CHILDREN'S ENVIRONMENTAL HEALTH & PROTECTION ADVISORY COUNCIL

November 19, 2019

Honorable Joseph Bartenfelder, Secretary
Maryland Department of Agriculture
50 Harry S. Truman Parkway
Annapolis, Maryland 21401
Phone: 410-841-5880
Email: joe.bartenfelder@maryland.gov

RE: Request for Maryland Department of Agriculture to address questions raised in Maryland Health in All Policies 2018 and 2019 Reports and by CEHPAC

Dear Secretary Bartenfelder,

The Maryland Children's Environmental Health & Protection Advisory Council (CEHPAC) respectfully requests that the Maryland Department of Agriculture (MDA) advise CEHPAC on how the Department intends to address MDA-related questions documented in the Maryland Health in All Policies (HiAP) Reports (issued January 2018, January 2019, and September 2019).[i] As part of the HiAP Report process, CEHPAC provided input related to children's environmental health issues. Specifically, CEHPAC seeks to better understand how MDA is**:**

- Deciding which, if any, regulations proposed by MDA are referred to CEHPAC for review as part of the regulatory development process because they have the potential to affect children's environmental health;
- Protecting children from pesticide and fertilizer pollution in Maryland waters and specifically ground water used for drinking wells;
- Protecting children from exposures to hazardous pesticides applied without warnings or enforcement consequences;
- Addressing MDA-related items in "Other Items for Consideration" (specifically Items 18 through 27) included in each of the Health in All Policies Reports (and documented on pages 13 thru 17 of the FINAL Sept 2019 Report (attached); and
- Adopting the HiAP framework via the Toolkit, Procurement Process and specifically the Data Sharing Process (attached) as outlined in the 2019 Health in All Policies Report, to ensure MDA Regulations take public health and the environment into consideration.

CEHPAC is particularly interested in hearing more about how MDA takes public health and the environment into account when making decisions related to pesticide use in Maryland. CEHPAC looks forward to working with MDA as the Department updates policies and enforcement practices

to ensure comprehensive protection of public health, safety, the environment and natural resources, all of which are critical to the health and safety of Maryland's children.
As defined in statute (Md. Code Ann., Health-General §§13-1501—1506), CEHPAC seeks to ensure that rules, regulations, and standards adequately protect the health of children from environmental hazards. CEHPAC's goal is to enable children in Maryland to grow up in a safe and healthy environment. The statutory duties of CEHPAC include:

- ✓ Review and comment on existing rules, regulations, and standards to ensure that the rules, regulations, and standards adequately protect the health of children from environmental hazard;
- ✓ Recommend uniform guidelines for State agencies to follow to help reduce and eliminate children's exposure to environmental hazards; and
- ✓ Educate others regarding the environmental hazards that impact children's health, the means to avoid those hazards and provide any other relevant information that will assist in protecting children health.

The Maryland General Assembly identified children's environmental health as a priority for the State when CEHPAC was established pursuant to Health-General §§13-1501—1506. **These issues will be on the agenda for the December 10th, 2019 meeting, and we hope MDA can participate actively or provide some written feedback on these questions.** We hope that a better understanding of these questions will lead to closer collaboration between CEHPAC and MDA.

The opinions of CEHPAC expressed do not necessarily reflect those of the Maryland Department of Health or any other State agency. CEHPAC looks forward to working with MDA as well as the Governor and the General Assembly on these issues, and thanks you for your leadership in addressing this regulatory issue.

For CEHPAC,

MEGAN WEIL LATSHAW, PhD MHS

Attachments

cc: Honorable Robert R. Neall, Secretary, MDH
Honorable Benjamin Grumbles, Secretary, MDE
Francis B. Phillips, Deputy Secretary for Public Health Services, MDH
Webster Ye, Director, Office of Governmental Affairs, MDH
Donna Gugel, Director, Prevention and Health Promotion Administration, MDH
Senator Shirley Nathan-Pulliam, Maryland State Senate
Delegate Robbyn Lewis, Maryland House of Delegates

[i] Maryland Health in All Policies homepage with links to the annual reports can be found at url: https://msa.maryland.gov/msa/mdmanual/26excom/defunct/html/20healinall.html

SCHOOL OF
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CENTER FOR HEALTH EQUITY

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September 26, 2019

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

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

The Honorable Adrienne Jones
Speaker
Maryland House of Delegates
State House H-101
Annapolis, MD 21401

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

Dear President Miller and Speaker Jones,

In accordance with paragraph 2-1246 of the State Government Article, University of Maryland School of Public Health, Center for Health Equity Workgroup on Health in all Policies respectfully submits the September 30, 2019 report.

