

# 2022 Annual Report Social Determinants of Health Taskforce

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SOCIAL DETERMINANTS OF HEALTH TASKFORCE  
FOR BALTIMORE CITY

Social Determinants of Health Taskforce for Baltimore City & Advisory Board

## Table of Contents

|  |    |
|--|----|
| Executive Summary .....  | 1  |
| Summary of 2022 Taskforce Activities .....                                 | 2  |
| Subcommittee's 2023 Recommendations (snapshot) .....                       | 3  |
| Legislative History .....  | 5  |
| Taskforce Goals & Responsibilities .....                                   | 5  |
| Health and Human Services (HHS)  |    |
| HHS Subcommittee Activities 2022 .....                                     | 6  |
| HHS Subcommittee 2023 Policy Recommendations .....                         | 8  |
| HHS Subcommittee 2023 Goals.....   | 9  |
| Housing Subcommittee   |    |
| Housing Subcommittee Activities 2022 .....                                 | 9  |
| Housing Subcommittee 2023 Policy Recommendations .....                     | 10 |
| Housing Committee 2023 Goals.....  | 12 |
| Education Subcommittee   |    |
| Education Subcommittee Activities 2022.....                                | 12 |
| Education Subcommittee 2023 Policy Recommendations .....                   | 13 |
| Education Subcommittee 2023 Goals.....                                     | 13 |
| Social Justice Subcommittee  |    |
| Social Justice Subcommittee Activities 2022 .....                          | 14 |
| Social Justice Subcommittee 2023 Policy Recommendations .....              | 16 |
| Social Justice Subcommittee 2023 Goals.....                                | 16 |
| Workforce Development & Jobs Subcommittee                                  |    |
| Workforce Development & Jobs Subcommittee Activities 2022.....             | 17 |
| Workforce Development & Jobs Subcommittee 2023 Policy Recommendations..... | 18 |
| Workforce Development & Jobs Subcommittee 2023 Goals .....                 | 18 |
| Lessons Learned 2022.....  | 20 |
| References.....  | 21 |
| Appendix I   |    |
| Organizational Chart and Contact List.....                                 | 22 |
| Appendix II  |    |
| Meeting Agendas.....   | 23 |
| Appendix III Tables/Charts   |    |
| Table 1. Compendium of Health Indicators and Housing .....                 | 25 |
| Appendix IV Federal/State Legislative Bills .....                          | 27 |
| Appendix V Highlights.....   | 28 |

## EXECUTIVE SUMMARY

The post pandemic period offered opportunities to review the old normal and to leverage the lessons learned about health inequities during the pandemic. Since COVID cases decreased significantly over the last year, much of the populace was eager to return to normalcy. But normalcy prior to the pandemic did not result in equitable health outcomes for the residents of Baltimore City. Normalcy to marginalized residents in Baltimore City meant (and still means) less access to internet connections; diminished, affordable and safe housing, and increased risk for evictions; unsafe schools and neighborhoods; decreased organizations providing additional food resources; and poor opportunities for reliable transportation. These inequitable/challenging social determinants of health (SDoH) that residents of Baltimore City faced during the pandemic were (are) not new, they have existed for decades prior to the pandemic. Thus, we learned that the pandemic raised the alarm on social and health inequities that previously appeared invisible to others.

During the pandemic, policymakers, community-based organizations, private and nonprofit organizations, and many other organizations and individuals decided to purposely act to improve the SDoH for residents in Baltimore City. This upsurge of support was a bright light and a learning lesson for how to address these challenges moving forward. Crisis has a way of bringing people together to help the most vulnerable and making visible resources that could be available if there was sufficient willpower. Therefore, moving forward, long-term planning from policymakers and other stakeholders is significant so to empower residents and partnering organizations to develop sustainable solutions that can help mitigate the next crisis.

Thus, the Social Determinants of Health Taskforce in Baltimore City (“the Taskforce”) has continued to work within the community and with community leaders to address the imbalance in SDoH in West Baltimore City. This year we focused on understanding what it means to advance community power. For instance, in June 2022, the Taskforce held a virtual community engagement meeting. The meeting included West Baltimore City community advocate leaders (or a representative) from HeartSmiles Baltimore, Empowering Communities Block by Block, Behavioral Health System Baltimore, and No Boundaries Coalition. Each community leader/representative spoke about their organization and answered questions/concerns from the community and the Taskforce. The Taskforce’s mantra “what can the Taskforce do to lessen the impacts?” was met with a coined phrase from one community leader, who said, “let’s move from community engagement and into a community marriage.” Essentially, a commitment. The meeting was enlightening to all in attendance and the advice from community advocates highlighted challenges, inform our policy recommendations, and potential solutions detailed in the report.

The Taskforce also heard concerns from the community and recognized the rise in mental health challenges. The Taskforce has reviewed upcoming federal legislation and provides insight on how Maryland legislative bills could derive from HR6448-Invest to Protect Act of 2022 and HR7666-Restoring Hope for Mental Health and Well-Being Act of 2022. The bills address the

lack of advocacy and preparedness of civil workers in relation to the rise in mental health crises. Additionally, the bills intend to implement training programs for response calls i.e., de-escalating training. The Invest to Protect Act of 2022 intends to form a partnership between a crisis response team and law enforcement while responding to 911 calls related to mental health issues.

The Taskforce continues to address the vast SDoH in West Baltimore City. Hence, this report will briefly outline important activities in five key areas -social justice, housing, education, workforce development, and health and human services- that the Taskforce subcommittees accomplished. This report will also share the policy recommendations by the Taskforce's subcommittees based on deep, trusting relationships with community members, organizations, and stakeholders.

### **Summary of subcommittee activities for 2022 include:**

**HHS:** Collaboration with Baltimore City Health Department and Office of Minority Health, participating on activities related to Charmcare.org, LHIC, COVID disparities work in the community, convened multiple community conversations related to COVID 19 pandemic.

**Housing:** Comprehensive review of housing policies and practices that can contribute to improved health, identified strategies and resources that impact poor housing on health, recognized the connections between poor housing. Building connections with health and housing leaders across Baltimore City.

**Social Justice:** Collaborating with community organizations (BUILD and TAT) to assist returning citizens with leadership and workforce development skills, liaison with Baltimore City Police Department, civic engagement campaign-voter registration, working with the Sandtown Winchester Harlem Park Master Plan Collective and the Housing and Community Development, and community discussion groups and community surveys.

**Education:** Continue plan to complete comprehensive review to understand the impact of violence in schools in Baltimore and challenges and opportunities with virtual education during the post pandemic period.

**Workforce Development and Jobs:** Collaboration with Minister Conference of Baltimore and Vicinity-Coalition (group of 125 churches), workforce development training in partnership with Verizon, Comcast, Baltimore City, Tech training program, gaming, and machine summer camp for youths.

The report that follows provides a detailed description of the activities for each of the Taskforce's subcommittees.

*Dr. Yolanda Ogbolu and Dr. Chris Gibbons  
Chair and Co-Chair, Social Determinants of Health Taskforce*

## Taskforce Policy Recommendations- A Snapshot

Detailed policy recommendations are within the following report. Some recommendations presented here are based on proposed federal legislation which offers innovative ideas for state level legislation. The following section of the report offers a snapshot/ summary of policy recommendations from the Taskforce by subcommittee.

