Shirley Nathan-Pulliam Health Equity Act of 2021
Maryland Commission on Health Equity (MCHE)
October 18, 2021, 2:00 pm - 4:00 pm
Minutes

I. Welcome
Steve Schuh, Deputy Secretary for Health Care Financing, Maryland Department of Health
Chair of the Maryland Commission on Health Equity

II. Introductions
Marianne Gibson, Deputy Director, Opioid Operational Command Center

Commission Members in Attendance: Dr. David Bishai (MACHO), Danielle Meister (DHCD), Erica Chapman (MDE), Jennifer Edwards (DGS), Kanishk Sharma (MDP), Kathleen Birrane (MIA), Keisha Peterson (DHS), Keva Jackson (DJS), Kirsten Robb-McGrath (MDOD), Lance Schine (DoIT), Mary Keller (Labor), Slyvia Lawson (MSDE), Michelle Ramirez (DNR), Robert Green (DPSCS), Roslyn Jones (MDVA), Tonya Wigfall (Commerce), Dr. Jinlene Chan (Public Health), Earl Lewis (MDOT), Steve Schuh (MDH), Belinda Thomas (Maryland House of Delegates on behalf of Del. Sample-Hughes), Senator Mary Washington (Maryland Senate)

Commission Members Absent: Cassie Shirk, Department of Agriculture, Dr. Aliya Jones, Deputy Secretary, BHA, David Brinkley, Secretary, DBM, Derek Peck, Captain, Maryland State Police, Delegate Sample-Hughes, Leonard Croft, Maryland Department of Aging

Guests: Secretary Dennis Schrader, Dr. Jeffrey Woolford, Alphius Sesay, Becca Lane, Geoff Dougherty, Heather Shek, Joel Frushone, Johanna Alonso, Kim Sydnor, Laura Mandel, Marianne Gibson, Mark Luckner, Melissa Einhorn, Noel Brathwaite, Princess Collins, Renee Bova-Collis, Robin Rickard, Tequila Terry, Teresa Heath, Pam Kasemeyer, Brandi Cahn, Michael Gibbons, Tracey DeShields, Craig Behm, Calvin Johnson, Becca Lane, Anna Sierra, Jean Drummond

III. Opening Remarks
Dennis Schrader, Secretary, Maryland Department of Health

IV. Overview of MCHE
Chair Schuh and Dr. Jeffrey Woolford, Assistant Secretary of Health and Chief Medical Officer, MDH
- Overview
    - SB52/HB78 Public Health – Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021), became effective October 1, 2021.
    - The Commission will advise on issues of racial, ethica, cultural and

socioeconomic health disparities; develop a comprehensive health -equity plan to address the social determinants of health; and set goals for achieving health equity.

- Key MDH Roles
  - Chair - Steve Schuh
  - Vice Chair - Dr. Aliya Jones
  - Office of Governmental Affairs - Health Shek
  - Advisors - Dr. Jeff Woolford and Dr. Noel Brathwaite
  - Staffing and Logistics - Marianne Gibson
- Critical Partners
  - Maryland Health Care Commission
  - CRISP
  - Health Services Cost Review Commission
  - Community Health Resources Commission
  - Office of Minority Health Disparities, Developmental Disabilities Administration
- Structure
  - The Governor appointed Steve Schuh, Deputy Secretary of Health Care Financing, Chair.
  - One member of each of the Senate and House of Delegates.
  - Secretaries or designees of: Aging, Agriculture, Budget & Management, Commerce, Disabilities, Environment, General Services, Health, Housing, Human Services, Information Technology, Juvenile Services, Labor, Natural Resources, Planning, State Police, Transportation, Veteran Affairs, Education, Insurance , Corrections, and MACHO.
- Health Equity Commission Mission
  - Employ a Health- Equity Framework.
  - Provide advice on issues of racial, ethical, cultural or socioeconomic health disparities.
  - Facilitate coordination of expertise and experience in developing a comprehensive health-equity plan addressing the social determinants of health.
  - Set goals for health-equity and prepare a plan for the state to achieve health equity in alignment with other statewide planning activities.
  - Collaborate with the Health Information Exchange (HIE) to make recommendations on data collection, needs, quality, reporting, evaluation and visualization.
- Responsibilities
  - Prepare a plan for the state to achieve health equity.
  - Establish a statutory committee on data collection.
  - Establish a non-statutory committee to recommend a Health Equity Framework.
  - Prepare and submit an annual report by December 1st of each year, starting in 2022 outlining recommendations.
  - Examine and make recommendations regarding incorporating health and safety considerations into decision-making, implicit-bias training, and training on collection of patient self-identification data and national standards.
  - Foster collaboration among the units of government and develop policies to

