

2019 Annual Report Social Determinants of Health Taskforce

SOCIAL DETERMINANTS OF HEALTH TASKFORCE
FOR BALTIMORE CITY

Social Determinants of Health Taskforce for Baltimore City &
Advisory Board

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EXECUTIVE SUMMARY

In 2014, aghast at the blighted conditions in which many of her constituents were living and struggling to thrive, Senator Shirley Nathan-Pulliam determined to take action to improve the social, material, economic, and physical conditions of daily living in District 44. On February 10, 2015, Sen. Nathan-Pulliam convened the Social Determinants of Health Workgroup to hear from and work with community residents and city leaders interested in making a difference. The Workgroup developed as a multisector collaborative action group including academics, community organizations, entrepreneurs, government representatives, health care system leaders, and urban planners.

A considerable amount of scientific evidence indicates that social factors, many of which can be directly influenced by policy, also exert a powerful influence on health. Collectively, these social factors are known as Social Determinants of Health (SDH). According to the World Health Organization, “social determinants of health” is defined as “the conditions in which people are born, grow, live, work, and age that are shaped by the distribution of money, power, and resources at global, national, and local levels and are mostly responsible for health inequities (*i.e.*, the unfair and avoidable differences in health status seen within and between countries.)” (Cited: p. 2 SB 444, Fiscal Policy Note).

The Center for Disease Control and Prevention (CDC) recognizes that “poverty limits access to healthy foods and safe neighborhoods and that more education is a predictor of better health,” and that “differences in health are striking in communities with poor SDH [Social Determinants of Health] such as unstable housing, low income, unsafe neighborhoods, or substandard education.” As a result, the CDC includes the cultivation of “social and physical environments that promote good health for all as one of four overarching goals for the decade.” (Cited: CDC, *Healthy People 2020. Social Determinants of Health.*)

Among medical and public health experts, there is increasing interest in SDH because of a growing recognition of the limits of medical care on enabling the US to reach its national health goals. For example, studies indicate that medical care is responsible for only 10 to 15

percent of preventable deaths. In addition, experts have shown that deaths attributable to low education, racial segregation, and low social support were comparable to the number of deaths caused by heart attack, stroke, and lung cancer, respectively, in the year 2000. It is clear that while access to medical care is an important component of ensuring the health of individuals and populations, addressing the social determinants of health has become equally important.

Recognizing the need to address the negative social determinants of health across Baltimore City, Sen. Nathan-Pulliam's 2018 bill, Senate Bill 444, established *The Taskforce on the Social Determinants of Health in Baltimore City*. The goal is to address and eliminate the negative social factors that are cyclical in nature, span generations, and are causal to a community constantly struggling to survive. The legislation mandates a seven-year pilot Taskforce to reach this goal.

LEGISLATIVE HISTORY & BACKGROUND

On May 15, 2018, Governor Larry Hogan signed into law Senate Bill 444, *The Taskforce on the Social Determinants of Health in Baltimore City* (SDHTF). The SDHTF was quickly convened thereafter, with an advisory board appointed by both Sen. Nathan-Pulliam and the 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 must provide 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

The Taskforce is charged 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 appointment members of the Taskforce, manage Taskforce activities, and adopt bylaws or rules to govern Taskforce operations. The Advisory Board is required to consult with the Office of Minority Health and Disparities and to appoint chairs and co-chairs of the five SDHTF specific subcommittees. The Taskforce may apply for grants from public and private entities to carry out its duties. (Cited: p. 2, SB 444 Fiscal Policy Note)

The Social Determinants of Health Taskforce (SDHTF) subcommittees are tasked with developing recommendations and collaborating with community organizations on projects to address specific social determinants of health (SDH). These SDH include, 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, 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:** This subcommittee is focused on reducing neighborhood crime, homicides, rape, robbery, domestic violence, gang activity, and inappropriate police activity.

From (January-December 2019), the five subcommittees established their membership and convened meetings to act on goals set in 2018. In the past year 2019, the subcommittees have actualized these goals and this report details their activities.

Major subcommittee highlights for 2019 include:

Health: Collaborating with Baltimore City Health Department's community mapping of social determinant of health resources and establishing a deeper understanding of how lack of access to resources and services contributes to "social isolation" for those living in disadvantaged communities.

Housing: Completed a comprehensive review of housing policies and practices that can contribute to improved health. Identified strategies and resources that could mitigate the impact of poor housing on health. Recognized the connections between poor housing and workforce opportunities and sought connections with agencies and resources that could allow for improving housing outcomes by addressing health and workforce challenges.

Social Justice: Collaborated with Turn Around Tuesday to improve workforce development for underserved community members in West Baltimore. Worked with community organizations including "BUILD" to improve voter registration in West Baltimore.

Education: Initiated work on a comprehensive review to understand the impact of violence in schools in Baltimore. Attended workshop in Baltimore City on the Kirwan report to understand how the subcommittee could align activities with report recommendations.

Workforce Development and Jobs: Worked collaboratively with a coalition of faith-based, institutions in Baltimore to develop a network of churches to pursue connections and receive funding that will collaboratively work to increase workforce development and job opportunities for young people ages 14-24.

LESSONS LEARNED 2019

As a taskforce, we also learned new lessons this year and recognized additional key social determinants that need attention, specifically access to technology and transportation. First, there is growing realization that internet access and digital technologies are rapidly emerging as new social determinants of health. According to the Pew Research Center, approximately 90 percent of U.S. adults are using the internet. In addition, online shopping has transformed retail; online courses are disrupting the education sector, while

broadband internet and digital technologies continue to transform the entertainment industry, transportation sector, health care systems, politics, news, and the employment sectors. As such, more and more of life for everyday Americans is being lived online. As a result, lack of owning or having access to broadband internet and digital technologies renders the individual increasingly unable to shop, obtain an education, vote, or even apply for a job. Broadband internet access has become the lens through which consumers see, access, and experience the world. In this way, it is very similar to other social determinants of health, which shape life experiences and profoundly affect health outcomes, particularly among poor and underserved populations. Even as broadband and digital technologies enable new ways of connecting people, growing numbers of individuals — particularly poor, urban, and underserved seniors — are living largely confined to their homes with little meaningful interaction with family and friends and reduced access to needed resources and services. This confinement to their homes is a form of social isolation, which has been shown to be associated with several health problems and poor health outcomes, including depression and cardiovascular diseases.