### Health and Human Services Subcommittee

- **Amend the Clean Indoor Air Act of 2007 to prohibit the smoking of marijuana in public places.** The Clean Indoor Air Act of 2007 designed to preserve and improve the health, comfort, and environment of the people of Maryland by limiting exposure to environmental *tobacco smoke*. The current rise of marijuana smoking in public poses a similar threat of secondary smoke exposure to the public. An amendment to this act would prohibit marijuana smoking in indoor areas which are open to the public except in limited circumstances. The amended act could specifically prohibit smoking marijuana in public meeting places, public transportation vehicles, indoor places of employment, outside of public hospitals, academia, and other public institutions.
- **Address mental health and teen pregnancy.** According to the Centers for Disease Control (2021), there is an extremely limited number of behavior health service providers in the state of Maryland. The availability of mental health providers is strikingly low across the entire state. Caroline County has zero psychiatrists and zero psychologists, Baltimore City with only 11 psychiatrists for every 10,000 children and 30 psychologists per 10,000 children. The pandemic caused a substantial rise in mental health cases. The current workforce number is insufficient to meet the demand. Thus, community members in Baltimore City expressed a need to increase the number of mental health providers and resources, including expanding the quality of mental health care services in housing shelters. One innovative option proposed was the federal bill (HR4198 introduced 6/28/2022). This bill seeks to develop a pipeline of behavioral health providers and expand mental health services in schools by allowing graduate behavioral students pursuing careers in school counseling to provide services in public schools. Developing this program in Maryland could strengthen mental health service provision while at the same time developing a pipeline of workers to address the stark gaps in the behavioral health workforce.
- **Develop Legislation to Implement Crisis Response Teams** like ideals proposed in Federal Legislative Bills HR6448 and HR7666. Both bills support training programs for civil service workers responding to individuals experiencing a mental health episode. Crisis Response Teams help to prevent unnecessary violence and loss of life among people in mental health crisis and to expand co-responder models. Co-responders are Community Response Teams (CRTs), where the mental health professionals accompany police officers when they respond to calls from families who report mental health crises with their loved ones. The federal bill aims to assist local communities with less than 125 law enforcement officers. Maryland could develop similar legislation to support its communities that may have greater than 125 enforcement officers.

## Housing Subcommittee

- **Prioritize funding of additional permanent supportive housing** – especially to house and maintain vulnerable persons including people experiencing homelessness, who have a significantly higher risk of death and morbidity from injuries, mental health, infectious diseases, chronic diseases, and disorders. **There is inadequate permanent supportive housing due to limited federal resources and Maryland needs to develop additional programs for supportive housing.** In 2019, Baltimore’s public housing authority announced that it will cease accepting applications for low-income housing. The Housing Authority cited that with an average wait time greater than five years, the application threshold reduced to 14,000 (Baltimore Sun, 2019). Resources are urgently needed. **One innovative approach that could work in Maryland is enacting a law like the U.S. Senate Bill 4482, Coordinating Substance Use and Homelessness Care. The purpose of the federal bill is to establish a program within the Department of Housing and Urban Development to provide grants to homelessness organizations. Further, the program would help to develop the capacity to access supportive services and bill Medicaid or pay a third party to bill Medicaid.** Medicaid pays supportive housing services but is often inaccessible to local homelessness systems. Maryland could pass a similar bill to develop a billable housing program for permanent supportive housing implemented through the Maryland Health Care Resources Commission. This bill would build capacity to generate funding through Medicaid billing and strengthen interagency collaboration and capacity between HUD and local housing organizations.

## Social Justice Subcommittee

- The Social Justice subcommittee **recommends that voter registration become automatic for residents receiving Temporary Cash Assistance (TCA) and Electronic Benefit Transfer (EBT) benefits.** According to data from the Stanford Social Innovation Review (2020), voter turnout rate among those earning more than \$100,000 to \$150,000 per year remains higher than those earning less than \$20,000. In an effort to empower communities of color in critical civic engagement, the Social Justice subcommittee recommends automatic voter registration to citizens who inherently depend on taxpayer/ state / federal funding support.

## Workforce and Economic Development Subcommittee

- **Support returning citizens to obtain formal employment:** People returning to Baltimore City from prison need support with expungement of their criminal records, where appropriate. The Department of Justice (2019) recognizes that consequences of criminal records not only have a detrimental effect on individuals and family economic security, but it also creates a range of lifelong obstacles (i.e., voting, civic participation, education, employment, professional licensing, housing, and receipt of public benefits that impedes re-entry into society).
- **Review and revise policies related to penalties regarding one losing his or her driver’s license for delinquency in child support.** Under Maryland law, child support arrearages automatically result in suspension of the debtor’s driver’s license, significantly

hampering an individual's ability to have personal transportation that would allow one to secure and maintain income.

## 2022 Annual Report Social Determinants of Health Taskforce of Baltimore City

### Legislative History

On May 15, 2018, Governor Larry Hogan signed into law, Senate Bill 444 *The Taskforce on the Social Determinants of Health in Baltimore City* (SDoH-TF). The SDoH-TF was quickly convened thereafter, with an advisory board appointed by both Senator Shirley Nathan-Pulliam and the then University of Maryland, Baltimore President, Jay Perman, MD. The bill “establishes the Taskforce on Social Determinants of Health in Baltimore City and an associated advisory board. The University of Maryland, Baltimore Campus provides staff support for the Taskforce. By December each year, the Taskforce must submit a report to the Governor and the General Assembly. The bill takes effect July 1, 2018, and terminates June 30, 2025” (cited: p. 1, 2017 SB 444 Fiscal Policy Note).

### Taskforce Goals and Responsibilities

The Taskforce commissioned with identifying and analyzing the cyclical, multi-generational negative social factors, which create hardship for residents of Baltimore City, and to design and implement solutions to improve the environment in which Baltimore City residents live, work, play, and worship. The Advisory Board of the Taskforce must appoint members of the Taskforce, manage Taskforce activities, and adopt bylaws or rules to govern the Taskforce operations. The Advisory Board established to consult with the Office of Minority Health and Disparities and to appoint chairs and co-chairs of the five Taskforce specific subcommittees. The Taskforce may apply for grants from public and private entities to perform its duties (cited: p. 2, SB 444 Fiscal Policy). Note: Taskforce subcommittees will develop recommendations and collaborate with community organizations on projects to address specific social determinants of health (SDH).

The Taskforce focus areas includes, but are not limited to:

1. **Education:** Focused on the lack of adequate schools, educational materials, opportunities, and low graduation rates across Baltimore City.
2. **Housing:** Focused on areas where urban blight, neglect, abandoned housing, poor street lighting, and broken pavement are contributing to unacceptable housing conditions for city residents.
3. **Workforce Development and Jobs:** Focused on the lack of economic opportunities (sustainable employment/chronic unemployment, underemployment/training opportunities/need for more training programs to spur opportunities) for residents living in the low-income neighborhoods of Baltimore City.
4. **Health and Human Services:** Focused on addressing the high rates of communicable and chronic diseases, including Hepatitis C, HIV/AIDS, diabetes, high blood pressure, cardiovascular disease, stroke, as well as mental health, suicide, high infant mortality, low

birth rates, poor and inadequate nutrition, excess morbidity, high rates of alcoholism, as well as opioid and other substance use.

5. **Social Justice/Civil Unrest - Changed to Social Justice:** Focused on reducing neighborhood crime, homicides, rape, robbery, domestic violence, gang activity, and inappropriate police activity.