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

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

Sincerely,

Stephen B. Thomas, Ph.D.
Professor, Department of Health
Policy & Management
Director, Maryland Center for Health Equity
4200 Valley Drive, Suite 3302 SPH, Bldg. 255
College Park, MD 20742

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

SHIRLEY NATHAN-PULLIAM
Legislative District 44
Baltimore City and Baltimore County

Vice Chair
Education, Health, and
Environmental Affairs Committee

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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September 30, 2019

I am happy to announce that a Health in All Policies model is now established in the State of Maryland. This is the result of SB340/HB1225 Health in All Policies which became law in 2017.

This was made possible by collaborating, and drawing on the collective resources of the agencies, departments, and organizations across the State who brought to the table an amazing array of expertise, experience, knowledge. The result was a range of ideas and solid data to operationalize this work.

When we think of wealth it is often expressed in terms of assets, estates, finances, goods money, possessions, property. However one very valuable thing not regarded as an asset is health. Without the asset of good health, no one would be able to work productively to build and structure resilient, and thriving communities, States, or Nations. Opportunities would be wasted on individuals too sick to engage, or optimize for earning and making money. Physical disabilities, and/or emotional/neurological disabilities would impede any progress necessary to move in a forward direction. Health is an asset, and a commodity. Health is Wealth!

Health in All Policies addresses the social determinants of health that are the key drivers of health outcomes and health inequities. A disparity in one of the areas of Social Determinants, such as zip code, can result in a twenty year difference in life expectancy.

A number of states and countries have implemented these sorts of taskforces and policies such as, California, Tennessee, Massachusetts, Washington D.C., Washington, Finland, Thailand, Australia, Brazil and more. Maryland now joins the group this this model for Health in All Policies.

This was a collaborative effort as I was lead sponsor in the Senate, and I applaud Delegate Robbyn Lewis as lead sponsor to cross file HB1225 in the House of Delegates. I would be remiss if I did not thank my colleagues at the General Assembly for the overwhelming support to unanimously pass this legislation.

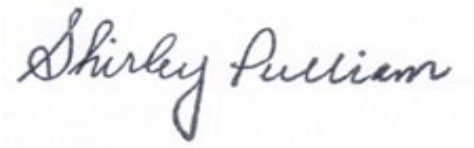
I am conveying a big "thank you" to the University of Maryland, College Park, President Dr. Wallace Loh, School of Public Health, Dean Boris Lushniak, and University of Maryland Center for Health Equity, Director Dr. Stephen Thomas, for taking on this daunting charge to see this initiative to fruition. Also, Mr. Wesley Queen, assistant to Dr. Thomas, I commend you for the tremendous job of coordinating the activities, and scheduling meetings of the Health in All Policies Workgroup. Further, accolades to Kristanna Peris, and Sarah Hurlbert, whose efforts produced the interim and final reports for the Health in All Policies Workgroup. Lastly, I thank, Elaine Zammett, my Chief of Staff.

I would like to salute Dr. Carlessia Hussein, former Director of the Office of Minority Health, who worked with me on the language that created the legislation.

I must acknowledge the many partners across various sectors who came together lending their time, collective experience, expertise, and most of all dedicated commitment to this project. I commend, the ongoing engagements and high quality of industry over the past two years to generate this report.

I again thank the many contributors to this project. I invite the public to review this tool to gain knowledge and leverage to implement future initiatives, and projects.

Sincerely,



Shirley Nathan-Pulliam
Senator

SENATE BILL 340 / HOUSE BILL 1225:

UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, CENTER FOR HEALTH EQUITY

WORKGROUP ON HEALTH IN ALL POLICIES

September 30th, 2019 REPORT

Executive Summary
Senate Bill 340 / House Bill 1225
Health in All Policies Workgroup
September 30th, 2019 Report

SB340/HB1225 Legislation
Senate Bill 340 (SB340) and House Bill 1225 (HB1225) requires a workgroup of State and non-state agency representatives to work with the Health in All Policies (HiAP) framework to examine the health of Maryland residents and ways for "State and local government to collaborate to implement policies that will positively impact the health of residents of the state" (SB340 p. 2 (b)).

