Agency Environmental Justice Strategic Plan (EJSP)

Maryland Department of Health

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Maryland
DEPARTMENT OF HEALTH

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Section 1: Introductory Message by Agency Head

The Maryland Department of Health (MDH) is committed to advancing public health practice and policy in order to promote equal opportunities for healthy living for all Marylanders.

Environmental conditions that affect health include air quality, access to healthy foods and clean water, housing conditions, and exposure to environmental pollution, among other factors. The unequal distribution of environmental hazards and exposures disproportionally affects low-income communities and communities of color and contributes to health disparities[1,2,3,4]. These communities often face a higher burden of chronic disease, including asthma and cardiovascular disease, among other adverse health outcomes[5,6].

The MDH Environmental Justice Strategic Plan captures the Department's commitment to improving the health of all Marylanders through collaboration with communities and partnership with other agencies. This Strategic Plan includes three goals identified by the Department through community engagement and various priority setting initiatives. Through the work contained in this plan and across the Department, MDH aims to reduce environmental disparities and ensure that environmental justice is considered when delivering public health services - to ensure that all Maryland residents have the opportunity to live safe and healthy lives.

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[1] "Economically Disadvantaged Communities," USDA Climate Hubs, United States Department of Agriculture, accessed July 10, 2026, https://www.climatehubs.usda.gov/hubs/northwest/topic/economically-disadvantaged-communities.

[2] "Environmental Conditions," Healthy People 2030, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, accessed July 10, 2026, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/environmental-conditions.

[3] Center for Sustainable Systems, University of Michigan, "Environmental Justice Factsheet," Pub. No. CSS17-16, September 2025, https://css.umich.edu/publications/factsheets/sustainability-indicators/environmental-justice-factsheet.

[4] Gaige Hunter Kerr et al., "Increasing Racial and Ethnic Disparities in Ambient Air Pollution-Attributable Morbidity and Mortality in the United States," *Environmental Health Perspectives* 132, no. 3 (March 2024): 37002, https://doi.org/10.1289/EHP11900.

[5] "Asthma Trends Brief: Current Asthma Demographics," American Lung Association, last modified February 25, 2026, https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/current-demographics.

[6] Zulqarnain Javed et al., "Race, Racism, and Cardiovascular Health: Applying a Social Determinants of Health Framework to Racial/Ethnic Disparities in Cardiovascular Disease," *Circulation: Cardiovascular Quality and Outcomes* 15, no. 1 (January 2022): e007917, https://doi.org/10.1161/CIRCOUTCOMES.121.007917.

Section 2: Executive Summary

The MDH Environmental Justice Strategic Plan focuses on three goals to maximize impact: addressing chronic disease, specifically asthma; using data for effective decision-making; and ensuring access to healthy foods. The goals in this plan reduce health disparities and aim to improve health outcomes within communities facing environmental justice (EJ) concerns.

To ensure these efforts are actionable and effective, the objectives and priority actions identified in this plan leverage existing priority setting and strategic planning activities and investments across the Department, including the Achieving Healthcare Efficiency through Accountable Design (AHEAD) model, the State Health Improvement Plan (SHIP), the Maryland Comprehensive Cancer Control Plan, the Maryland Rural Health Transformation Program (RHTP), and MDH strategic planning efforts.

By embedding environmental justice strategies into ongoing departmental initiatives and fostering interagency partnerships, MDH is leveraging a whole-of-government approach to maximize health benefits and investments for Maryland's historically underserved, overburdened and marginalized communities.

Goal 1: Enhance screening, treatment, and care for chronic illnesses, specifically those exacerbated by environmental hazards, like asthma, in communities experiencing health disparities.