## Summary of 2022 Taskforce Five Subcommittee Activities

### Health and Human Services Subcommittee Activities 2022

The overarching goal of the Health and Human Services (HHS) subcommittee is to reduce social determinants of health that adversely affect the citizens of Baltimore City. The HHS subcommittee works to raise awareness and expand the capacity of health and human service resources in economically distressed communities in Baltimore City, where citizens experience health disparities.

#### Community Activities and Presentations

Throughout 2022, the HHS subcommittee continued its discussion of health disparities affecting marginalized residents of Baltimore City. The Committee's virtual monthly meetings, comprised of representatives from academia, governmental agencies, and healthcare, focusing on sharing information on health-on-health issues impacting Baltimore. Clinical staff and Office for Health, Equity, Inclusion and Diversity (O-HEID) leadership at Kennedy Krieger, faculty and pediatric residents from Johns Hopkins School of Medicine, Coppin State University faculty, and Baltimore City Health Department staff and health-related agencies frequently attended the meetings. Highlights include a discussion facilitated by Dr. Yvonne Bonner from the Vaccine Acceptance Lives in Unity Education and Engagement (VALUE) initiative on the science of vaccine hesitancy. Dr. Daniel Webster, Bloomberg Professor of American Health in the Department of Health Policy and Management and director of the Center for Gun Policy and Research at Johns Hopkins University, discussed policies related to reducing gun violence. Charles Jackson, Health Equity Director, Baltimore City Health Department (BCHD), provided updates on community partner initiatives with BCHD and the office of the mayor.

Members of the Subcommittee are actively involved in promoting health awareness in the West Baltimore community. The Taskforce health and wellness initiatives include Alzheimer's disease, breast cancer awareness, caregiver support, anti-bias in healthcare, and home safety.

Summary list of publications and speaking engagements by HHS subcommittee include:

- Dr. Denyce Watties-Daniels HHS Subcommittee co-chair and Associate Professor and Educational Program Coordinator at Coppin State School of Nursing - contributing writer each month on health and wellness topics to Grace and Glory magazine; served as a panelist on several forums discussing health issues of residents of Baltimore.
- Dr. Harvin led several faith-based initiatives related to hypertension and heart disease.
- Dr. Crystal Day-Black spoke at the National Alzheimer's Association conference.



- Dr. Harolyn Belcher, HHS Sub-committee co-chair, and VP and CDO, Director of the O-HEID at Kennedy Krieger; Coordinated the 12<sup>th</sup> annual Room to Grow: Journey to Cultural and Linguistic Competency conference, "Building a Diverse and Culturally and Linguistically Congruent Workforce" (virtually-September 20, 2022). The conference approved by the Maryland State Health Department for state required continuing education credits in anti-bias training as well as continuing education for physicians, psychologists, nurses, and social workers. Keynote speakers were Ms. Joni Holifield, Baltimore City HeartSmiles, Dr. Marie Plaisime, National Science Foundation and FXB Center for Health & Human Rights postdoctoral fellow at Harvard University, Laura Morgan Roberts, PhD, MA, professor of business administration at the University of Virginia's Darden School of Business, and Maria' Mercedes' Avila, PhD, MEd, MPH, MSW, Professor, University of Vermont, and health equity scholar. Over 300 people attended the conference. In partnership with the Maryland Academics of Pediatrics and the Association of Universities on Disabilities, O-HEID sponsored an evidence-based anti-bias (virtual) workshop on November 4<sup>th</sup> with over 70 in attendance. The anti-bias workshop led by Dr. Will T. L. Cox and approved by the Maryland State Health Department for anti-bias continuing education and continuing education for physicians, psychologists, social workers, and nurses. Additionally, O-HEID's colleagues collaborated writing a chapter on mentoring and building a diverse pediatric workforce development for the American Academy of Pediatrics book on the impact of racism in children and youth. Dr. Belcher recently awarded \$11 million dollars collaborative agreement with the Centers for Disease Control and Prevention to engage up to 70 undergraduate and graduate scholars in public health clinical, community engagement, and research experiences. The Maternal and Child Health Careers/Research Initiatives for Student Enhancement-Undergraduate Program ([MCHC/RISE-UP](#)) operates in the summer and has sites at Kennedy Krieger (lead), the University of South Dakota, the Aaniiih Nakoda College on the Ft. Belknap Reservation, and University of California Davis. The graduate fellowship, the [Dr. James A. Ferguson EID RISE Fellowship](#), funds graduate students and recent post- graduates to participate in 6-month (part-time or full-time), 12-month (full-time), and summer fellowships.

Taskforce members (Dr. Belcher, Dr. Watties-Daniels, and Dr. Ogbolu) initiated and continue to participate in the re-established Baltimore City Local Health Improvement Coalition (LHIC). The Baltimore City HHS subcommittee meetings provided opportunities for Pediatric and nursing faculty, BCHD, and others to engage in discussions centered around health disparities and expanding diversity in the public health workforce through culturally responsive mentoring. The LHIC fosters shared leadership with the community to identify and address the most pressing health concerns for Baltimore City. Ms. Elise Bowman, Project Director of the Accountable Health Communities for the Baltimore City Health Department, is leading this effort. The LHIC's activities will include a community health needs assessment, community health resources inventory, and the development of a steering committee. A mandatory focus will be the comprehensive care of individuals with diabetes. The community also identified the social determinants of health as a priority concern to address.

## HHS Subcommittee 2023 Policy Recommendations

The HHS subcommittee reviewed the County Health rankings for Baltimore City and believe the following policy recommendations could support the health and well-being of West Baltimore City's citizens.

- **Amend the Clean Indoor Air Act of 2007 to prohibit the smoking of marijuana in public places.** The Clean Indoor Air Act of 2007 designed to preserve and improve the health, comfort, and environment of the people of Maryland by limiting exposure to environmental tobacco smoke. The current rise of marijuana smoke in public also poses a similar threat of secondary smoke exposure to the public and an amendment to the act which prohibits marijuana smoking in indoor areas open to the public except in limited circumstances. The amended act could specifically prohibit smoking marijuana in public meeting places, public transportation vehicles, indoor places of employment, outside of public hospitals, academia, and other public institutions.
- **Increase minimum wage** in Baltimore City to \$15/hr. in 2022
  - With an increase to \$17/hour by 2025
- **Expand and strengthen support for nursing education and wellbeing** of the nursing workforce through the Maryland Nurse Support II program which focuses on increasing the number of academic and clinical nurses in Maryland.
- **Address mental health and teen pregnancy.** According to the Centers for Disease Control (2021), there is an extremely limited number of behavior health service providers in the state of Maryland. The availability of mental health providers is strikingly low across the entire state i.e., Caroline County has zero psychiatrists and zero psychologists, Baltimore City with only 11 psychiatrists for every 10,000 children and 30 psychologists per 10,000 children. The pandemic caused a substantial rise in mental health cases so much that the current workforce number is insufficient to meet the demand. Thus, community members in Baltimore City have expressed a need to increase the number of mental health providers and resources, including expanding the quality of mental health care services in housing shelters. One innovative option was proposed in the federal bill (HR4198 introduced 6/28/2022). This bill seeks to develop a pipeline of behavioral health providers and expand mental health services in schools by allowing graduate behavioral students pursuing careers in school counseling to provide services in public schools. Developing this program in Maryland could strengthen mental health service provision while at the same time developing a pipeline of workers to address the stark gaps in the behavioral health workforce.
- **Develop and Implement Crisis Response Teams** like ideals proposed in Federal Legislative Bills HR6448 and HR7666. Both bills support training programs for civil service workers responding to individuals experiencing a mental health episode. In essence, it is a de-escalating training program. A tool for the arsenal belt of first responders. Crisis Response Teams help to prevent unnecessary violence and loss of life among people in mental health crisis and to expand co-responder models. Co-responders are Community Response Teams (CRTs), where the mental health professionals accompany police officers when they respond to calls from families who report mental health crises with their loved ones. The federal bill aims to assist local communities with less than 125 law enforcement officers. Maryland could develop similar legislation to support its communities that may have greater than 125 enforcement officers.