Recommendations
The Workgroup respectfully submits the following recommendations:

1. The workgroup recommends that a Health in All Policies Council be established, consisting of a wide variety of stakeholders. The Workgroup recommends a process that will assist the Health in All Policies Council in choosing or developing a Maryland Health in All Policies Framework. The Workgroup recommends a purposed budget and funding plan.

2. The Workgroup recommends that the Health in All Policies Toolkit be used by the new Health in All Policies Council and state agencies.

3. The Workgroup recommends that the new Health in All Policies Council use the developed optional addendum for the Maryland procurement process.

4. The Workgroup recommends that the Process to Facilitate Data Sharing within a Health in All Policies Framework be made available for use by State agencies and that a task force within the Health in All Policies Council be responsible for implementing and evaluating the Process to Facilitate Data Sharing within a Health in All Policies Framework in State agencies.

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

Workgroup Process
The Workgroup met monthly to research and further develop the recommendations presented in the 2019 Maryland General Assembly. The four teams formed to devote specific attention to the 2018 recommendations continued to work together. Through individual team discussion, the Workgroup developed a list of recommendations and supporting documents.

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SENATE BILL 340 / HOUSE BILL 1225: UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, CENTER FOR HEALTH EQUITY – WORKGROUP ON HEALTH IN ALL POLICIES

SENATE BILL 340 / HOUSE BILL 1225

Senate Bill 340 (SB 340) and House Bill 1225 (HB 1225) from the 2017 session titled: "University of Maryland School of Public Health, Center for Health Equity – Workgroup on Health in All Policies," presented to the Maryland General Assembly by Senator Shirley Nathan-Pulliam and Delegate Robbyn Lewis passed the Senate and House on third read in March 2017. Maryland Governor Lawrence Hogan signed the bill into law on May 4, 2017.

"This bill requires the University of Maryland School of Public Health's Maryland Center for Health Equity (M-CHE), in consultation with the Department of Health and Mental Hygiene (DHMH), to convene a workgroup to study and make recommendations to units of State and local government on laws and policies that will positively impact the health of residents in the State." The workgroup must use a "Health in All Policies framework" to "(1) examine and make recommendations regarding how health considerations may be incorporated into decision making; (2) foster collaboration among State and local governments and develop laws and policies to improve health and reduce health inequities; and (3) make recommendations on how" such laws and policies may be implemented. (SB340 Bill p.2, Fiscal and Policy Note, p. 1)

Workgroup Task

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

1) access to safe and affordable housing;
2) educational attainment;
3) opportunities for employment;
4) economic stability;
5) inclusion, diversity and equity in the workplace;
6) barriers to career success and promotion in the workplace;
7) access to transportation and mobility;
8) Social justice;
9) environmental factors; and
10) public safety, including the impact of crime, citizen unrest, the criminal justice system, and governmental policies that affect individual who are in prison or released from prison.

(SB 340 Legislation p. 2)

January 2019 Report Recommendations

The Health in All Policies Workgroup presented a report to the Maryland General Assembly on January 31, 2019 which included four recommendations based on work the Workgroup conducted in 2018. The 5th recommendation was not addressed. The Workgroup recommended:

1) The workgroup recommends that a Health in All Policies Council be established, consisting of a wide variety of stakeholders. The Workgroup recommends a process that will assist the Health in All Policies Council in developing a Maryland Health in All Policies Framework.
2) The Workgroup recommends that a Health in All Policies Toolkit be developed.
3) The Workgroup recommends that the Health in All Policies council develop an optional addendum for the Maryland procurement process.
4) The Workgroup recommends that the Process to Facilitate Data Sharing be made available for use by State agencies and that a task force within the Health in All Policies Council be responsible for implementing and evaluating the Process to Facilitate Data Sharing.

RECOMMENDATIONS

SB340/HB1225 Health in All Policies workgroup legislation requires a report of the Workgroup's recommendations on or before June 30, 2019. An extension to September 30th was granted for the Final Report (See Appendix XXIII & XXIV).

The following recommendations are presented in accordance with the reporting requirement, as reported in the January 2018 report.