- **Objective 1.1:** By June 30, 2027, strengthen statewide pediatric asthma management by adopting and disseminating Maryland's updated Asthma Action Plan (by October 1, 2026) and developing a strategy to improve reporting of school-based asthma data collection.
- **Objective 1.2:** Reduce the rate of emergency department (ED) visits for asthma among all children aged 2 to 17 years old from a 2023 baseline rate of 7.8 per 1,000 to a rate of 5.3 per 1,000 by 2029; and reduce the rate of ED visits for asthma among all non-Hispanic and Hispanic Black children aged 2 to 17 years old from a 2023 baseline rate of 14.6 per 1,000 to a rate of 6.9 per 1,000 by 2029.

Goal 2: Enhance program planning and resource allocation by embedding environmental justice data across agency operations.

- **Objective 2.1:** Ensure the updated Maryland Climate and Health Profile Report accurately reflects and addresses the climate-related health vulnerabilities of

overburdened communities by integrating direct stakeholder feedback and environmental justice data.

Goal 3: Ensure Access to Healthy Foods

- **Objective 3.1:** Prevent increases in household food insecurity in Maryland, maintaining the rate at 16.4% for 2027 and decreasing the rate to 15% in 2036.
- **Objective 3.2:** By 2030, increase the proportion of Marylanders who consume fruits and vegetables daily to reach the following targets:
    - Fruit: Adults age 18 years and older: 66.1% (2021 Baseline: 62.9%), High school youth: 30.8% (2022 Baseline: 29.3%)
    - Vegetables: Adults ages 18 years and older: 84.8% (2021 Baseline: 80.8%), High school youth: 59.6% (2022 Baseline: 56.8%)

Section 3: Agency Environmental Justice Vision Statement

The mission of the Maryland Department of Health (MDH) is to protect and advance the health and well-being of all Marylanders through systems that work for people. The Maryland Department of Health envisions a state where everyone has an equal opportunity to live, work, learn, play, and thrive in a healthy, safe, and sustainable environment, no matter where they live.

Environmental justice, as practiced by MDH, is equal protection from environmental and public health hazards for all people regardless of race, ethnicity, income, culture, social status, and geographic location. Lack of meaningful access to services, programs, resources, and environmental decision-making processes can disproportionately affect health outcomes among historically underserved, overburdened, and marginalized populations.

Guided by MDH's vision of achieving the best possible health for all Marylanders and aligned with the State's commitment to environmental justice and resilience, this strategic plan aims to reduce health disparities by:

- Improving care delivery and coordination across the continuum of home, school, the community, and the healthcare system;
- Providing easily accessible data essential to understanding the health status of Marylanders and efforts to reduce disparities;
- Addressing the drivers that cause or exacerbate disparities, and working with partner agencies to mitigate or eliminate those drivers.

Section 4: Overall Approach to Advancing Environmental Justice

Under the Valuing Opportunity, Inclusion, and Community Equity (VOICE) Executive Order, the Maryland Department of Health (MDH) holds a central role and leverages Department resources to reduce health disparities, advance health equity, and improve overall health outcomes. MDH recognizes that environmental hazards and degradation, in addition to climate change, are core drivers of negative health outcomes and contribute to observed health disparities.

Environmental challenges include a broad range of risk factors, from environmental degradation as a result of industrial practices to unequal access to healthy foods. Disruptions such as extreme weather events and heat, increased coastal flooding, and reduced air and water quality negatively impact human health through a number of mechanisms. These include exacerbation of respiratory and cardiovascular diseases and increased opportunity for injuries, chronic disease, and premature deaths. Furthermore, emerging environmental challenges, including exposure to pollutants like per- and polyfluoroalkyl substances (PFAS), and the compounding effects of climate change on mental and behavioral health, underscore the need for a robust, coordinated public health response.