## **HHS Subcommittee 2023 Goals**

1. Raise awareness of the availability of health and human service resources for economically distressed communities in Baltimore City.
2. Partner with representatives of academic institutions and organizations such as faith-based, medical, and community-based to disseminate information on resources to share with communities in need and in turn ameliorate adverse social determinants of health.
3. Convene regular discussions among HHS subcommittee members and community leaders to identify unmet needs for resources to address the social determinants of health in Baltimore City.

## **Housing Subcommittee Activities 2022**

The Housing subcommittee continued to engage with the key health systems in Baltimore City, the Housing and Community Development (DHCD) of Baltimore City, and Green and Healthy Homes Initiative (GHHI).

The Housing subcommittee met twice with Housing Commissioner Kennedy and CEO Norton of GHHI, to continue coordination of efforts and discussions about housing policy proposals and fundings. The funding discussions included plans of the \$100 million American Rescue Plan Act (ARPA) of 2021 and funding received by GHHI for whole house renovations in West Baltimore. The subcommittee discussed efforts to coordinate and collaborate support with the efforts of GHHI and DHCD to ensure a change or development in the social determinants of health affecting the citizens of West Baltimore City.

The Housing subcommittee provided the following Housing Key Performance Indicator suggestions to Baltimore City, DHCD:

- number of hospital admissions for asthma
- number of missed school days for asthma
- number of mold complaints
- number of falls and injuries inside apartments

The Housing subcommittee met with key leaders in the Baltimore City Health Systems to address health measurements and housing, to learn about their initiatives, and to discuss collaborative opportunities to track and assess data. The Housing subcommittee met with:

- Population Health, University of Maryland Medical Center– Charles Callahan
- Elizabeth Sebastiao, MS, CCM, Regional Director, Community Health, MedStar
- Cara Goldstein, MSW, Director of Community Health, Johns Hopkins Medicine
- Melissa Richardson, Cidney Simmons, Elizabeth Hafey
- Sinai

## Housing Subcommittee 2023 Policy Recommendations

Based on discussions with key stakeholders, the comprehensive report, and COVID-19 related challenges, the Housing subcommittee offers the following policy recommendations and strategies.

### *Affordable Housing for Low-Income*

- 1a. Increase funding for affordable housing by a minimum of 10% - assure accountability for secured American Rescue Plan Act (ARPA) funds, other public and or private funds, and partnerships such that the manner of executing funds significantly magnifies quality and increase of affordable housing.
- 1b. Increase affordable housing trust fund e.g., Affordable Housing Trust Fund, city bonds and impact investment funds from the health care industry, and opportunity zone funding. Identify target area by finding stakeholders and partners with synergistic programs such as Upton's \$100,000 homeowner support program.

The Taskforce also recommends that considerations be given to coordinate subsidies for enterprise, opportunity, business improvement, historical, and community development zones; and to make distress remediation funds available to elderly, veterans, and low-income homeowners, and to property owners who provide such housing to help stabilize and improve existing housing stock.

- 1c. Expand vouchers at federal and state level would sharply reduce housing instability, poverty, and racial disparities.
- 1d. Leverage Health funding for Housing –
  - Increase Medicaid coverage (to include optional coverage of housing-related costs.)
  - Use Maryland's total cost of care to do a demonstration to focus on target area to improve housing and reduce healthcare costs (e.g., zip codes 21217, 21223, etc.)

### *Resources to Support Housing*

- 2a. Prioritize funding of additional permanent supportive housing – especially to house and maintain vulnerable persons including people experiencing homelessness, who have a significantly higher risk of death and morbidity from injuries, mental health, infectious diseases, chronic diseases, and disorders. **There is inadequate permanent supportive housing due to limited federal resources and Maryland needs to develop additional programs for supportive housing.** In 2019, Baltimore's public housing authority announced that it will cease accepting applications for low-income housing. The Housing Authority cited that with an average wait time greater than five years, it was necessary to reduce the application threshold to 14,000 (Baltimore Sun, 2019). Thus, resources are urgently needed. One innovative approach that could work in Maryland is enacting a law similar to the U.S. Senate Bill 4482, Coordinating Substance Use and Homelessness Care. The purpose of the federal bill is to establish a program within the Department of Housing and Urban Development to provide grants to homelessness organizations. Further, the program would help to develop the capacity to access supportive services and bill Medicaid or pay a third party to bill Medicaid. Medicaid pays supportive housing services but is often inaccessible to local homelessness systems. Maryland could pass a

similar bill to develop a billable housing program for permanent supportive housing implemented through the Maryland Health Care Resources Commission. This bill would build capacity to generate funding through Medicaid billing and strengthen interagency collaboration and capacity between HUD and local housing organizations.

- 2b. Funding (via combination of above proposals and other) needed to support effective coordination of Medicaid and other federal health funding (such as grants for behavioral health services, community health centers, and public health) with housing resources and supportive services to comprehensively meet people's physical, behavioral, and social support needs. Prioritizing for example for the following populations:
- *citizens returning from corrections* with particular focus on connection to housing and healthcare
  - persons with substance use disorders
  - persons with mental health disorders and disabilities
  - low-income families with children with special needs

### ***Whole/Healthy Housing and Neighborhoods***

- 3a. Increase tree coverage in communities with high asthma by five percent per year.
- 3b. Create a fund for a pilot program in five zip codes of West Baltimore City and pattern after the Healthy Rowhouse Project of Philadelphia. The Healthy Rowhouse cited the 2013-2014 pilot between the Philadelphia Department of Public Health and St. Christopher's Hospital removed asthma triggers at approximately \$3,500 per home. As a result of this collaboration, hospitalizations dropped 70% within six months and school absences 50% ([healthyrowhouse.org](http://healthyrowhouse.org)).
- 3c. Increase HUBS funding to create funding for low-income homeowners allowing for home repairs inclusive of energy efficiency and lead reduction such as the program in Philadelphia, **The Restore, Repair, Renew**. This initiative of the City of Philadelphia and Philadelphia Redevelopment Authority (PRA) helps Philadelphia homeowners and lenders access low-interest home equity loans to invest in repairs that focus on health, safety, weatherization, accessibility, and modernizing outdated features.
- 3d. Create a taskforce to review unhealthy, unfair, harmful housing, and zoning laws in Maryland, but particularly in West Baltimore City.

### ***Health Indicators***

- 4a. Improve data collection and creation of a central repository in Maryland for all federal, state, and city funded health programs.
- 4b. Develop a state-wide database, with a shared set of targets for each social determinant of health factors. Standardize KPIs for each publicly funded health agency and provider. Additionally, begin regular and consistent collection and aggregation of health data.
- 4c. Create an evaluation protocol for health indicators to implement as part of Housing and Health projects and programs funded by federal, state, and city dollars.
- 4d. Public housing funds should include health metrics/indicators and prioritize health outcomes.
- 4e. Implement a pilot project for risk mitigation which would model after Healthy Rowhouse in Philadelphia and the existing HUBS program in Baltimore City. Invest in low-income homeowners in areas of high disinvestment who frequently are denied conventional home improvement loans. Use a strategic, geographically limited area where the impact is cumulative. Envisioned is a program between 100-200 homes (\$1.5 million to \$3

million). Identify target area by finding stakeholders and partners with synergistic programs such as Upton's \$100,000 homeowner support program.

