Chairman Middleton, Vice-Chairman Astle, and members of the Committee... On behalf of the University of Maryland School of Public Health and the Maryland Center for Health Equity, I want to express my thanks for the opportunity to testify on SB 340 University of Maryland, School of Public Health, Center for Health Equity-Workgroup on Health in All Policy.

We know now more than we have ever know about how to prevent disease and promote health. Let’s take colon cancer for example. Every year more than 50,000 people die each year from colon cancer. In 2015, more than 132,000 people will be diagnosed with colorectal cancer, and an estimated 49,700 deaths are expected to occur from the disease. African Americans have the highest rate for new cases of colorectal cancer, and are the most likely to die from the disease according to the Centers for Disease Control and Prevention. The main reason for this is that African Americans are not getting screened in a timely manner for colorectal cancer.

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

The goal of Health in All Policies is to ensure that decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A Health in All Policies approach identifies the ways in which decisions in multiple sectors affect health, and how better health can support the goals of these multiple sectors. It engages diverse governmental partners and stakeholders to work together to promote health, equity, and sustainability, and simultaneously advance other goals such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, and educational attainment. There is no one “right” way to implement a Health in All Policies approach, and there is substantial flexibility in process, structure, scope, and membership.

In closing, Baltimore City and Prince George’s County Maryland have some of the highest rates of death and disability due to diabetes, heart disease, and colorectal cancer in the nation. These rates are particularly higher among the city’s African American population. SB 340 University of Maryland, School of Public Health, Center for Health Equity-Workgroup on Health in All Policy. This provision presents an excellent opportunity to use a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

Thank you again for this opportunity to testify.