Advancing environmental justice requires ongoing collaboration, the elimination of operational silos, and the fostering of robust public and private partnerships. MDH is committed to the state's "whole-of-government" approach to environmental justice, actively serving on the newly established Interagency Environmental Justice and Equity Advisory Council, in addition to the long-standing positions on the Commission on Environmental Justice and Sustainable Communities (CEJSC) and the Children's Environmental Health and Protection Advisory Council (CEHPAC). The Department has established partnerships with other state agencies to identify and make improvements where there are potential intersections of health with the social determinants of health such as housing, planning, transportation, and other elements of the built environment. Through these partnerships, MDH contributes to and champions cross-agency solutions and facilitates a "Health in All Policies" (HiAP) approach to complex environmental justice issues such as air quality and food access.

To ensure a comprehensive HiAP approach across state governments, MDH also actively participates in the Sustainable Growth Subcabinet. In this role, MDH helps discuss and

approve priority funding areas and sustainable community designations. Although health is not explicitly listed as a category within the state's recently updated planning principles, MDH's involvement ensures that the critical, underlying health components of sustainable development and the built environment are consistently factored into state planning decisions.

MDH is actively partnering with the Department of Housing and Community Development (DHCD) on neighborhood revitalization efforts to address the profound intersection of health and housing. Poor housing quality, overcrowding, and environmental hazards such as lead, mold, or poor indoor air quality, can contribute to negative health outcomes including chronic disease and injury[7,8,9]. Recognizing that housing quality and instability are major drivers of health disparities, MDH and DHCD leadership recently initiated a partnership to address how issues like eviction impact public health, including maternal health outcomes. To ensure this leadership directive results in actionable change, MDH and DHCD meet monthly to proactively identify opportunities to align health and housing initiatives at the programmatic level.

Other examples of MDH's long history of collaboration, planning and implementation of targeted interventions include the 2016 Maryland Climate and Health Report, supported by the CDC's Climate-Ready Cities and States Initiative. This Report has served as the definitive analysis of health impacts from climate change in Maryland. Utilizing the Centers for Disease Control and Prevention's (CDC's) Building Resilience Against Climate Effects (BRACE) framework, MDH collaborated with local health departments and academic institutions to model anticipated climate impacts on public health, serving as a vital first step in developing targeted interventions.

As underscored by the MDH climate adaptation work, MDH prioritizes active partnerships with local communities, governmental agencies, academia, and businesses to devise data-informed, community-specific strategies that effectively minimize environmental burdens among all Marylanders. MDH launched an Asthma Community of Practice with individuals representing health care systems, primary care providers, academia, families, and other stakeholders. The vision for the Community of Practice is that all people and families living with asthma receive the best possible care so that

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[7] X. Bonnefoy, "Inadequate Housing and Health: An Overview," *International Journal of Environment and Pollution* 30, no. 3/4 (2007): 411, https://doi.org/10.1504/IJEP.2007.014819

[8] J. Krieger and D. L. Higgins, "Housing and Health: Time Again for Public Health Action," *American Journal of Public Health* 92, no. 5 (2002): 758–68.

[9] Office of the Surgeon General, *The Surgeon General's Call to Action to Promote Healthy Homes* (U.S. Department of Health and Human Services, 2009), https://www.ncbi.nlm.nih.gov/books/NBK44192/.

asthma does not affect their quality of life, and their mission is to improve practice through information and resource sharing. The Asthma Community of Practice serves as a forum to exchange best practices and information regarding asthma treatment, management and prevention; improves collaboration among stakeholders involved in asthma care; and ensures that Marylanders with asthma get the best possible care and access to prevention services.

In addition, MDH works collaboratively with MDE and other agencies on the State's PFAS Action Plan. As part of the plan, MDH is committed to providing data that addresses populations that may not be in a position to afford testing of drinking water in private wells. The MDH Laboratories Administration is now a national leader in testing capabilities for PFAS in water, and has used that resource in a number of settings to evaluate PFAS concentrations in communities that do not have resources for testing.