Finally, access to affordable and reliable transportation is beginning to be recognized as a key determinant of health. The cost and time required to complete necessary daily activities can greatly affect quality of life. Individuals who are more affluent have several options for transportation while those who cannot afford it face many challenges, including long commute times and crowded buses. As a result, they often miss life-improving opportunities that they are unable to attend on a reliable basis. An affordable, reliable transportation system facilitates in person access to education, jobs, recreational and after-school activities, healthier food options, health care facilities, as well as quality time with friends and family. Quality public transportation systems reduce single-occupant automobiles on the road, decreasing toxic emissions that exacerbate asthma and other respiratory conditions. Public transportation system usage facilitates positive health outcomes by increasing physical activity, as there is generally at least some walking or biking associated with taking a bus or train.

Achieving optimal health is dependent on one's access to technology, transportation, and reasonable housing. There was repeatedly convergence and overlap in the activities and goals of the subcommittees. Issues of health, housing, education, workforce development and jobs, and social justice are interconnected. The subcommittees expect that they will have synergies in their effort as their goals become increasingly interconnected.

Moving forward into 2020, significant changes for the taskforce members and leadership must be addressed. These changes include the resignation of Senator Shirley Nathan Pulliam, a visionary and active leader for this group. Shirley Nathan-Pulliam has agreed to continue to serve as a senior advisor to the taskforce and its activities. President Jay A. Perman, who was appointed to designate the chair and co-chair of the taskforce, will soon transition from president of UMB to chancellor of the University System of Maryland. President Perman will either continue in his role with regard to the taskforce or delegate his responsibilities to the appropriate leaders at UMB. Delegate Keith Haynes also remains an advisor to the taskforce and we anticipate that Senator Charles E. Sydnor III may be appointed to the SDH Taskforce to replace Senator Nathan-Pulliam. Further, two members of the taskforce were required to transition out of their leadership roles in 2019, and Lynn Twyman (co-chair Social Justice Subcommittee) and Dr. Charlotte Wood (chair of Education Subcommittee) have stepped down. New individuals will need to be appointed to subcommittee leadership roles in 2020.

The following report includes detailed subcommittee annual reports for activities completed in 2018-2019. In addition, we have completed our second annual review of social determinants of health related policy from across the United States. Most of the bills identified focus on over-the-counter medications, including sunscreen, asthma inhalers, and epinephrine injectors on school grounds. A smaller number of new legislation relate to lead, either in drinking water on school grounds or in public housing, residential lead paint, and lead in children's jewelry. We hope that this review will provide policymakers with evidence of similar activities that other states are taking to address SDH. While Maryland remains a leader in having specific data to address SDH, this review can help to identify consensus

practices or model legislation. These findings inform the ongoing work of this taskforce. Along with these findings, our work to date will contribute to the establishment of a firm foundation on which to build subsequent policy recommendations and future success in addressing SDH Maryland.

SUBCOMMITTEE ANNUAL REPORTS

HEALTH AND HUMAN SERVICES SUBCOMMITTEE ANNUAL REPORT

A. Health and Human Services Subcommittee Member List

Social Determinants of Health Taskforce for Baltimore City: Health and Human Services Subcommittee			
Taskforce on the Social Determinants of Health in Baltimore City Act of 2018 (SB 444)			
Role	Name	Title	Organization
Chair	Dr. Annelle Primm	Senior Medical Director	The Steve Fund
Co-Chair	Charles Jackson	Community Organizer	Family League of Baltimore
Member	Dr. Allen Tien	President and Chief Science Officer	mdlogix
Member	Alma Roberts	Senior Program Manager	Kaiser Permanente Community Health, Baltimore
Member	Dr. Angela Onime	Program Manager	University of Maryland, Baltimore
Member	Ashlee Johnson	Former Community Engagement Manager	Leaders of a Beautiful Struggle
Member	Dr. Brenda Gould	Assistant Professor of Public Health/Community Health	Coppin State University
Member	Dr. Crystal Black	Associate Professor of Nursing	Coppin State University
Member	Dr. Danielle Artis	Assistant Professor of Nursing	Coppin State University
Member	Dr. Danita Tolson	Associate Professor of Nursing/ Baccalaureate Nursing Education Chairperson	Coppin State University

Member	Dr. Darlene Hinds-Jackson	Assistant Professor of Nursing	Coppin State University
Member	Debbie Rock	Chief Executive Officer	Light, Health, Wellness
Member	Dr. Denyce Watties-Daniels	Assistant Professor of Nursing	Coppin State University
Member	Dr. Harolyn Belcher	Professor of Pediatrics	Johns Hopkins School of Medicine
Member	Jan Desper Peters	Interim Director	Black Mental Health Alliance
Member	Janette North	Research Associate, FCC/Johns Hopkins Initiative	Coppin State University
Member	Dr. Laundette Jones	Assistant Professor	University of Maryland School of Medicine
Member	Dr. Lori Harvin	Assistant Professor of Nursing	Coppin State University
Member	Dr. Noel Brathwaite	Director	Maryland Department of Health, Office of Minority Health and Health Disparities (MHHD)
Member	Dr. Phyllis Sharps	Professor, Associate Dean for Community Programs and Initiatives	Johns Hopkins School of Nursing
Member	Dr. Stacey Wood	Assistant Professor of Nursing	Coppin State University, College of Health Professions, Helene Fuld School of Nursing
Member	Wanda Belle	Program Coordinator	Centers Medicare & Medicaid Services (CMS)
Member	Dr. Kyle Burton	Emergency Medicine Resident	Johns Hopkins University Hospital
Member	Raneitra Grover	Doctoral Student	Morgan State University School of Community Health and Policy
Member	David Thomas	Doctoral Student	Morgan State University

B. Progress on Health and Human Services Subcommittee Goals for Year 1 - August 2018 - August 2019

1. Reduce the impact of the negative forces of the social determinants of health such as segregation and economic deprivation by:

- Developing an online directory of programs and resources that address social determinants of health in a specific geographic area of West Baltimore ZIP codes 21217 and 21223;
 - Utilized Coppin State University students to compile information of first 15 B-CIITY (Baltimore City Intergenerational Initiatives for Trauma and Youth) sub grantees of the SAMHSA RECAST grant to Baltimore City Health Department to add to our initial database.
- Conducting a gap analysis of unmet needs regarding social determinants of health in that location:
 - In collaboration with Dr. Ogbolu, the committee developed a definition of social isolation, which underscored that social isolation has a direct impact on health, well-being, and longevity. This definition will serve as a foundation to guide the committee's efforts to increase connections to services and resources to help families that are socially isolated in West Baltimore.
 - The committee learned from Dr. Ogbolu's Social Isolation project, which employed focus groups discussions with community members in West Baltimore. These discussions revealed that while social determinant of health resources are available in West Baltimore that would be beneficial to families experiencing challenges, often families do not know about the existence of helpful resources, often blocks away from where they reside. The critical issue is how to make families aware of the services in proximity to them. In keeping with this finding, our committee will advise the Baltimore City Health Department on advertising the CHARMcare database to reach families in Baltimore who need the services. The subcommittee will facilitate the visibility of local organizations by recommending resources be added to the CHARMcare database.