1. **The workgroup recommends that a Health in All Policies Council be established, consisting of a wide variety of stakeholders. The Workgroup recommends a process that will assist the Health in All Policies Council in choosing or developing a Maryland Health in All Policies Framework. The Workgroup recommends a purposed budget and funding plan.**

This recommendation addresses the Workgroup's 2018 recommendation, "A Health in All Policies framework be developed and a Health in All Policies Council be created."

The workgroup recommends that a Health in All Policies Council consisting of a wide variety of stakeholders, including state government, community-based organizations, advocacy individuals, and public health and health equity experts be established to help implement and coordinate the statewide Health in All Policies program and activities. The individuals could be identified as "Health in All Policies Council."

The Workgroup recommends that the Centers for Disease Control and Prevention's Policy Process guide the Council in developing or adapting a Maryland Health in All Policies Framework. The Framework will guide state agencies and other organizations to include health considerations in all policies and programs. This Framework may include prevention and early intervention strategies as well as statements of principles designed for each agency and organization.

2. **The Workgroup recommends that the Health in All Policies Toolkit be used by the Health in All Policies Council and state agencies.**

This recommendation addresses the Workgroup's 2018 recommendation that "A toolkit with a reference guide be developed."

The Health in All Policies toolkit has been developed to help state agencies, legislators, and policy directors understand what Health in All Policies is and how to implement Health in All Policies principals and strategies into their operations.

3. **The Workgroup recommends that the new Health in All Policies Council use the optional addendum for the Maryland procurement process.**

This recommendation addresses the Workgroup's 2018 recommendation that "Funding announcements encourage applicants to include a Health in All Policies framework in their funding proposals."

The workgroup recommends that the Health in All Policies Council further develop an addendum designed to collect information on efforts made by applicants responding to requests for proposals or other state procurement opportunities to consider broad health implications when making operational, supply, workforce, and other business decisions.

4. **The Workgroup recommends that the Process to Facilitate Data Sharing within a Health in All Policies Framework be made available for use by State agencies and that a task force within the Health in All Policies Council be responsible for implementing and evaluating the Process to Facilitate Data Sharing within a Health in All Policies Framework in State agencies.**

This recommendation addresses the Workgroup's 2018 recommendation that "A process to provide guidance to state and county agencies to facilitate data sharing between and within agencies be developed."

The workgroup created a document delineating a Process to Facilitate Data Sharing within a Health in All Policies Framework and recommends that this document be published for public viewing and for use by State agencies. This data sharing process document takes into consideration efficiency, effectiveness, and the implications of making decisions in order to improve population health and health equity.

The workgroup recommends that a task force be created to implement and evaluate the Process to Facilitate Data Sharing within a Health in All Policies Framework in state agencies. This task force may be a subcommittee of the Health in All Policies Council. Members of the task force should be familiar with data sharing.

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

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

WORKGROUP PROCESS

The SB340/HB1225 Workgroup met monthly to discuss work-plans, collaborate, and create recommendations. Conference calls were held between the monthly meetings to maintain communication and assist members. The Workgroup was on recess during the months of February and March.

The workgroup continued to work on four different teams, each dedicated to one of the recommendations from 2017. The four teams were:

1) **Team C** – focused on creating a Health in All Policies Council and developing a Maryland Health in All Policies framework.
2) **Team T** – focused on creating a toolkit with a reference guide.
3) **Team F** – focused on creating funding announcements that encourage applicants to include a Health in All Policies framework in their funding proposals.
4) **Team D** – focused on developing a process to provide guidance to state and county agencies to facilitate data sharing between and within agencies.

The monthly meetings allowed the teams to work together, develop the final product and receive feedback. Each team has created a document and recommendations that will guide future actions (see Appendix).

Content experts presented at several workgroup meetings. These presentations provided detailed information on specific topics relevant to the workgroup's recommendations. Clifford Mitchell,

MS, MD, MPH of the Environmental Health Bureau in the Maryland Department of Health presented on the Maryland Environmental Public Health Tracking system. In a later meeting, Kristi Pier, MHS, MCHES and Caroline Green, MPH of the Center for Chronic Disease Prevention and Control in the Maryland Department of Health presented on the Healthiest Maryland Businesses program. Jamie Tomaszewski, Chief of Procurement, and Robert Gleason, Senior Procurement Executive of the Maryland Department of Budget and Management presented on the Maryland Procurement Process.