Maryland has a demonstrated commitment to using data and evidence for improved outcomes, including improved health outcomes and reduced health disparities. In keeping with this commitment, the VOICE Executive Order requires the use of data-driven goals and indicators to monitor progress, including for public engagement, and to track disparities related to environmental hazards. MDH released the state's first public data portal highlighting environmental factors and health outcomes in 2008, under the Maryland Environmental Public Health Tracking (EPHT) program. The Maryland EPHT program provides county and subcounty data across a broad range of topics, allowing public health agencies to monitor disease trends, engage in research on linkages between environmental factors and health, and evaluate preventative policies and programs. In addition to the public data portal, MDH shares data with other state agencies to inform decision-making tools, such as the MDE MDEnviroScreen and environmental justice score. MDH is committed to continuing to improve access to data for stakeholders in a meaningful way.

Because consistent access to nutritious food is vital for chronic disease prevention and management, MDH collaborates with multiple state entities to invest in infrastructure to support locally grown and raised foods, actively addressing the diet-related epidemics of heart disease, diabetes, and obesity at their root causes. The Food is Medicine initiative includes medically tailored meals (MTMs) and produce prescriptions to incorporate healthy foods as part of the prevention and treatment of diet-related chronic conditions. Through the MDH Population Health Improvement Fund, eligible Maryland residents are able to enroll in the six-month MTM program at no out-of-pocket cost. The MTM program provides personalized meals that are tailored to individual medical needs and supports

Maryland residents in living healthier lives. Nutrition support is provided to enrolled residents by Registered Dietician Nutritionists.

The Engaging Neighborhoods, Organizations, Unions, Governments, and Households (ENOUGH) Act was passed in 2024 and addresses the upstream factors that contribute to poverty across Maryland. The overarching goals of this community-driven initiative are to end childhood poverty and to improve economic mobility for Marylanders. One of the four pillars of the ENOUGH initiative specifically focuses on high-quality healthcare to support healthy families. The MDH Food is Medicine programs help create healthier communities by addressing food access, with much of this work occurring in environmental justice communities across Maryland, consistent with the mission of the ENOUGH Initiative.

Section 5: Advancing Environmental Justice Through Goal Setting

Goal 1: Enhance screening, treatment, and care for chronic illnesses, specifically those exacerbated by environmental hazards, like asthma, in communities experiencing health disparities

Environmental exposures, such as air pollution, poor indoor air quality, household asthma triggers (mold, pests, etc.), and other environmental factors contribute to asthma and risk of exacerbation. This can result in increased emergency department (ED) visits among populations who experience higher levels of these environmental exposures. The asthma-related goals aim to reduce the uneven exposure levels among Marylanders and to improve the health of those living with asthma across the state, thus promoting equitable health outcomes.

One tool to improve consistency of care is an asthma action plan, used by providers to help all caregivers (parents, guardians, child care providers, schools) provide consistent treatment. In Maryland, the asthma action plan also serves as a treatment authorization for school health and child care providers. MDH is updating the asthma action plan to reflect more recent changes in treatment recommendations, and is also working with the state's health information exchange (Chesapeake Regional Information System for our Patients, CRISP) to integrate the asthma action plan into the CRISP portal, to increase its usefulness, streamline completion and facilitate sharing between providers.

Goal 1 Objectives and Priority Actions	
Objective 1.1: By June 30, 2027, strengthen statewide pediatric asthma management by adopting and disseminating Maryland's updated Asthma Action Plan (by October 1, 2026) and developing a strategy to improve reporting of school-based asthma data collection.	
Priority Actions	***Metrics***
Adopt and disseminate an updated Asthma Action Plan in concert with key stakeholders. **Lead:** MDH Public Health Services	• Maryland Asthma Action Plan adopted
Develop an MDH strategy for improved asthma pediatric care coordination. **Lead:** MDH Public Health Services	• MDH strategy for improved asthma pediatric care coordination developed