2. Develop collaboration with Baltimore City Health Department.

- A group of eight of the Health and Human Services committee members met at the Baltimore City Health Department with Dr. Shelly Choo to learn about the database, CHARMcare, and have a discussion on how the SDH HHS committee could support the development of CHARMcare.

C. Health and Human Services (HHS) Subcommittee Suggested Action Items for 2020

1. Provide internship opportunity for students from Coppin State and other affiliated organizations to provide data entry for the CHARMcare database.
2. Identify resources for the CHARMcare database including B-CITY grantees, which grew out of the SAMHSA RECAST grant to the Baltimore City Health Department. These 30 grantees provide services to promote resilience among youth and their families in West Baltimore.
3. Query members of the committee to identify additional resources for the CHARMcare database, which may not be known to the Baltimore City Health Department.
4. Collaborate with Healthy Rowhouse Initiative with the SDH Housing Subcommittee by identifying committee members who would participate on its research initiative to promote safe housing and health.

D. Health and Human Services Subcommittee Policy Recommendations

Based on review of community data, the Health and Human Services Subcommittee recommends policy that supports strengthening two key hunger reduction programs for children, including Breakfast in the Classroom and Summer SNAP for Children.

1. Maryland Meals for Achievement -- Breakfast in the Classroom Program

Maryland Meals for Achievement (MMFA) is a highly successful program that has supported breakfast in the classroom programs in hundreds of high-poverty schools for more than 20 years. The additional funding that was included in the state budget in FY 2019 has allowed the Maryland State Department of Education to expand the program to additional schools. Because of MMFA, **nearly 276,000 students benefit from school breakfast in the classroom** and on their behalf, we thank you.

State funding for MMFA is currently \$7.55 million and funding supplements the federally funded School Breakfast Program in 522 schools, ensuring students in those schools receive their breakfast at no cost. We know that student participation in school breakfast increases in schools with MMFA and as a result, **every dollar in state funding leverages an additional \$5.50 in federal reimbursements**. MMFA funding also **reduces child hunger, improves child health, and advances educational outcomes** (Source: <http://www.eric.ed.gov/PDFS/ED460784.pdf>)

Unfortunately, more than 300 additional high-poverty schools are eligible, but unable to participate in MMFA due to insufficient funding for the program. We suggest an increase in the MMFA budget of an additional **\$3.9 million so that all of the more than 185,500 students in these 310 schools can benefit**.

2. Summer SNAP for Children – The first state legislation of its kind, Summer SNAP for Children has put our state in the national spotlight as **a leader in addressing the problem of summer hunger**. Food insecurity is a problem year-round but worsens during the summer months when schools are closed. In the summer, most children lose access to free or reduced-price school meals and many families struggle with higher childcare costs and grocery bills. **Maryland’s innovative new Summer SNAP for Children program** builds on the existing foundation of the Supplemental Nutrition Assistance Program (SNAP) and the Food Supplement Program (FSP), which provides low-income Marylanders with monthly benefits on an electronic benefits card (EBT). Summer SNAP for Children provides an additional state and county-funded supplemental benefit onto EBT cards during June, July, and August as well as during the winter school break. Based on research demonstrating reduced food insecurity and improved diets,¹ Summer SNAP for Children provides an additional \$100 per child, per year to support their health and development.

Interest and excitement for the new program has been high and most counties have expressed an intention to participate. In fact, county governments have indicated that they will contribute more than \$300,000 in local funding in addition to the \$200,000 in state funding that was appropriated by the legislature. **Regrettably, the state funding allocated for this program will only support 2,000 low-income children, a fraction of the 250,000 children in the State of Maryland who are eligible and in need.** Therefore, we request an increased state appropriation for Summer SNAP for Children.

3. Supplemental Nutrition Assistance Program (SNAP) - **More than 625,000 Marylanders** rely on SNAP or FSP and they are a critical part of the safety net that helps families in our state put food on the table every day.² Unfortunately, the amount of support provided through federal SNAP/FSP rules is too low to allow some families to purchase the healthy food they need. In fact, thousands of Marylanders receive the federal minimum monthly benefit — an astonishingly low \$15 per month.

With a state-funded increase, all Marylanders that are eligible for SNAP/FSP can receive a minimum of at least \$30 a month to purchase food. Maryland has already taken the lead in increasing this minimum benefit level for seniors; we now ask for your support for the approximately **26,200 low-income households** in our state that still receive less than \$30 per month in food assistance. According to the most recent data available, an additional \$4.7 million in state funding will ensure that all Marylanders with SNAP/FSP will receive a meaningful benefit of at least \$30 a month. Investment in the SNAP program is an investment in local economies –**every \$1 in SNAP benefits generates \$1.80 in local economic activity.**

E. Health and Human Services Subcommittee Goals for Year 2 - 2020

1. Work with the Baltimore City Health Department on developing the CHARMcare database. We will undertake this goal due to how similar CHARMcare is to our original goal

¹ Source: <https://fns-prod.azureedge.net/sites/default/files/ops/sebctfinalreport-summary.pdf>

² A monthly average of 625,914 Marylanders participated in SNAP/FSP in FY 19, according to DHS reports.

in year 1 of creating a database to address the social determinants of health and social isolation in West Baltimore. We will expand our focus and add resources to the database to cover the entire city of Baltimore instead of a few ZIP codes. Given the reality of the limitations of our committee’s fiscal and human resources, we decided to reach out to the leadership of the Baltimore City Health Department to partner, help develop, and build upon the CHARMcare database. Our engagement with the Baltimore City Health Department as supporters, facilitators, and advisors for CHARMcare was welcomed and encouraged.

2. Serve as advisors for the CHARMcare database to make sure that it is accessible and user-friendly to the public.
3. Supply the Baltimore City Health Department with student interns to upload service organizations and other resources to the CHARMcare database.
4. Transfer the information in the initial SDH HHS subcommittee database that was created by Coppin University nursing students to the CHARMcare database.