See the Appendix for meeting agendas and meeting minutes.

Team C

Team C worked on the Workgroup's recommendation that a Health in All Policies framework be developed and a Health in All Policies Council be created.

Team C developed guidance and a potential structure for the Health in All Policies Council. This structure includes a vision that will guide the Health in All Policies Council; as the purpose, membership and duties are developed and a potential framework that the Health in All Policies Council could adapt to guide its efforts.

Team C reviewed multiple prominent Health in All Policies Frameworks to inform their recommendation for a future Health in All Policies Council. Team C identified the Centers for Disease Control and Prevention's Policy Process,[1] to guide the Council on their choice or creation of a Framework. This is presented in Team C's Health in All Policies Framework and Council Structure in Appendix III of the document. Potential frameworks for the Council's consideration, that Team C discussed, are also identified in this report (in the appendix) to allow a future Health in All Policies Council to decide which framework it believes best suits its purpose. See Appendix III for Team C's Health in All Policies Framework and Council Structure.

The Workgroup collectively gave input on the purposed budget and purposed funding plan. A Council Summary sheet and FAQ sheet was also developed to inform potential funders about the Council. See Appendix IV for the Purposed Budget and Funding Plan and Appendix V for the one sheet and FAQ sheet.

[1] Centers for Disease Control and Prevention. Overview of CDC's Policy Process. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2012 https://www.cdc.gov/policy/analysis/process/index.html.

Team T

Team T worked on the Workgroup's recommendation that a toolkit with a reference guide be developed.

Team T gathered ideas for their toolkit by researching and reviewing existing state Health in All Policies toolkits. Specifically, Team T reviewed the Health in All Policies toolkit from California[2] and Tennessee.[3] Reviewing these toolkits helped Team T determine elements that are typically included in a Health in All Policies toolkit.

Team T sent a survey to the Workgroup to gain a better understanding of the expectations members had for the toolkit and identified best-practices regarding toolkits currently in use in a variety of State agencies.

Team T combined the knowledge gained from reviewing other state's Health in All Policies toolkits with the survey results to create an outline for the Toolkit.

Team T used the information to create a Toolkit including a resource guide. The Toolkit was developed by a graduate student at the University of Maryland, College Park School of Public Health. The Toolkit was designed to be an aide to state agencies and legislators on matters of Health in All Policies. See Appendix VI for Team T's Maryland Health in All Policies Toolkit.

Team F

Team F worked on the workgroup's recommendation that funding announcements encourage applicants to include a Health in All Policies framework in their funding proposals.

Team F consulted with Ms. Jamie Tomaszewski, Chief of Procurement and Mr. Robert Gleason, Senior Procurement Officer at the Maryland Department of Budget and Management and leaders of the Healthiest Maryland Businesses program to determine how a Health in All Policies approach may be considered in the procurement process while maintaining competition.

Team F created a worksheet as an optional addendum in the State procurement process. The optional worksheet is designed to collect information for state procurement opportunities to consider health in making operational, business, supply, workforce, and other decisions. See Appendix VII for Team F's optional procurement document.

[2] http://www.phi.org/resources/?resource=hiapguide.
[3] https://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/NashVitality/HealthyToolkit.pdf.

Team D

Team D worked on the Workgroup's 4th recommendation; to develop a process to provide guidance to state and county agencies to facilitate data sharing between and within agencies.

Team D considered members' experience, other individual's experience, advice, opinions, and advice when determining the data sharing challenges that would need to be addressed by a process to facilitate data sharing. Team D developed a process to facilitate data sharing that takes into accounts for efficiency, effectiveness, and the implications of making decisions in order to improve population health and health equity. Team D's goal was to ensure that whenever a new project, program, or policy is being developed, health considerations, environmental impacts, and potential outcomes are considered during their formulation and that existing data be made available to the decision makers for consideration during the process.

Team D created a seven-step Process to Facilitate Data Sharing within a Health in All Policies Framework. The Process was collaboratively created, solicited input from a select Focus Group which included a cross-section of state sectors (whose work benefits from data sharing when making decisions related to the resident of Maryland). This Focus Group consisted of members within the Workgroup as well as individuals and state mandated advisory councils' members (including the Commission for Environmental Justice and Sustainable Communities [CEJSC] and Children's Environmental Health and Protection Advisory Council [CEHPAC]). The Focus Group members provided expertise and/or engage in data sharing and have experienced barriers to accessing necessary data in their daily work.