Objective 1.2: Reduce the rate of emergency department (ED) visits for asthma among all children aged 2 to 17 years old from a 2023 baseline rate of 7.8 per 1,000 to a rate of 5.3 per 1,000 by 2029; and reduce the rate of ED visits for asthma among all non-Hispanic and Hispanic Black children aged 2 to 17 years old from a 2023 baseline rate of 14.6 per 1,000 to a rate of 6.9 per 1,000 by 2029.	
Priority Actions	***Metrics***
Expand the Environmental Health and Medicaid home visiting program in geographic areas experiencing health disparities to identify and mitigate indoor environmental asthma triggers for high-risk pediatric populations. **Lead:** MDH Public Health Services, Medicaid	• Number of jurisdictions participating in home visiting programs for asthma and lead • Number of families who are eligible and enrolled in the program • Number of home environmental assessments and trigger mitigations completed annually in communities identified as overburdened • Number of children successfully discharged from home visiting program. Defined as children who meet or exceed targets within the span of 3-6 home visits • Percentage of participating households reporting a decrease in reliance on asthma rescue medications within six months of the first interim home visit intervention.

Goal 2: Enhance program planning and resource allocation by embedding environmental justice data across agency operations.

Collecting, analyzing, and reporting on population health data is the foundation of creating health policies and programs that result in meaningful health improvements in individuals and in communities. This goal works to include environmental risk factor data in public health data collection in order to ensure that environmental contributions can be considered when understanding upstream drivers of health outcomes. These data will allow analyses that can shed light on disparities that can inform future programming. For example, areas defined in statute as environmental justice areas (in which populations are overburdened and underserved, as captured in the MDE EnviroScreen tool) are not currently applied to public health data broadly (except for asthma, heart attack, and low birth weight). The planned update to the Climate and Health Profile Report will explicitly and systematically apply these parameters to a broader swath of health outcome data. Communities across Maryland, including those most impacted by environmental exposures, will have an opportunity to make their voices heard in relation to the range and types of health outcomes and environmental exposures they feel should be included in the update.

Goal 2 Objectives and Priority Actions	
Objective 2.1: Ensure the updated Maryland Climate and Health Profile Report accurately reflects and addresses the climate-related health vulnerabilities of overburdened communities by integrating direct stakeholder feedback and environmental justice data.	
Priority Actions	***Metrics***
By June 1, 2026, MDH will, in coordination with MDE and DNR, convene a kickoff meeting for the update to the Maryland Climate and Health Profile Report. **Lead:** MDH Environmental Health Bureau	• Number and geographic diversity of stakeholder groups engaged in the kickoff meeting (target = representation across all geographic regions)

Goal 3: Ensure Access to Healthy Foods

Dietary factors are among the leading contributors to morbidity and mortality. Improving food access, reducing food insecurity, and increasing fruit and vegetable consumption will help address inequities that contribute to diet-related health conditions. This goal aims to improve access to nutritious foods for Marylanders, helping to ensure that communities have the resources needed to live healthy lives. In doing so, it also addresses the uneven food landscape, with certain communities disproportionately affected by food deserts and inundation of unhealthy foods.