WORKFORCE DEVELOPMENT and JOBS SUBCOMMITTEE ANNUAL REPORT

A. Workforce and Economic Development Subcommittee Member List

Social Determinants of Health Taskforce for Baltimore City			
Workforce Development and Jobs Subcommittee			
Taskforce on the Social Determinants of Health in Baltimore City Act of 2018 (SB 444)			
Role	Name	Title	Organization
Chair	Dr. Stacy Smith	Strategist	Ministers Conference of Baltimore and Vicinity
Co-Chair	Joseph Daniels	CEO	The Josa Group, LLC
Member	Dr. Kevin Daniels	Professor	Morgan State University
Member	Dr. John Lunn	Pastor	Berean Baptist Church of Baltimore
Member	Sonia Eady	President	Poppleton Now Community Association, Inc.

B. Progress on Workforce and Economic Development Subcommittee Goals for Year 1 - August 2018 - August 2019

1. Created a collaboration with the Ministers Conference of Baltimore City and Vicinity (MCBV).
2. Utilized the MCBV collaboration to establish the program called "*And the Church Shall Lead Economic Development Plan*" to support the development of economic development hubs for workforce development tech centers throughout churches in the City of Baltimore.
3. Reviewed 2016 Baltimore & Potomac plans for new AMTRAK and MARC Tunnels to better understand the intersection of job opportunities and transportation
4. Reviewed 2016 Baltimore – Washington SCMAGLEV plans to better understand the intersection of job opportunities and transportation
5. Attended Transit Choices' meeting North Avenue Corridor Transportation meeting with Councilman Leon Pinkest and Councilman Robert Stokes in attendance.

C. Workforce and Economic Development Subcommittee Suggested Action Items

1. Expand the *And the Church Shall Lead Economic Development Plan* workforce development tech centers in collaboration with MCBV.
2. Solicit more members for the committee to support achievement of proposed goals for 2020-21.
3. Consider reaching out to Maryland Department of Transportation to develop a deeper understanding of proposed metro route augmentations and new bus routes.
4. Meet with the Baltimore Metropolitan Council to understand how to enhance transportation as a means to enhance job opportunities for people in Baltimore.
5. Meet with key stakeholders to review the economic analysis of transportation alternatives at the Penn-North Metro Station that could enhance job opportunities for people in Baltimore.

D. Workforce and Economic Development Subcommittee Policy Recommendations

1. Recommend policymakers consider expanding expungement policies for people returning to Baltimore from prison, returning citizens. The Department of Justice recognizes that the collateral consequences of criminal records "can create an array of lifelong barriers that hamper successful re-entry into society—including barriers to voting and other civic participation, education, employment, professional licensing, housing, and

receipt of public benefits,” and often have a detrimental effect on individual and family economic security.³

2. 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,⁴ significantly hampering an individual’s ability to have personal transportation that would allow one to secure and maintain income.

3. Work with local and state workforce development agencies in Baltimore 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.

E. Workforce and Economic Development Subcommittee Goals for Year 2 - August 2019 - August 2020

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 14-24 obtain a job in technology industry in collaboration with the Ministers Conference of Baltimore City and Vicinity.
3. Continue to solicit and develop a repository of opportunities with companies and programs willing to employ returning citizens and the other vulnerable populations in Baltimore.
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 committee members who are actively engaged in workforce development opportunities in Baltimore to participate as volunteer members of the committee.

³ U.S. Commission on Civil Rights (2019). Collateral Consequences: The Crossroads of Punishment, Redemption, and the Effects on Communities. Available at <https://www.usccr.gov/pubs/2019/06-13-Collateral-Consequences.pdf>. Accessed January 2020.

⁴ Maryland Code, Transportation § 16-203.

HOUSING SUBCOMMITTEE ANNUAL REPORT

A. Housing Subcommittee Member List

Social Determinants of Health Taskforce for Baltimore City: Housing Subcommittee			
Taskforce on the Social Determinants of Health in Baltimore City Act of 2018 (SB 444)			
Role	Name	Title	Organization
Chair	Klaus Philipsen	Principal	ArchPlan
Co-Chair	Andre Robinson	CEO	The Robinson Group
Member	Nicole Earle	Vice President	The Columbia Bank
Member	Wanda Best	Executive Director	Upton Planning Committee
Member	Claudia Wilson Randall	Associate Director	Community Development Network
Member	Lisa Hodges	Executive Director	Westport Community Economic Development Corporation
Member	Direct Trevant		Civic Works
Member	Dr. Patricia McLaine	DrPH, MPH, RN Assistant Professor and Specialty Director	Community Public Health Nursing

B. Progress on Housing Subcommittee Goals for Year 1 - August 2018 - August 2019

1. Identified three leading health hazards directly related to housing:
 - a. Poor indoor air quality from mold, pollutants, and rodents, leading to a variety of ailments, including asthma;
 - b. Injury from falls due to loose railings, unsecured stairs, and similar deficiencies;

- c. Lead from pipes and lead paint (deferred to others).
2. Identified a strategy toward a pilot project for risk mitigation and optimally improved health outcomes modeled after *Healthy Rowhouse* in Philadelphia and the existing *HUBS* program in Baltimore:
 - a. Target low-income homeowners in areas of high disinvestment who frequently are denied conventional home improvement loans
 - b. Limit loans to a repair cost of \$15,000 per household or property
 - c. 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)
 3. Identified possible funding sources including:
 - a. Use of the existing Affordable Housing Trust Fund
 - b. Use of city bonds
 - c. Use of impact investment funds from the health care industry

C. Housing Subcommittee Suggested Action Items

1. Identify target area by finding stakeholders and partners with synergistic programs such as Upton's \$100,000 homeowner support program
2. Identify funders by talking with key personnel at all potential funding sources. Target size of the pilot 100-300 homes
3. Win support for the pilot and launch potentially needed enabling legislation.

D. Housing Subcommittee Policy Recommendations

1. Reduce housing vacancy in Baltimore by supporting people in houses and thereby staving off the supply pipeline instead of dealing with buildings after they are vacant.
2. Engage the health care industry in supporting healthy housing. Incentivize health care institutions to use their Medicare reimbursement to pay for the production of healthy affordable housing. This investment will help reduce cost to deliver health care in their catchment area.
3. Engage with workforce development groups for workforce training on the home repair program.
4. Engage the city housing department leadership to discuss opportunities for expansion of current program to renters through support of small, low-income property owners through bond funding.