This seven-step Process to Facilitate Data Sharing within a Health in All Policies Framework is explained in the Team D Data Sharing Process Document in Appendix VIII.

APPENDIX

Appendix I: Executive Summary and Priorities List from January 2018 Report

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

SB340 Legislation

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

Recommendations

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

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

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

Workgroup Process

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

Health in All Policies in Other States

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

Other Items for Consideration

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

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

disinfecting wipes and soaps is also needed.

21. Maryland should address the issues identified in the Final Report of the Advisory Committee on the Management and Protection of the State's Water Resources (Wolman Report 2008). Access to clean drinking water, protection of ground water, streams and the bay is vital to public health.
22. Maryland should address the issues identified in the first state-wide assessment of Children's environmental health, Maryland's Children and the Environment (August 2008). The Report concluded (refer to page 4) “Maryland has made significant progress in reducing children’s exposures to some environmental hazards. However, there are limitations in the state’s capacity to conduct surveillance on important and emerging environmental hazards and exposures, as well as health outcomes. Maryland’s investments in monitoring and surveillance have taken us part of the way in understanding children’s environmental health in the state. We are aware of important trends and important differences by region and population group. It is important for public health policy to be guided by the best available science, supported by effective surveillance and dialogue. We hope that the indicators presented in this document advance the public dialogue and lead to improvements in children’s environmental health.”
23. Maryland Department of Agriculture (MDA) Regulations 15.05.02 School Integrated Pest Management (IPM) Law
    a. This regulation needs to be improved because it only covers the academic year (e.g. allows pesticide applications without notification on school gardens outside the academic year), prohibits the use of pest control products that are exempt from Environmental Protection Agency (EPA) registration and continues to allow for the routine application of pesticides in school buildings and on school grounds, and does not cover pesticide applications to a school's artificial turf athletic fields (as they are currently exempt from this regulation).
    b. Per MDA practices, School Districts are not required adopt an IPM Policy as required by the statute. Some pesticide applications such as those for mosquito control, tick control and artificial turf fields not covered by regulations. Requesting that the MDA address the weaknesses in the School IPM regulations as these concerns do impact children's health.
24. MDA Regulations 15.05.01.15 Posting of Signs (for pesticides applied to turf)
    a. Signage is not sufficient to adequately inform the public and protect the public from unintended contact with pesticides. Expanded signage options for organic pest control applications should be developed so that the public knows which areas are treated with conventional pesticides and which are treated with organic means of pest control, some of which are exempt from EPA registration.
    b. Commercial pesticide applications should be required to post the product name on the yellow "turf flag" along with their company name, phone number and date of application. The regulations should be modified so that members of the public who come in contract with a posted turf pesticide application sign can call and promptly obtain the Product Label and Material Safety Data Sheet (MSDS or SDS) for the products applied. Currently, this information is not

available to the public, however, such information is vital to health care providers should someone experience a negative reaction or wish to protect themselves from contact with the pesticide applied.