<table>
<tr><th colspan="2">Goal 3 Objectives and Priority Actions</th></tr>
<tr><td colspan="2">Objective 3.1: Prevent increases in household food insecurity in Maryland, maintaining the rate at 16.4% for 2027 and decreasing the rate to 15% in 2036.</td></tr>
<tr><th>Priority Actions</th><th>Metrics</th></tr>
<tr><td>Utilize Rural Health Transformation Program (RHTP) funding to coordinate with partner agencies to increase food access and empower rural Marylanders to eat for health.
Lead: MDH State Office on Rural Health</td><td>● Number of sustainable infrastructure improvements</td></tr>
<tr><td colspan="2">Objective 3.2: By 2030, increase the proportion of Marylanders who consume fruits and vegetables daily to reach the following targets:
○ Fruit: Adults age 18 years and older: 66.1% (2021 Baseline: 62.9%), High school youth: 30.8% (2022 Baseline: 29.3%)
○ Vegetables: Adults ages 18 years and older: 84.8% (2021 Baseline: 80.8%), High school youth: 59.6% (2022 Baseline: 56.8%)</td></tr>
<tr><th>Priority Actions</th><th>Metrics</th></tr>
<tr><td>Utilize Rural Health Transformation Program (RHTP) funding to coordinate with partner agencies, including the Maryland Department of Agriculture (MDA), Department of Housing and Community Development (DHCD), Maryland Department of Emergency Management (MDEM), and the Rural Maryland Council (RMC), to increase food access and empower rural Marylanders to eat for health.
Lead: MDH State Office on Rural Health</td><td>● Number of sustainable infrastructure improvements
● Number of new initiatives to strengthen healthy food distribution across rural Maryland
● Number of expanded initiatives to strengthen healthy food distribution across rural Maryland</td></tr>
</table>

By June 30, 2027, provide medically tailored meals (MTMs) for individuals with specific medical conditions to reduce hospitalizations and emergency department (ED) visits. MTMs improve diet quality by replacing unhealthy foods with meals that are aligned with clinical guidelines. Individuals who face food insecurity often face tradeoffs between purchasing food, medications, and other necessities. MTMs reduce food insecurity and the financial strain associated with obtaining healthy food. **Lead**: MDH Office of Strategic Initiatives	• Enrollment in medically tailored meals (baseline: 0; target: 3000 people)

Section 6: Meaningful Engagement and Consultation

MDH prioritizes the promotion of community-driven leadership and engagement while serving as a trusted authority that educates and empowers individuals to make informed decisions about their health and well-being. The Department has a commitment to building trust through transparency with stakeholders, trusted partners, and communities with lived experiences.

In keeping with this commitment and in accordance with the VOICE Executive Order, MDH sought out opportunities for meaningful engagement with communities impacted by environmental injustice. MDH leveraged recent and ongoing avenues for stakeholder input to inform the development of this Environmental Justice Strategic Plan. To ensure the strategic plan's goals and objectives aligned with the needs of those most impacted, MDH presented its foundational framework for this plan to: the Children's Environmental Health & Protection Advisory Council (CEHPAC); the kickoff meeting for the Climate and Health Profile Report Update; the MDH Office of Minority Health and Health Disparities grantees; and a Local Health Improvement Coalition (LHIC) convening. These partners provided feedback and insights on the proposed approach and validated the proposed overarching goals.

MDH utilized the Maryland Department of the Environment's MDEnviroScreen mapping tool to identify local health jurisdictions with communities whose scores indicated they were heavily overburdened and under-resourced. MDH conducted targeted outreach to planners in these jurisdictions to learn more about the specific environmental hazards and health concerns their communities face, ensuring that MDH's plan is grounded in local realities.

This plan also leveraged insights gathered from the Community Input Assessment conducted in 2023 to inform the State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The online survey (offered in English, Spanish, Chinese, Korean and Haitian Creole) asked Maryland residents what they considered the most pressing health issues in the State. Of 4,500 responses, nearly 72% selected one or more environmental justice-related issues as the most important issues affecting the health and well-being of their communities, and over 93% selected at least one environmental-justice related contributor or healthy communities.