5. Coordinate with and report activities to the Legislative Black Caucus.

E. Housing Subcommittee Goals for Year 2 - August 2019 - August 2020

1. Implement pilot program identified in year 1 by identifying funding sources and an entity that can administer the program funds.
2. Expand healthy household considerations to the neighborhood level including air pollution, noise, safety, and social isolation.
3. Identify pilot project for addressing health hazards on the neighborhood level.

F. The policy subcommittee of our Housing Committee has the following specific funding recommendations (Members Lisa Hodges, Nicole Earle):

1. In addition to using a portion of the Housing Trust Fund, or issuing bonds to fund the healthy housing renovation pilot, we propose incentivizing health care providers to use savings from Medicare reimbursement to invest in the production of healthy housing in their catchment area. Kaiser Permanente, Bon Secours, and LifeBridge have been engaged in feasibility discussions around this concept. We recommend identification of focus areas using community needs assessment or other health indicator factors. Health care providers are already tracking health outcomes and can easily also include production of healthy housing as a strategy to reduce poor outcomes.
2. A Housing Taskforce was legislatively established in December 2017 in part to develop a comprehensive housing strategy for the city. This taskforce has not been populated nor have any funds been identified to staff said taskforce. We recommend using the administrative line item in the Housing Trust Fund budget to pay for staff and that some of our group members be included in populating the taskforce. This would assist us in making sure that healthy housing building standards become part of the production and preservation strategy for the city.
3. We recognize the need to focus also on rental housing conditions. The 2017 United Way ALICE report determined that there are at least 128,000 rental units in Baltimore that are sub-standard. We therefore recommend the use of public funds to improve indoor air quality and train residents on integrated pest management.
4. We recommend a goal of 500 units in the pilot at no more than \$15,000 per homeowner improvement grant/loan. We recommend that the funds be deployed through community-based organizations as they are best equipped to identify qualified grantees and ensure compliance to set program guidelines. Funds should be targeted to homes with children or seniors with health issues that can be alleviated with the deployment of the repair funds. Funds will be deployed in a geographic area to be selected based on specific criteria to ensure maximum effectiveness.

SOCIAL JUSTICE SUBCOMMITTEE ANNUAL REPORT

A. Social Justice Subcommittee Member List

Social Determinants of Health Taskforce for Baltimore City: Social Justice Subcommittee			
Taskforce on the Social Determinants of Health in Baltimore City Act of 2018 (SB 444)			
Role	Name	Title	Organization
Chair	Antoinette Mugar	MSN	VP, Harlem Park; Chaplain, Baltimore City Police Dept.
*Co-Chair	Lyn Twyman	Domestic Violence Advocate	CEO, LASERS, Inc.
Member	Lela Campbell	M.Ed., LCPC	Founder, A Step Forward, Inc.
Member	Kameron Nelson	BSN	

**Inactive and deactivated from Taskforce*

B. Social Justice Subcommittee Goals for Year 1: August 2018- August 2019

The goal of the Social Justice Subcommittee is to lessen the impact of crime and violence, to reduce the rate of recidivism in West Baltimore (21217), and to better understand the dynamics around conflict resulting in violence. To do so the committee will establish working relationships with Turn Around Tuesday, Safe Streets, No Shoot Zone, and CeaseFire in a collaborative and strategic effort to reduce crime in Sandtown and Harlem Park.

The Social Justice Subcommittee had advance relationships 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. The participants will also learn how to be leaders in their communities all while gaining knowledge about civic responsibility.

C. Progress on Social Justice Subcommittee Suggested Action Items

1. Participate in various recruitment campaigns to help spread the word about TurnAround TuesdayProgram (TAT)

- a. Recruit people to participate in the TAT program from church food pantries- Mt. Zion Baptist Church, First Calvary Baptist Church, Macedonia Baptist Church, and Gilmore Homes, neighborhood schools in recruitment efforts – Harlem Park Elementary School, Roots & Branches, Gilmore Elementary;
- b. Continued to disseminate information from community organization in West

Baltimore to Baltimore City Police Department (BCPD) – to discourage locking up or relocking up those who lack conflict resolution skills around minor offenses; encourage positive relationship building with BCPD;

- c. Collaborated with Western District police chaplains to discuss ways to engage residents in a positive manner with the BCPD;
- d. Participated in prayer walks in Sandtown, Harlem Park, Southwest Baltimore, and Edmonson Avenue – areas with high rates of violent criminal activity;
- e. Invite Safe Streets, CeaseFire, and No Shoot Zone to speak at future SDOH general meeting.
- f. In 2019, the subcommittee completed point's a-f (above), resulting in 130 individuals from West Baltimore becoming employed through the TAT program.

2. **Conduct a safety survey in the community of Harlem Park to elicit citizen perceptions around safety.** Ask residents how they feel about home security systems as a deterrent to home invasion. Ask residents if they feel isolated due to the prevalence of crime and violence in and around their neighborhoods.

In 2019, the social justice subcommittee collaborated with BUILD, a local community organization, to complete a community assessment. The data from this assessment is currently be analyzed.

3. Because voter participation is critical to the concept of social justice, we will **collaborate with other stakeholders and organizations to increase voter turnout.** The subcommittee aimed to increase voter turnout in one neighborhood by 50 percent over seven years. BUILD clergy and organizers canvassed Harlem Park Westside (HPW), Sandtown, and Midtown Edmondson to register voters on Oct. 13, 2018 and Nov. 3, 2018. Collaborating with community organizations, the subcommittee assisted in successfully registered 58 new voters on Oct. 13, 2018 with the assistance of BUILD, TAT, HPW, and Step Forward. 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.

In 2019, the social justice subcommittee collaborated with Harlem Park Community Association, a local community organization, to encourage community members to register to vote.

4. **Continued to engage and support Step Forward** participants in community outreach activities as part of their holistic treatment plan.

In 2019, the social justice subcommittee collaborated with Harlem Park Community Association, a local community organization, and engaged in community outreach activities.

