	P
38	Mark Luckner	Executive Director	Maryland Community Health Resources Commission	P
39	Stephen Thomas, PhD	Director, Center for Health Equity	School of Public Health, UMD	
40	Stephanie Slowly	Deputy Director Minority Health and Health Disparities	Maryland Department of Health	
41	Shirley Nathan-Pulliam	Senator	Senator	
42	Wesley H. Queen	Legacy Leadership Institute Coordinator, Health Services Administration, Center for Health Equity, Senior Staff for the HiAP Workgroup	School of Public Health, UMD	

APPENDIX XII: Health in All Policies in Other States Comparison Table

	Maryland	California	Massachusetts	Washington	Oregon
Date	2017	2010	2009	2006, 2009, 2013	2016
Creation	State Legislation	Governor's Executive Order	Legislation	Legislation	Collaboration
Staff (Separate or agency?)	Agency and other organization	Staffed by the CA Department of Public Health	Separate	Agency and Separate	Agency
Budget (Y/N)	No	Funders	No	No	No
Highlighted Transportation(Y/N)	Yes	Yes	Yes	Yes	Yes
Highlighted Environment(Y/N)	Yes	Yes	Yes	Yes	Yes
Highlighted Nutrition(Y/N)	No	Yes	Yes	Yes	Yes