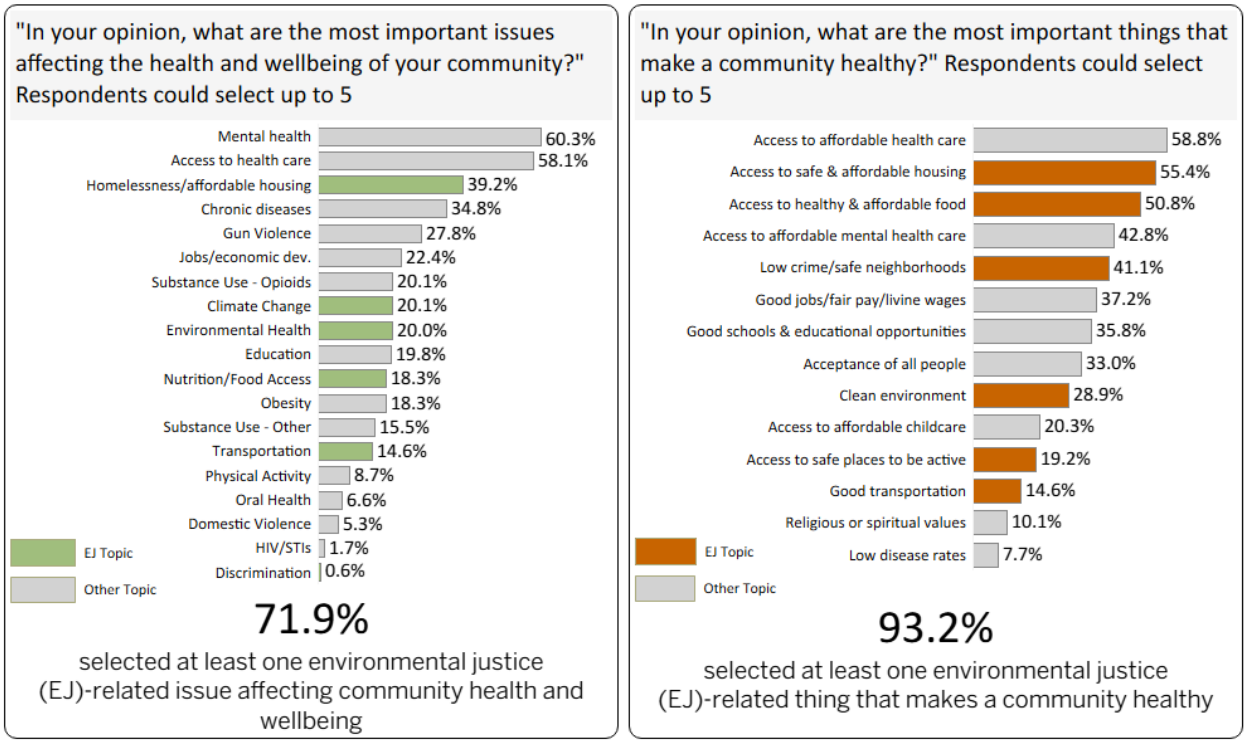

Figure 1: Community Input Assessment Results

Recently, MDH conducted listening sessions to support the development of the Maryland Rural Health Transformation Program (RHTP). To ensure that the unique needs of Maryland's rural jurisdictions were appropriately addressed in program planning, MDH partnered with local health departments (LHDs) and held 17 community listening sessions. Facilitated by trusted LHD leaders, these sessions engaged more than 250 residents, yielding a deep understanding of local needs and opportunities, specifically food access and food insecurity. To support the implementation of the Maryland RHTP, a Rural Health Transformation Committee (RHT Committee) was established to guide the implementation of RHTP initiatives and continue engagement with rural communities. This committee is composed of community members from rural jurisdictions.

The kickoff meeting for the Climate and Health Profile Report update was held on May 20, 2026, at the University of Maryland School of Public Health. Attendees included a mix of climate health researchers, representatives of potential data consumers like state and local agencies and community-based organizations, and participants who saw their role as translating data into useful action steps. As detailed in the priority actions and metrics for goal 2 objectives, the next steps include holding multi-format stakeholder engagement sessions to ensure data products for the 2027 Climate and Health Profile report are meaningful for community organizations that work within environmental justice communities.

Moving forward, MDH is partnering with the Maryland Department of the Environment and the Department of Natural Resources to expand opportunities for stakeholder engagement and provide real-world examples of moving health disparity data into climate adaptation and other environmental-justice-related projects.