EDUCATION SUBCOMMITTEE ANNUAL REPORT

A. Education Subcommittee Member List

Social Determinants of Health Taskforce for Baltimore City: Education Subcommittee			
Taskforce on the Social Determinants of Health in Baltimore City Act of 2018 (SB 444)			
Role	Name	Title	Organization
Chair	Dr. Charlotte M. Wood	Associate Professor	Coppin State University
Co-Chair	Mr. Dennis Scott	Educator/Coordinator	Montgomery County Public Schools
Member	Mr. Lou Packett	Retired businessman	Retired
Member	Mr. Marques Dent	CEO	CEO D.E.N.T. Group
Member	Dr. Brenda Gould	Assistant Professor	Coppin State University
Member	Betty Pettiford	Retired Principal	Retired
Member	Dr. Lilly Benson	Retired Educator	Retired

B. Education Subcommittee Goals for Year 1- August 2019 - August 2020

1. Research and analyze how violence affects learning outcomes in K-12 educational programs to develop evidence that could inform future strategies using evidence-based practices.
2. Improve the committee's awareness and access to applied experience and supplemental educational opportunities for K-12, undergraduate, graduate programs, and adult literacy to impact low graduation rates. Plan a strategy to research and define the education and training initiatives needed to maximize employee performance to support current and future workforce opportunities (i.e. internships, IT training, certification programs, externships, residency programs).
3. Participated in the Race and Reconciliation Taskforce meeting with Dr. Kirwan to better understand educational needs in the state, as described in the Kirwan report.

C. Education Subcommittee Proposed Activities for 2020

1. Develop a brief report on violence in the education system and identify evidence-based practices.
2. Develop community-based focused groups to discuss and recommend initiatives to reduce school-based violence.
3. Collaborate with various government and nongovernment organizations to determine opportunities for applied experience. (We still plan to connect with agencies and organizations, however, the multitude of leadership turnovers have prevented this initiative).
4. Advocate for all students to have some type of applied experience.
5. Complete a needs assessment with approximately 10-15 employers to determine the educational needs that will help facilitate employee professional growth and skill development related to poor performance (to be completed in spring 2020).

D. Education Subcommittee Policy Recommendations

1. Policy to promote mental health initiatives within the K-12 school system to assist students with anger management and their exposure to violence and violent behaviors.
2. Policy to ensure that the curriculum has identified content areas with applied experiences and appropriate residencies.
3. Policy to ensure ongoing community partners and stakeholders be included in the resolution of school issues.

E. Education Subcommittee Goals for Year 2 - August 2019 - August 2020

1. Seek opportunities to collaborate with local community organizations and stakeholders to assist with implementation of the Kirwan report recommendations.
2. Research and analyze how violence affects learning outcomes in K-12 educational programs and develop future strategies using evidence-based practices.
3. Research and define the education and training initiatives needed to maximize employee performance to support current and future workforce opportunities (i.e. internships, IT training, certification programs, externships, residency programs).
4. Improve access to applied experience and supplemental educational opportunities for K-12, undergraduate, graduate programs, and adult literacy to impact low graduation rates.

The following section of the report describes additional health equity legislation that has passed in other states.

HEALTH EQUITY / SOCIAL DETERMINANTS OF HEALTH LEGISLATION PASSED IN OTHER STATES

A search of the National Conference of State Legislatures' Environmental Health Bill Database indicates there were 38 environmental justice bills passed in 19 states in 2019. An additional 71 environmental justice bills were introduced, voted on, and rejected by state legislatures. This review may be of interest to policymakers seeking to address social determinants of health.

Among the 38 new pieces of environmental justice legislation, the vast majority concerned the administration of over-the-counter medications, including sunscreen, asthma inhalers, and epinephrine injectors, on school grounds. A variety of other bills signed into law relate to lead, either in drinking water on school grounds or in public housing, residential lead paint, and lead in children's jewelry. Also popular in state environmental justice bills this past year were bans on certain flame-retardant chemicals often found in children's products and residential furniture upholstery. While many states sought to limit the use of glyphosate in pesticides used on school grounds, in public parks, and on playgrounds, many of these efforts were ultimately unsuccessful. The remaining new state environmental justice legislation involves radon testing in schools, healthy meal plans in schools, and e-cigarette restrictions for minors.

The following is a list of passed state environmental justice legislation from 2019.

Arizona

AZ S 1026 was **enacted** on May 13, 2019, authorizing administration of emergency medication to certain school pupils under certain circumstances.

Arkansas

AR H 1167 was **enacted** on Feb. 28, 2019, providing for students to possess a topical sunscreen on school property without authorization to avoid overexposure to the sun.

AR H 1745 was **enacted** on April 10, 2019, providing that certified school nurses or other medical staff may maintain a stock of epinephrine auto-injectors or albuterol. Certified school nurses or other medical staff may administer epinephrine auto-injectors or albuterol to any student provided the professional hold a good faith belief the student is suffering from an anaphylactic reaction, regardless of whether a parent or guardian waiver authorizing such administration is on record with the school. This bill was merely amended to include albuterol in addition to the authority certified school nurses or other medical staff previously held with regard to epinephrine auto-injectors.

California

CA S 78 was **enacted** on June 27, 2019, as an omnibus funding measure. The law includes all four provisions detailed above in CA A 78 as it stalled in the House pending Senate action.

CA A 206 was **enacted** on Aug. 30, 2019 making a property owner or property owner's agent immune from liability associated with a lead abatement program where that property owner or agent conducts an abatement program as the result of a public nuisance judgment or settlement related to lead.

CA S 647 was **enacted** on Sept. 27, 2019, reducing the lead content limits for electroplated metal, unplated metal, plastic or rubber, and dye or surface coating used in jewelry or children's jewelry.

CA A 743 was **enacted** on July 12, 2019, requiring school districts to accept written authorization for a pupil to carry self-administering inhaled asthma medication from a physician or surgeon contracted with a lawfully operating prepaid health plan under the laws of Mexico, which is licensed as a health care service plan in California.

Colorado

CO SR 6 was **adopted** on March 26, 2019, designated a specified date as Children's Health Day.

Connecticut

CT S 922 was **enacted** on June 26, 2019, permitting students to apply sunscreen prior to engaging in outdoor activities.

Delaware

DE H 89 was **enacted** on May 15, 2019, updating the makeup of the Childhood Lead Poisoning Advisory Committee.

Illinois

IL H 345 was **enacted** on April 8, 2019, amending the Prevention of Tobacco Use by Minors and Sale and Distribution of Tobacco Products Act by changing the name of the Act to the Prevention of Tobacco Use by Persons under 21 Years of Age and Sale and Distribution of Tobacco Products Act. The act raises the minimum age of individuals eligible to purchase tobacco products, electronic cigarettes, and alternative nicotine products.

IL S 1250 was **enacted** on Aug. 2, 2019, amending the School Code to require “a school district, public school, or nonpublic school to permit a student diagnosed with pancreatic insufficiency to self-administer and self-manage his or her pancreatic enzyme replacement therapy” provided both the parent or guardian of the student and the child’s advanced practice registered nurse, physician, or physician’s assistant provides written authorization. (NCSL Environmental Health Bill Tracking database.)