The following prioritized KPIs relate to housing for consideration:

- Number of hospital admissions for asthma
- Number of missed school days for asthma
- Number of mold complaints
- Number of falls and injuries inside apartments
- Number of positive lead tests in school-aged children

See Table 1- Compendium of Health Indicators and Housing in Appendices.

### **Housing Committee 2023 Goals**

- Advocate for better data collection needed to understand the associations between poor housing and health. Collaborate with partners to improve measures and tracking of health data in housing projects.
- Create strong cross-sector partnership supported by anchor institutions (esp. healthcare) and foundations to secure innovative investments at intersection of health and housing. We seek to work with a network of partners, adding our voices and insights to advocacy, projects, policies, or legislation that increases quality, affordable housing, expands resources for restoring/rehabbing housing, and augments overall funding to prioritize healthy housing.
  - Continue to convene meeting with Green and Healthy Homes Initiative (GHHI), Ruth Ann Norton and Claudia Randall from the Community Development Network
  - Invite HUD Director, Carol Payne to meet with subcommittee
  - Engage with healthcare partners, Kaiser, LifeBridge, Medstar, UMMC, Greater Baltimore Regional Integrated Crisis Services (GBRICS) to learn more about SDOH housing initiatives and to seek opportunities for collaboration
  - Outreach to area foundations/philanthropic leaders around SDOH and housing and advocacy
  - Identify key points/opportunities for advocacy for us to synergize our communication and strategies with philanthropy and healthcare leaders
  - Enhance interaction with our lead Senator and Delegate and the Baltimore Delegation related to housing
- Catalogue innovative SDOH programs around the country that are addressing housing challenges to find lessons that can be replicated in Maryland.

### **Education Subcommittee Activities 2022**

The committee is focused on developing a comprehensive review to understand the impact of violence in schools in Baltimore and challenges and opportunities with virtual education during the post pandemic period.

## Education Subcommittee Policy Recommendations 2023

### A. Address the digital divide to improve education for Baltimore City's children

1. Ensure that every household in Baltimore City has the cable and fibers necessary for internet service.
2. Enhance policies and funding that ensures all 84,000 students in Baltimore City have a functioning computer and internet service, which are essential to avoiding intergenerational gaps in knowledge.
3. Identify and fund opportunities to establish free Wi-Fi hotspots on rooftops of stakeholder organizations in Baltimore City.

### B. Promote and expand mental health initiatives within the K-12 school system

1. Provide mental health services to assist children to deal with the traumatic experiences associated with COVID-19, adverse childhood experiences, and exposure to violence and violent behaviors in the community. Key issues addressed include social isolation (disconnections from schoolmates, friends and family supports) and accumulated deaths and loss of friends and family members due to violence and COVID-19.

### C. Support the development of community educational centers for multi-generational learning that equipped to educate leaders of the 21<sup>st</sup> Century

1. The Education subcommittee recommends a pilot program in which Maryland State Department of Education (MSDE) supports the development of and/or approve alternative measures of achievement as well as waiving existing laws and regulations that currently hinder the process.
2. Develop State policies that encourage and facilitate the sharing of schools and other facilities for virtual/in-person education centers for multi-generational learning and other community building activities.

State policies should also support the planning and design, and construction or modifying buildings for the ongoing shared public use of public-school facilities and other government entities for virtual/in-person educational activities.

## Education Subcommittee 2023 Goals

1. **Promote and expand mental health initiatives within the K-12 school system:**  
Provide mental health services to assist children to deal with the traumatic experiences associated with COVID-19, adverse childhood experiences, and exposure to violence and violent behaviors in the community. Key issues addressed include social isolation (disconnections from schoolmates, friends and family supports) and accumulated deaths and loss of friends and family members due to violence and COVID-19.
2. **Promote trauma informed instruction and professional development initiatives** for educators and student: Promote and expand restorative justice practices and pedagogical approaches for educators and leaders within the K-12 school system.
3. **Address the digital divide to improve education for Baltimore City's children**
  - a. Ensure that every household in Baltimore City has the cable and fibers necessary for internet service.

- b. Enhance policies and funding that ensures all 84,000 students in Baltimore City have a functioning computer and internet service, which are essential to avoiding intergenerational gaps in knowledge.
- c. Identify and fund opportunities to establish free Wi-Fi hotspots on rooftops of stakeholder organizations in Baltimore City.

## **Social Justice Subcommittee Activities 2022**

The goal of the Social Justice subcommittee is to lessen the impact of crime and violence, reduce the rate of recidivism in West Baltimore City (zip code 21217), and better understand the dynamics around conflict resulting in violence. In 2021, the Social Justice subcommittee worked on recidivism, joblessness, and neighborhood welfare.

The Social Justice subcommittee's advanced relationship with Turn Around Tuesday (TAT) - a jobs' movement that focuses on reducing crime and violence by providing those with criminal backgrounds an opportunity to obtain livable wage employment – helped many returning to society. Since 2015, the number of livable wage jobs provided was 1,053. TAT's model to improve job retention includes following participants for two years.

The Social Justice subcommittee recognized collaboration could have a more significant impact in Baltimore City communities. Thus, the Social Justice subcommittee joined forces with the Sandtown Winchester Harlem Park Master Plan Steering Committee (“the Steering Committee”) to develop a community-led Master Plan. The formed Sandtown Winchester Harlem Park Master Plan Collective (SWHPMC) is comprised of residents, community members, leaders, and organizers in the Sandtown Winchester and Harlem Park neighborhoods working together to guide a comprehensive masterplan initiative for the long-term betterment of Baltimore City communities. The committee continues this work. (The Website [www.swhpmasterplan.com](http://www.swhpmasterplan.com)).

This community-led process could not be successful without participation from organizations, such as the Social Justice subcommittee, Steering Committee Members – Community Members, No Boundaries Coalition, Clergy United for the Transformation of Sandtown (CUTS), Catholic Charities, Community Law Center, Baltimore City and more. The SWHPMC implemented an advisory board of professionals, subject matter experts, and consultant firm -VPI. Under the guidance of the SWHPMPC, the VPI consultant performed the necessary community visioning and engagement, conducted research, and provided due diligence to complete a draft of the plan for review. Additionally, the consultant advised the community of the review and approval process by the Planning Commission.