25. Per the MDA regulations (2011's SB 546) - Fertilizer can be applied from November 16 through December 1 a maximum of 0.5 pound per 1,000 square feet of water soluble nitrogen (no slow release) may be applied.
    Issue - this regulation does not consider organically maintained turf and the application of compost as a fertilizer outside of the regulation designated window for the application of a fertilizer. Healthy soil is a key component impacting public health (i.e. air, water, soil, food, etc.) The law is being used to minimized runoff of nutrients, but unlike most states Maryland is not exempting compost — therefore treating compost the same as other fertilizers. There are so many benefits of compost from a human and environmental health standpoint. Regulations should address compost independent of conventional fertilizers.
26. MDA Pesticide Sensitive Individual Notification Report (15.05.01.17)
    a. This program should be simplified and made accessible to all residents of Maryland. Access to the form and the written requirements (ex. physician's certifications, list of neighbor's names and addresses, etc.) makes it difficult for most Marylanders to apply and receive notifications of a pesticide application made to a property contiguous to their residence or obtain the product label (PL) and Safety Data Sheet (SDS) for the product being applied. Protection from unintentional exposure to pesticides from such applications or from the drift from such applications is vital to public health.
27. The Maryland Children's Environmental Health and Protection Advisory Council (CEHPAC) respectfully requests that the Maryland Department of Agriculture (MDA) review existing regulations pertaining to the Pesticide Applicator's Law (15.05.01) and Integrated Pest Management (IPM) and Notification of Pesticide Use in a Public School (15.05.02) to ensure that pesticide applications made to synthetic (or artificial) turf fields including those on public school grounds are regulated in the same manner as pesticide applications made to natural turf fields and other public school grounds. CEHPAC requests that the MDA take prompt action to clarify the regulations as necessary correct to this situation (Source: Letter CEHPAC to MDA 12/13/16)
28. CEHPAC recommends that the Maryland Department of Health and Mental Hygiene asks the United States Department of Human Services to formally petition the Federal Communications Commission (FCC) to revisit the exposure limit to ensure it is protective of children's health and that it relies on current science. [Source: CEHPAC Wi-Fi Radiation in Schools in Maryland Final Report (December 13, 2016) page 8]
29. CEHPAC recommends that the Maryland State Department of Education should recommend that local school systems:
    a. Consider using wired devices
        i. Where classrooms are powered, but without wired access to the school networks, a centralized switch and dLAN units can provide a reliable

and secure form of networking for as many laptops as necessary without any microwave electromagnetic field exposure

ii. If a new classroom is to be built, or electrical work is to be carried out in an existing classroom, network cables can be added at the same time, providing wired network access with minimal extra costs and time

b. Have children place devices on desks to serve as a barrier between the device and children's bodies
c. Locate laptops in the classroom in a way that keeps pupil heads as far away from the laptop screens (where the antennas are) as practicable
d. Consider using screens designed to reduce eyestrain
e. Consider using a switch to shut down the router when it is not in use
f. Teach children to turn off Wi-Fi when not in use
g. Consider placing routers as far away from students as possible
h. Share this document with teachers and parents.

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

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

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

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

Appendix VIII: Team D Data Sharing Process Document

Background

In January 2018, the first Maryland Health in All Policies (HiAP) Report was provided to the General Assembly as mandated by 2017's Senate Bill 340 and House Bill 1225. Five initial recommendations identified by the HiAP Workgroup were presented in the report, one of which related to creating a process to facilitate both health and non-health data sharing. Specifically, this recommendation (#4) stated:

"The workgroup recommends that a process to provide guidance to state and county agencies to facilitate data sharing, between and within agencies, be developed to ensure health and non-health data are being shared to support health in all policies. Appropriate, efficient data sharing is crucial in developing policies that best address the needs of residents of the State. The workgroup recommends providing county and state agencies with templates of materials, such as Memorandums of Understanding and Data Use Agreements to support agreements between agencies and provide guidance to agencies about how and why it is important to share data to address health problems. Additionally, the workgroup recommends that initially, this process may focus on publicly available data from population survey sources including, but not limited to, the Maryland Behavioral Risk Factor Surveillance System. The workgroup recommends that the process would begin in 2018 as a pilot data sharing activity within the membership of the SB340 Workgroup."

Introduction

This document presents the recommendation for creating a process to provide guidance to state and county agencies that facilitates data sharing, both health and non-health data between and within agencies, to support health in all policies. A data-sharing pilot was not undertaken at this time, because there was group consensus that larger systemic barriers at the agency level for data sharing must be addressed before any pilot study could yield meaningful new information. In other words, pilot studies are most valuable when conducted within or between agencies that value data sharing and have developed internal support structures and feedback loops to improve related processes.

In fulfilling its charge, the workgroup developed a process to facilitate data sharing that takes into account efficiency, effectiveness, and the implications of making decisions that improve population health and health equity. The workgroup wanted to ensure that whenever a new project, program or policy is being developed, the interests of the affected population(s), as well as human health considerations, environmental impacts and foreseeable outcomes are considered during their formulation. The workgroup considered the need for building support structures and the capacity for data sharing, while at the same time ensuring data protection and security. The process to facilitate the inclusion of community concerns and questions, and data sharing (**Figure 1**), explanation of each step, and questions that agencies should consider at each step of the process are included below. This is followed by recommendations of the workgroup.

Figure 1: Process to Facilitate Data Sharing within a Health in All Policies Framework