Indiana

IN S 4 was **enacted** on April 10, 2019, “requires the Indiana finance authority to divide the state of Indiana into study areas and to hold annual meetings with the officers and employees of the water and wastewater utilities located in each study area, [and] authorizes the utilities within a study area to meet voluntarily to determine area water and wastewater priorities,” (NCSL Environmental Health Bill Tracking database).

IN S 632 was **enacted** on April 10, 2019. The bill requires the state Department of Health to provide recommendations for radon testing to the Department of Education, the legislative council, the superintendent and facilities manager for each school, and the chief administrative officer for each nonpublic school. The Department of Health will update the recommendations every three years for distribution.

Maine

ME S 119 was **enacted** on April 11, 2019, permitting public school students to use topical sunscreen on school property or at school sponsored events without a prescription or prior authorization from a parent or legal guardian.

ME H 261 was **enacted** on May 14, 2019, requiring “the Department of Health and Human Services to file a notice of the existence of an environmental lead hazard in the Registry of

Deeds” and to likewise file a notice with the registry when abatement has been completed. (NCSL Environmental Health Bill Tracking database.)

ME S 336 was **enacted** on June 27, 2019, requiring “that all state children be tested for unsafe exposure to lead at one year of age and at two years of age.” The law also increased “the lead poisoning prevention fee per gallon of paint, and allows up to half of the fee to be used for mandated dwelling inspections and certain mandated orders.” (NCSL Environmental Health Bill Tracking database.)

ME H 731 was **enacted** on June 5, 2019, defining lead poisoning as a confirmed elevated level of blood lead equal to or exceeding a certain amount of micrograms per deciliter.

ME H 802 was **enacted** on May 30, 2019, requiring that school administrative units test schools and other buildings for radon for compliance with EPA standards and report test results to the Department of Education and the Department of Health and Human Services.

Minnesota

MN H 359 was **enacted** on May 22, 2019, banning the use of certain flame-retardant chemicals in certain home furniture.

Nebraska

NE LR 107 was **enacted** on May 14, 2019. The bill “[c]ongratulates the Omaha Healthy Kids Alliance on receiving the National Environmental Leadership Award in Asthma Management.” (NCSL Environmental Health Bill Tracking database.)

Nevada

NV S 90 was **enacted** on June 7, 2019. The law changes requirements for testing of children for lead and established the Diapering Resources Account to furnish diapers for low-income families.

NV S 159 was **enacted** on May 21, 2019. The law provides for sunscreen possession and self-administration in schools by pupils.

NV A 205 was **enacted** on June 3, 2019. The law sets policy for pest management and requires chemical free pesticides on school grounds.

NV S 262 was **enacted** on May 30, 2019. The law provides some regulation of prescription drugs used to treat asthma.

New Jersey

NJ A 2164 was **enacted** on Jan. 31, 2019. The law “amends the Healthy Small Food Retailer Act, provides funding to small food retailers to sell fresh and nutritious food, requires the Department of Agriculture to expand the Jersey Fresh website to provide opportunities for the establishment of purchasing networks between farmers, distributors, grantees, and small food retailers participating in the Health[y] Corner Store Program.” (NCSL Environmental Health Bill Tracking database.)

NJ A 4120 was **enacted** on Aug. 24, 2018. The bill allows for funding to replace lead-contaminated water service lines.

NJ A 4799 was **enacted** on May 10, 2019, authorizing possession and self-administration of hydrocortisone sodium succinate by students suffering adrenal insufficiency while on school grounds. The law also requires public and nonpublic schools to develop a plan for the emergency administration of such medication.

New York

NY S 501 was **passed** and sent to the Governor’s Office on April 10, 2019. The bill regulates certain toxic chemicals in children’s products.

NY S 5349 was **passed** and is awaiting the governor’s signature. The bill amends the regulation of toxins in children’s products, including the added definition of trace contaminant.

Oklahoma

OK S 48 was **enacted** on May 2, 2019. The bill permits the possession and self-administration of replacement pancreatic enzymes for the treatment of cystic fibrosis within schools.

OK S 381 was **enacted** on April 23, 2019. The law permits possession and self-administration of asthma treatment devices and requires the Department of Education to stock inhalers for emergency treatment of pupils.

OK H 2339 was **enacted** on May 28, 2019. The law prevents vaccination of children on school property without prior written authorization from a parent or guardian.

Texas

TX H 2243 was **enacted** on May 24, 2019. The law permits possession and self-administration of prescription asthma medication on school property.

Utah

UT H 344 was **enacted** on March 25, 2019. The law permits schools to stock albuterol and provide it to certain staff members for administration to authorized students.

Vermont

VTH 218 was **enacted** on April 19, 2019. The law “proposes to further amend lead poisoning prevention statutes by clarifying the definition of ‘target housing’ and by prohibiting unsafe work practices in target housing or in child care facilities.” (NCSL Environmental Health Bill Tracking database.)

Virginia

VA H 1377 was **enacted** on March 9, 2018. The law permits the possession and self-administration of epinephrine by students or staff involved in outdoor educational programs.

VA H 1534 was **enacted** on March 30, 2018. The law directs the Department of Health to review consumer complaints related to and certification requirements for radon testing and advise as to the need for further oversight of individuals performing radon testing and mitigation.