improve health and to reduce health inequities.
- Identify measures for monitoring and advancing health equity in the state.
- Deliverables
  - Four yearly meetings.
  - Annual report on the activities of the Commission due to the Governor and the Maryland General Assembly (MGA) on or before December 1st each year.
  - Study on status of health effects of inequities on or before December 1, 2023.
- Data Advisory Committee
  - Statutory requirement.
  - In partnership with CRISP as the state's Health Information Exchange:
    - Make recommendations on data collection, needs, quality, reporting, evaluation, and visualization.
    - Develop, maintain, and utilize a health-equity data set as defined and approved by the Commission.
- Health Equity Policy Committee
  - Non-statutory.
  - Advises the state on implementing a Health Equity Framework.
  - A Health Equity Framework is a public health framework to improve health outcomes and reduce health inequities by incorporating health considerations into decision making across sectors and policy areas.
  - Leveraging the work of the Minority Health and Health Disparities Health Equity Subcommittee to advise on a Health Equity Framework.
- Next Steps
  - Confirm membership of the Data Advisory Committee and Health Equity Policy Committee.
  - Vote on organizational policies.

V. Organizational Policies
Deputy Director Gibson
- Organizational Policies
  - Members of the MCHE shall carry out their responsibilities by attending meetings, reviewing documents and correspondence, responding to communications from the MCHE Chair and staff, and sharing in the work of the MCHE.
  - MCHE will meet quarterly, and as otherwise called by the Chair.
  - Comply with the Maryland Open Meetings Act.
  - A quorum to conduct business shall be a majority of the full authorized membership.
  - Will procedures set forth in Robert's Rules of Order.
  - Attendance: MCHE members must attend 50% of meetings within a 12-month period.
  - A member shall promptly acknowledge to the Chair receipt of the notice of agenda and other materials.
  - The Chair may appoint members to serve on two Standing Committees (Data Advisory Committee and Health Equity Policy Committee).
  - Members of the Commission shall refer to the Chair any requests by news media or others to speak about the work of the Commission.

- - Conflicts of interest: Members of the Commission must comply with the Maryland Public Ethics Law. Members of the Commission must complete the on-line training required by the Maryland State Ethics Commission. Members will need to file a financial disclosure if they haven't done so as part of their current position.
    - Organizational Policies of the Commission shall be adopted by a two-thirds vote of the Commission at a regular meeting of the Commission and shall take effect immediately.
    - Amendments:
      - The Organizational Policies of Commission may be amended by a two-thirds vote
- Next Steps
  - Circulate the organizational policies
  - Vote electronically on adopting policies by October 25th, 2021.

VI. Special Presentations

1. Overview of Policy Findings from Health in All Policies Workgroup, Dr. Keisha Porter-Pollack, Professor and Vice Dean for Faculty, Johns Hopkins Bloomberg School of Public Health
   - Health in All Policies (HiAP)
     - Refers to a "change in the systems that determine how decisions are made and implemented by local, state, and federal government to ensure that policy decisions have neutral or beneficial impacts on the determinants of health."
     - Requires public health practitioners to collaborate with other sectors to define and achieve mutually beneficial goals.
   - Key Elements of HiAP
     - Promote health, equity, sustainability considerations
     - Support interagency/intersectoral collaborations
     - Create co-benefits for multiple partners
     - Engage a broad array of stakeholders
     - Create structural or procedural changes
   - Tools and Tactics to Achieve HiAP
     - Creating cross-sector government structures
     - Integrating health into planning processes including zoning updates and General Plans
     - Integrating health language info RFPs
     - Developing health-related grant scoring criteria
     - Workforce development
     - Using Health Impact Assessment and related tools
   - HiAP Workgroup
     - The 2017 SB340/HB1225 Health in All Policies workgroup legislation requires a report of the Workgroup's recommendations on or before January 31, 2019.
     - Recommendations:

- ■ Establish a HiAP Council and create a HiAP Framework
            - ■ Develop a HiAP Toolkit
            - ■ Integrate HiAP Framework into funding announcements and procurement opportunities
            - ■ Create a process to facilitate data sharing
    - ● Implementation Consideration
        - ○ Evidence, evaluation, data, tools
        - ○ Collaboration
        - ○ Institutionalization
        - ○ Community engagement
        - ○ Leadership and political will
2. Review of Health Equity Framework, Dr. Kim Sydnor, Dean of the School of Community Health and Policy and Dr. Noel Brathwaite, Director of the Office of Minority Health and Health Disparities, Maryland Department of Health
    - ● MHHD Health Equity Subcommittee
        - ○ Works on a health equity framework report since last fiscal year
        - ○ Work is grounded in review of existing frameworks and practices and current rethinking of equity from the social determinants of health perspective
    - ● Membership
        - ○ Sedonna Brown, Sandra Conor, Kim Dobson Sydnor, Sandy Washington, Lara Wilson
    - ● Vision/Mission
        - ○ Achieve health equity where all individuals and communities have the opportunity and access to achieve and maintain good health.
        - ○ Address the social determinants of health and eliminate health disparities by leveraging the Departments resources, providing health equity consultation, impacting external communications, guiding policy decisions and influencing strategic direction on behalf of the Secretary of Health.
    - ● Work Undertaken to Date
        - ○ Broad discussion with the larger Advisory Committee
        - ○ Reviewed Health Equity frameworks last year
        - ○ Determined that the RWJ definition of equity would be useful for creating a localized action framework
        - ○ Utilized a variation of the RWJ work advanced by Dr. Lawrence Brown author of Black Butterfly: The Harmful Politics of Race and Space in America, which explores equity with greater depth
        - ○ Draft report is in process for December 1 submission as part of the MHHD Advisory Committee full report
    - ● Link Between SDOH and Health Equity/Inequities
        - ○ Health inequity results from the unequal distribution of power, income, goods and services
        - ○ Power inequity influences the social determinants of health and conditions of daily life

- Equity Framework Domains
    - Wealth and Capital
    - Spatial and Technological Inequalities
    - Historical Context and Trauma
    - Intersectionality
    - Equity in all Policy

3. Social Determinants of Health Task Force, Dr. Yolanda Ogbolu, University of Maryland Baltimore
    - Social Determinants of Health Taskforce Grassroots to Policy
        - In February 2015, former Senator Shirley Nathan-Pulliam convened a workgroup made of academics, community organizations, entrepreneurs, government representatives, health care system leaders, local residents, and urban planners.
        - SB444 was signed into law in the 2018 legislative session.
    - SB444
        - Mandated for 7 years.
        - SDH Taskforce is composed of five subcommittees: health and human services, social justice, workforce development, education, and housing.
        - SDH Task Force's goals are to identify and examine negative social factors that cause socio-economic struggles in communities and develop and implement solutions and policies to improve the lives of residents in their communities, workplace, and worship.
    - Taskforce Subcommittees
        - Health
        - Housing
        - Education
        - Social Justice
        - Workforce Development
    - Social Determinants of Health Taskforce COVID Activities
        - The Taskforce met with key stakeholders who concurred that COVID disparities were linked to social determinants of health or conditions in which many live in Baltimore City.
        - Convened an emergency meeting in April 2020, to address COVID-related disparities, build relationships, and share information for action.
    - SDH Goals
        - Support the community and it's member to lead and take ownership
        - Embrace and integrate innovative ideas and methods
        - Work with diverse groups
        - Convene multi-sectional groups together
        - Avoid duplication of efforts
        - Connect individuals, families and communities to meaningful resources
        - Measure progress on SDOF and health equity
        - Collaborate to invest and build up communities
        - Utilize technology to stay connected

- Catalyze social justice models with social accountability models

Chair Schuh motions to adjourn, Senator Washington approves, Dr. Chan seconds.