The Social Justice subcommittee met regularly with the neighborhood Steering Committee to organize and strategize the masterplan process, as well as discussed project goals, met with the VPI consultant, and planned and coordinated biweekly community-led listening sessions. The first four sessions were virtual. The last two sessions were in-person. Each in-person community meeting was held in the respective subdivision/community and led by a facilitator chosen by VPI (consultant). During the meetings, the residents were divided into community work groups or breakout groups to promote inclusivity. Community Work Groups were tasked with identifying

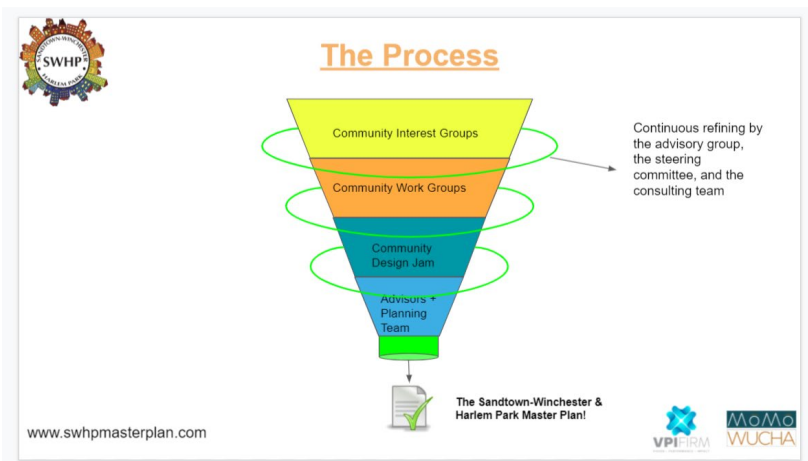
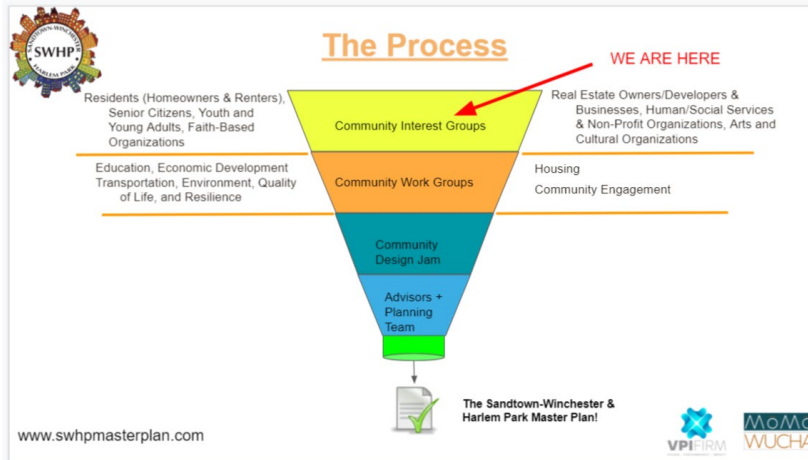


barriers and challenges within the community and developing ideas and strategies to circumvent those barriers and challenges. In subsequent meetings, groups were asked to refine their ideas into categories.

To ensure the highest quality planning process with (and for) the residents of Sandtown Winchester and Harlem Park, the following guiding principles, as well as integrity and commitment established for all committee's members.

1. Promote the best interest of community partners in the Sandtown Winchester and Harlem Park neighborhoods and residents through the Master Planning process.
2. Operate from a place of goodwill and mutual best intentions.
3. Display a willingness to compromise on solutions not entirely aligned with your own and bring an open mind to potentially innovative ideas.
4. Members should be receptive and cooperative to training and coaching endeavors.
5. Create a safe space that welcomes diverse perspectives and brings voice and thoughts to the table, even if they are different.
6. Encourage all members to remain consistent in attendance, punctuality, and engagement for regular Steering Committee meetings and activities.
7. Share neighborhood information with the Steering Committee like events, proposed development plans, community projects, etc., that may affect the overall Master Plan.
8. Treat sensitive details of the Master Plan as confidential until released to the public.
9. Continue to advocate for change, equity, and sustainable resources for the Sandtown Winchester and Harlem Park communities throughout the Master Planning process and after that.

The Social Justice subcommittee and the SWHPMPC created a unified and more robust catalyst for community change. While their work is ongoing, both solution-oriented groups (Social Justice subcommittee and SWHPMPC) seek a change that encourages the Sandtown Winchester/Harlem Park residents to rise from the silo mentality that inhibits substantial modifications in their communities. Likewise, restore the brilliant history of these neighborhoods from the negative images overshadowed by events in recent years. Thus, to help these neighborhoods emerge from this inferior state and conditions, the Social Justice subcommittee and SWHPMPC as part of the ongoing process will continue to 1) help members transform their current weaknesses and threats into opportunities and strengths; and 2) help residents in communities overwhelmed with the abundance of vacant land and houses to envision and develop a sustainable future for the neighborhoods. Equally important is helping these communities become apparent, important, and prominent. It is time to recognize these neighborhoods in a different light and make it apparent that all citizens deserve a fundamental quality of life that will heal, motivate, and encourage. Thankfully, the community catalyst grant can begin to spark the changes that will improve the quality of life for residents by identifying needs and defining a strategic and action-oriented vision and plan.



## Social Justice Subcommittee Policy Recommendations

The Social Justice subcommittee recommends that voter registration become automatic for residents receiving Temporary Cash Assistance (TCA) and Electronic Benefit Transfer (EBT) benefits. According to data from the Stanford Social Innovation Review (2020), voter turnout rate among those earning more than \$100,000 to \$150,000 per year remains higher than those earning less than \$20,000. To empower communities of color in critical civic engagement, the Social Justice subcommittee recommends automatic registration for citizens who inherently depend on taxpayer/ state / federal funding support.

## Social Justice Subcommittee 2023 Goals

The Social Justice subcommittee’s work in the community and the collaboration with various community organizations are ongoing.

- Continue building a working relationship with TAT, Safe Streets, No Shoot Zone, and CeaseFire in a collaborative and strategic effort to reduce crime in Sandtown and Harlem Park.
- Continue disseminating information from community organizations in West Baltimore City to the Baltimore City Police Department (BCPD). Information such as discouraging

locking up or relocking up those who lack conflict resolution skills around minor offenses and encouraging positive relationship building with BCPD.

- Continue collaborating with the Western District police chaplains to discuss ways to engage residents in a positive manner with the BCPD.
- Invite Safe Streets, CeaseFire, and No Shoot Zone to speak at a future Taskforce’s general meeting forum and complete a safety survey.
- Continue to collaborate with community organizations such as, BUILD, TAT, HPW, and Step Forward to increase voter turnout in Harlem Park’s Neighborhood. The goal is to increase voter turnout in one neighborhood by 50% over seven years. These groups continue to educate residents about the positive impact voting has on the community and the negative consequences that can result from non-participation in the voting process.
- Continue to engage and support Step Forward, a program designed to support individuals struggling with substance use disorder in community outreach activities as part of their holistic treatment plan.
- Collaborate to develop a community led Master Plan to present to the Baltimore City Department of Housing and Community Development (DHCD) in anticipation of adopting the plan by DHCD to facilitate largescale community revitalization and redevelopment of the Sandtown-Winchester Harlem Park communities.

## **Workforce Development & Jobs Subcommittee Activities 2022**

The goals of the Workforce and Economic Development subcommittee are to address unsustainable employment, chronic unemployment, and underemployment; job training; and employment for returning residents and other vulnerable populations.

In 2022, the Workforce and Economic Development subcommittee continued its work with the Ministers' Conference Empowerment Center CDC (MCEC), a community development nonprofit founded by the Ministers' Conference of Baltimore and Vicinity (MCBV). While 2020 was challenging to navigate due to the COVID-19 pandemic, 2021 was more promising and productive and 2022 resulted in a return to activities – including in-person activities. Hence, summer camps provided at tech hubs. This resulted in tech hubs expanding their space.