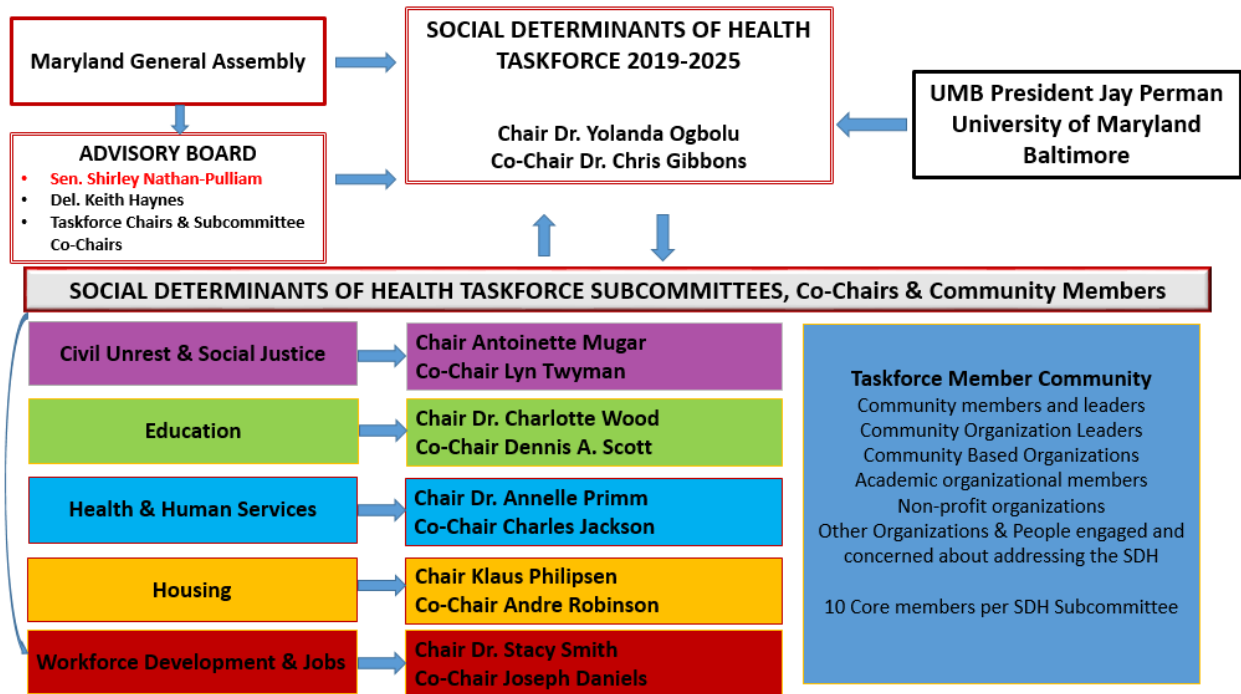
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APPENDICES

APPENDIX I: Taskforce Organizational Chart and Contact list



Taskforce Contacts

Taskforce

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Education Subcommittee

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Workforce Development and Jobs

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APPENDIX II- Meeting Agendas and Minutes

A. January 10, 2019 Meeting Agenda

Social Determinants of Health Taskforce for Baltimore City

Thursday, January 10, 2019 | Meeting Agenda

1. Update from the Chairs on SDH Taskforce progress (5 minutes)
2. Subcommittee feedback (10 minutes each)
 - a. Subcommittees to Report in following order please
 - i. Health - Annelle and Charles
 - ii. Education - Dennis and Charlotte
 - iii. Social Justice - Antoinette and Lynn
 - iv. Housing - Andre and Klaus
 - v. Workforce Development - Joseph and Stacy
3. RWJF social isolation grant update (10 minutes)
4. Finalize the SB444 Report – what is left to do (10 minutes)
5. Recommendations for subsequent meetings (10 minutes)
6. Other items on committees' lists of points to discuss

B. March 14, 2019 Meeting Agenda and Minutes

Social Determinants of Health Taskforce Advisory Board Meeting Agenda March 14, 2019

Present: Yolanda Ogbolu, Klaus Phillipsen, Annelle Primm, Stacy Smith, Anne Brenner

- I. Website update
- II. Public Meeting planning

- III. Subcommittee Reports
 - a. Workforce Development
 - b. Health and Human Services
 - c. Housing
 - d. Social Justice
 - e. Education

C. June 6, 2019 Meeting Agenda

**Social Determinants of Health Taskforce Advisory Board Meeting Agenda
June 6, 2019**

- I. Subcommittee Reports
 - a. Education
 - b. Health & Human Service
 - c. Housing
 - d. Social Justice
 - e. Workforce Development
- II. JHU meeting re: Taskforce participation (Dr. Gibbons)
- III. Administrative Tasks
 - a. Bylaws
 - b. Ethics training
- IV. Public Meeting Plan
 - a. Potential speakers
 - b. Baltimore City Public Health Commissioner
 - c. Sarah Szanton JHU Capable Program – Community Aging in Place—
Advancing Better Living for Elders - (potential backup speaker to Health
Commissioner) Link:
<https://www.johnshopkinssolutions.com/solution/capable/>

D. July 26, 2019 Public Meeting Agenda

**Social Determinants of Health Taskforce Public Meeting Agenda
July 26, 2019**

Meeting Agenda

- 12:00 p.m. Welcome**
- Senator Shirley Nathan-Pulliam
 - Delegate Keith Haynes
 - Jane Shaab, BioPark Vice President and Executive Director

Dr. Yolanda Ogbolu

- 12:15 p.m.** **Baltimore City Commissioner for Health Dr. Letitia Dzirasa**
- 12:45 p.m.** Q & A with Dr. Dzirasa, Baltimore City Health Commissioner
- 1:00 p.m.** Housing Subcommittee Presentation
- 1:15 p.m.** Lightning Subcommittee Reports
- 1:35 p.m.** Breakout Sessions with Subcommittees

**E. Social Determinants of Health Taskforce Advisory Board Meeting
September 12, 2019**

**Social Determinants of Health Taskforce Advisory Board Meeting Agenda
September 12, 2019**

- I.** Debrief of SDH Taskforce Public Meeting July 26
- II.** Updates from Subcommittees
 - a. Social Justice Subcommittee
 - b. Education
 - c. Housing
 - d. Workforce Development
 - e. Health and Human Services
- I.** Financial disclosure forms (a few minutes) due + financial disclosure training (2 hours) due
- II.** Next public meeting: Evening meeting to allow more community members

F. Social Determinants of Health Advisory Board Meeting Minutes October 10, 2019

**Social Determinants of Health Taskforce Advisory Board Meeting Agenda
October 10, 2019**

- I.** Administrative Issues:
 - a. Mandatory financial disclosure forms and required training
 - b. Communication between subcommittees
 - c. Annual Report
 - d. Meeting times

- II. Subcommittee Reports – 10 minutes each
 - a. Social Justice
 - b. Education
 - c. Housing
 - d. Workforce Development
 - e. Health and Human Services
- III. Grant Update
- IV. Next Public Meeting Plan
- V. Announcements

G. Social Determinants of Health Advisory Board Meeting Minutes November 14, 2019

**Social Determinants of Health Taskforce Advisory Board Meeting Agenda
November 14, 2019**

- I. Administrative Issues
 - a. Mandatory financial disclosure forms and required training
 - b. Annual Report
- II. Subcommittee Reports on Annual Goals and Proposed Goals– 10 minutes each
 - a. Social Justice
 - b. Education
 - c. Housing
 - d. Workforce Development
 - e. Health and Human Services
- III. Grant Update
- IV. Next Public Meeting Plan
 - Scheduled for January 13, 2020
- V. Announcements

Presentations available by request

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