



Meeting Minutes

SB340 Health in All Policies Workgroup Meeting

Thursday, November 15, 2017, 1:00PM to 3:00 PM

Maryland Hospital Association, 6820 Deerpath Rd, Elkridge, MD 21075

Meeting Commenced at 1:00 PM

Attendance

Senator Shirley Nathan-Pulliam, Holly Arnold, Veronika Carella, Cheryl De Pinto, Jennifer Eastmand, Farah Farahati, Lauren Gilwee, Kimberly Hiner, Karen Koski-Miller, Glenda Lindsey, Wesley Queen, Dylan Roby, Dourakine Rosarion, Matthew Rowe, Stephen Thomas, Elaine Zammet, Ruth Vriend, Dawnn McCleary, Barbara Wingrove, Kristanna Peris

I. Welcome Remarks from Wesley Queen

II. Team Discussion

- a. Teams discussed their recommendations individually

III. Team Report of Recommendations to Workgroup and Discussion

- a. Team R:

- i. Whenever the PSC submits a CPCN, a HIA should be included
 - 1. Research may need to be done to make sure this is not already being done
- ii. The state law should be modified so that local comprehensive land use plans developed by jurisdictions and 10-year planning and zoning regulations should include health considerations
 - 1. We would need to talk to MACHO and MML about this
- iii. The Maryland Department of Agriculture's Pesticide Sensitive Individual Notification Program should be simplified and made accessible to all residents of Maryland. Additionally the program should be expanded to include non-turf pesticide applications done to the exterior of a property.

- b. Team P

- i. Create a toolkit/reference guide to help health and non-health agencies to adopt the Health in All Policies framework
- ii. Implement well-resourced and evidence based interventions that address leading determinants of health such as food security and nutrition, housing, education, and access to transportation, etc.
 - 1. See the WHO comprehensive list of social determinants
 - 2. The CDC just created a guidebook that could be useful
 - 3. To be implemented across the state in state agencies
 - 4. Perhaps our report should include examples
- iii. Include without funding announcements requirements for applicants to include HiAP framework/relevant ideas in their applications

1. Concern: RFP to purchase buses. Bus manufacturers don't have HiAP and may not work with MD because of this requirement
 2. More and better definitions need to be included in terms of what is expected from the implementation of this recommendation
 3. Resources are needed in order to implement this recommendation
- iv. The application of the statewide HiAP framework include prevention and early intervention strategies
- c. Team M
- i. Expand the Vision Zero campaign to other agencies and programs (beyond just MDOT)
 - ii. Mandate the offering of training for social determinants of health agency staff and licensing boards
 - iii. Leverage the DBM process so that Healthy Businesses in Maryland get priority in RFP
 1. RFPs could include a requirement of 2% of funds need to be given to Healthy Businesses
 - iv. Provide guidance and best-practices for individual level data use agreements
 1. Think about the 'myths' around HIPAA and FERPA
 2. These documents exist at a federal-level already for education, possibly not at the level of specificity expected here, and these documents are not effective
 - v. Establish a HiAP Council with a Health Champion from state agency including how to choose the Health Champion and what the Health Champion should do
 1. This person would need to be a senior-level person so that their reach can be strong enough. This senior-level is key
 2. Perhaps change the Health Champion name to Health in All Policy Champion

IV. Meeting Adjourned at 3:00 PM