The committee's progress also built on earlier work that supported the placement of technology hubs (“tech hub centers”) in churches to train youth and young adults. The subcommittee continued to engage with churches and community centers that housed the workforce tech hub centers. The steadfast work to meet the workforce needs of community members resulted in receiving a monetary award from American Rescue Plan Act (ARPA) 2022 for workforce development programs in collaboration with the Port of Baltimore. In collaboration with MCEC, the subcommittee has continued to meet with potential partners. MCEC has formed a community partnership with the Port of Baltimore, which is a critical part of Baltimore City’s economy. For example, cargo and cruise activity at the public and private marine terminals of Port of Baltimore generated 37,297 direct, induced, and indirect jobs. As a result of the Port's growth and extended use, it needs more job-ready Baltimore residents. Therefore, the Port and MCEC are working together to create the Cradle to Career Pipeline. This pipeline program received funding in 2022

and will start acclimating children as early as kindergarten to maritime and transportation careers. The program will continue through 12<sup>th</sup> grade, include adult learning, and job placement and career advancement at the Port and other businesses needing well-trained maritime and transportation employees. MCEC is currently working with the Port of Baltimore and the communities of Park Heights, Penn North, Southwest & Franklin Square, and Cherry Hill to implement this pipeline for the maritime and transportation careers.

In summary, the Workforce and Economic Development subcommittee's goal was to support MCEC, to fully implement the churches' programs, and to open additional centers in Baltimore City. The Workforce and Economic Development subcommittee focus deviated to additional special considerations for economic advancement, including the health of the participant, the need for a k-12<sup>th</sup> grade education, special needs children, adult learning, job placement, and career workforce development continuum strategy, such as the Cradle to Career Pipeline. The Workforce and Economic Development subcommittee and MCEC has continued to expand the tech hub centers and bring additional partners to the table to advance the initiative further.

## **Workforce and Economic Development Subcommittee 2023 Policy Recommendations**

1. **Expand expungement policies to support persons with prior offenses to support their capacity to be re-integrated into the workforce.**
2. **Returning citizens:** People returning to Baltimore City from prison need support with expungement of their criminal records, where appropriate. The Department of Justice (2019) recognizes that consequences of criminal records not only have a detrimental effect on individuals and family economic security, but it also creates a range of lifelong obstacles (i.e., voting, civic participation, education, employment, professional licensing, housing, and receipt of public benefits that impedes re-entry into society).
3. **Review and revise policies related to penalties regarding one losing his or her driver's license for delinquency in child support.** Under Maryland law, child support arrearages automatically result in suspension of the debtor's driver's license, significantly hampering an individual's ability to have personal transportation that would allow one to secure and maintain income.
4. **Provide supportive services for those who are unemployed.** Work with local and state workforce development agencies in Baltimore City to add supportive services for the unemployed including, but not limited to services such as, health care, substance use disorder treatment, and housing. Addressing these issues could allow individuals to obtain and retain employment.

## **Workforce and Economic Development Subcommittee 2023 Goals**

1. Continue to collaborate with existing workforce programs and the mayor's office to seek synergies in workforce development.
2. Continue to expand the workforce tech centers initiative, which works to develop technology careers for adolescents and young people ages 16 to 24, obtain a job in

technology industry in collaboration with the Ministers Conference Empowerment Center CDC.

3. Continue to solicit and develop a repository of opportunities with companies and programs willing to employ returning citizens and other vulnerable populations in Baltimore City.
4. Examine the availability of resources of funding from private, non-profits, and public organizations for workforce development and develop a report.
5. Work with the health and housing subcommittee to look for opportunities to connect health and housing to employment and jobs.
6. Solicit more subcommittee members who are actively engaged in workforce development opportunities in Baltimore City to participate as volunteer members of the subcommittee.
7. Work with legislators to expand Medicaid to workforce program participants and their families until they obtain employment.
8. Work with legislators to develop a mandate for health systems and facilities that are receiving monies from the American Recovery Plan Act of 2021 to undergo cultural competency training to develop strategies to address the current historical co-morbidities that continue to inundate communities of color and vulnerable populations.

## TASKFORCE SUMMARY & LESSONS LEARNED 2022

As outlined above, during 2022, the Taskforce remained busy. Much was accomplished and several insights and lessons learned became clear. Generally, community residents want neighborhood specific solutions for their problems that are inclusive and trustworthy. In addition, access to enhanced solutions to ensure that all residents can take advantage of available opportunities.

Several more specific insights were also developed. These include the following:

1. The trend to legalize Marijuana is potentially making indoor air related health problems worse.
2. The national pandemic response showed how short-term projects can be helpful, but it is also becoming clear that these fixes, by themselves, will not likely lead to long lasting change. Therefore, it is pertinent to establish long-term sustainable solutions.
3. Mental health needs to be as much a priority in Baltimore City as it is in the rest of the country. It is necessary that crisis response teams involve community members.
4. Affordable housing remains a challenge in West Baltimore. Needed are innovative approaches that link housing with health.
5. Affected especially hard by the pandemic were students from underserved communities. Thus, special efforts to assist these students to catch up is necessary. Just as important is the importance of building better virtual education programs.
6. School violence remains a significant problem.
7. The criminal justice system has many unintended, long-term consequences that persist after the person has adequately satisfied the penalty. Thus, more effort is necessary to remove the consequences and to help returning citizens overcome these challenges.
8. The lack of affordable connectivity effectively precludes a students' ability to participate in the educational process, effectively inhibits residents from applying for most employment opportunities, and leaves community members at risk of being in poor health and unable to connect with their healthcare providers.
9. Workforce training sometimes referred to as upskilling remains a huge need among many residents of Baltimore City.

Thank you for this opportunity to report on our progress over the last year. We sincerely hope that this report and the insights gathered from our work over the last year is a trusted resource that will be useful as you continue to deliberate and propose legislation in 2023 and beyond.

## REFERENCES

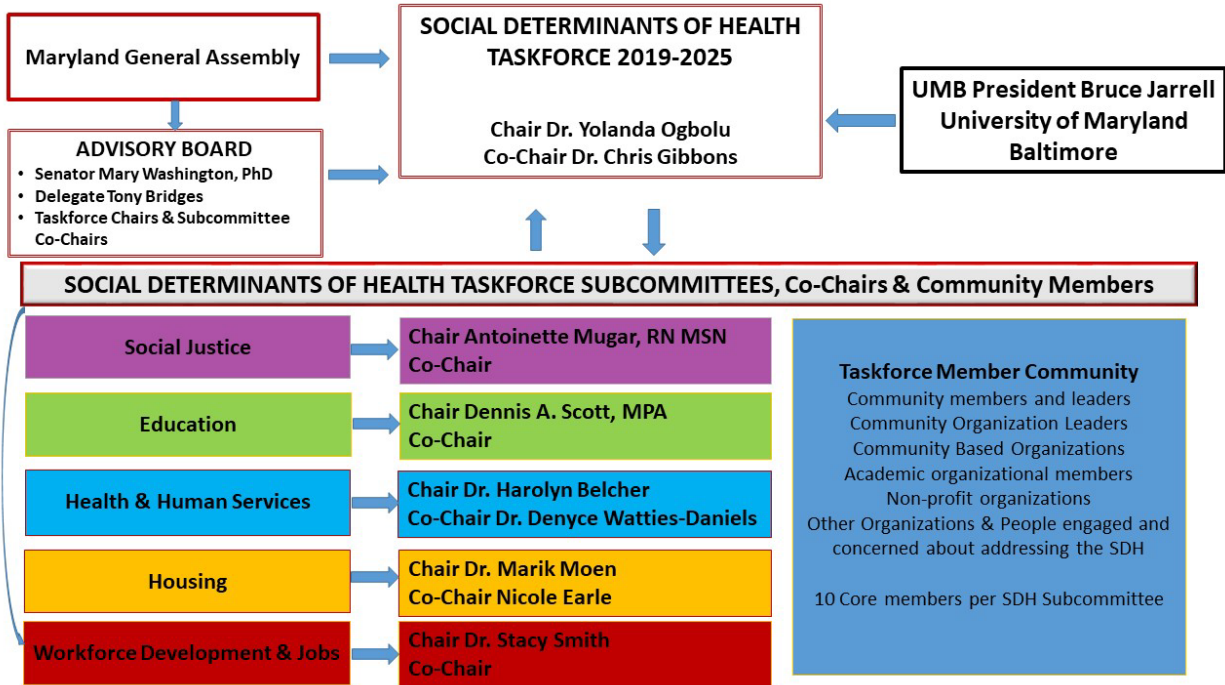
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## APPENDICES

### APPENDIX I: Taskforce Organizational Chart and Contact list



### Taskforce Contacts

#### Taskforce

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## APPENDIX II- Meeting Agendas

### A. SDH Taskforce Leadership Meeting January 21, 2022

#### Meeting Agenda

- I. **Administrative**
    - a. Introduction: Delegate Anthony “Tony” Bridges
    - b. Updates
      - i. Shirley Nathan-Pulliam
      - ii. Office of Minority Health
    - c. Financial disclosures
    - d. SDH Annual Report
  - II. **Subcommittee reports-** Workforce Development; Education, Housing; Health; Social Justice
  - III. **Public meeting planning**
- Adjourned**

### B. SDH Taskforce Leadership Meeting February 17, 2022

#### Meeting Agenda

- I. **Administrative**
    - a. Reminder: complete financial disclosures
  - II. **Subcommittee reports-** Workforce Development; Education, Housing; Health; Social Justice
  - III. **Public meeting planning**
- Adjourned**

### C. Public Meeting March 17, 2022

- I. **Public Meeting**
  - a. Follow-up with ideas on upcoming public meetings e.g., virtual town hall, quarterly town hall
- II. **Subcommittee reports-** Workforce Development; Education, Housing; Health; Social Justice
- III. **Administrative**
  - a. Reminder: Financial Disclosure form
  - b. Follow-up with Delegate Bridges regarding two items to support

### D. SDH Taskforce Leadership Meeting April 21, 2022

#### Meeting Agenda

- I. **Administrative**
  - a. Financial disclosures and ethics discussion,
  - b. Need additional leadership for committees and administrative support not available due to resignation of the administrative staff at UMB

II. **Subcommittee reports-** Workforce Development; Education, Housing; Health; Social Justice

III. **Public meeting planning**

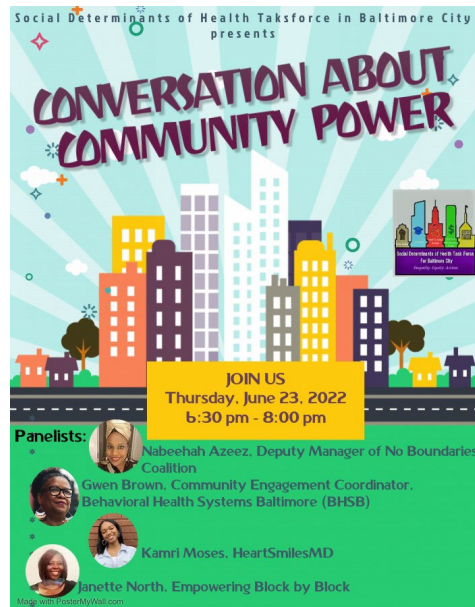
a. Discuss planning

**Adjourned**

### **E. Public Meeting June 23, 2022**

**One-hour virtual community engagement public meeting focused on community power in Baltimore City.**

- **Tell us about your organization. What is going well within your organization and the community to address the social factors that impact health?**
- **What does community power mean to you?**
- **What can other organizations in Baltimore do to strengthen models of community power and to strengthen capacity of current community work?**



### **F. SDH Leadership Meeting August 18, 2022**

**Meeting Agenda**

I. **Administrative**

II. **Subcommittee reports-** Workforce Development; Education, Housing; Health; Social Justice

III. **Public meeting planning**

**Adjourned**

## APPENDIX III – Tables/Charts

**Table 1. Compendium of Health Indicators and Housing**

| chemicals/pathogens/irritants/contributors to illness/injury  | sources/mechanisms                            | type of health effect   | OTHER sequelae   |
|---|---|---|--|
| lead  | paint, pipes                                  | neurologic, mental health, growth and development, behavior   | absenteeism, low achievement, violence, crime, poverty |
| mold  | moisture, poor construction, drainage, repair | asthma, respiratory, skin, allergies, HA, sore throat, fatigue  |  |
| dust mites  | maintenance                                   | allergies, asthma   |  |
| radiation   | construction                                  | radiation poisoning, neurologic, cancer   |  |
| Legionella pneumophila  | moisture, poor construction, drainage, repair | respiratory   |  |
| aerosols  | construction, materials, poor ventilation     | asthma, neurological issues, and cancer.  |  |
| phthalates  | construction materials, carpet, furniture     | asthma, neurological issues, and cancer.  |  |
| flame retardant chemicals   | construction materials, carpet, furniture     | asthma, neurological issues, and cancer.  |  |
| other chemicals from furniture, carpet, paint   | from furniture, carpet, paint                 | asthma, neurological issues, and cancer.  |  |
| carbon monoxide   | appliances, gas                               | heart damage, neurological impairment, and death  |  |
| mercury   | old construction, household goods             | ADHD, hearing impairments, vision impairments; neurological damage, kidneys, and developing fetus developmental disabilities  |  |
| indoor air chemicals from building products, including volatile organic compounds, formaldehyde, and particulate matter | Poor ventilation                              | asthma, neurological issues, and cancer.  |  |
| temperature exposure (hypothermia and heat stress)  | inadequate heating, cooling                   | Chronic ailments made worse: cardiovascular and cerebrovascular disease, respiratory conditions, diabetes, kidney disease, and neurological and movement disorders; increased emergency department visits, hospitalizations, and premature deaths from exposure to extreme temperatures |  |
| rodents, insects  | poor construction, poor upkeep                | asthma, infections  |  |
| poor construction   | construction, repair                          | falls, injuries   | hospitalization and nursing home stays                 |

**Table 1. Compendium of Health Indicators and Housing**

| <b>chemicals/pathogens<br/>/irritants/contributors<br/>to illness/injury</b> | <b>sources/mechanisms</b>     | <b>type of health effect</b>                     | <b>OTHER sequelae</b> |
|--|-------------------------------|--|-----------------------|
| disrepair, broken<br>structures, lack of<br>upkeep                           | poor and unsafe<br>conditions | depression, other mental health, and<br>violence |                       |

## **APPENDIX IV – House/Senate Bills**

[H.R.4198 – Mental Health in Schools Excellence Program Act of 2021](#)

[H.R.6448 – Invest to Protect Act of 2022](#)

[H.R.7666 – Restoring Hope for Mental Health and Well-Being Act of 2022](#)

[Maryland’s Clean Indoor Air Act of 2007](#)

[S.4482 – Coordinating Substance Use and Homelessness Care Act of 2022](#)

## **APPENDIX IV - Highlights**

**Presentations available on our website and YouTube, Website:**

<https://www.umaryland.edu/sdh-taskforce/>