

<u>Mission:</u> We champion health equity for Marylanders through advocacy and community collaborations.

Vision: Healthy Marylanders Living in Healthy Communities

## SB52--Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)

Hearing date: February 2, 2021 Committee: Finance Position: Support with amendment

The Maryland Public Health Association (MdPHA) appreciates the opportunity to submit this letter of support for SB52. This Commission is the culmination of years of work and expertise of the Health in All Policies Work Group, the Social Determinants of Health Task Force for Baltimore City, and the Task Force on Reconciliation and Equity. MdPHA has had the honor of participating directly or indirectly with all three of these entities and the experts involved.

We support the creation of this Commission, as it is in line with a Health in All Policies (HiAP) approach. HiAP recognizes that health improvements are better achieved through collective communication and collaboration across a myriad of sectors. This structure improves the opportunity to include health in policymaking where it would not usually be a consideration, in addition to potentially lessening unintended consequences to certain communities that may be overlooked.

We propose an amendment related to food insecurity and access to healthy foods. This is a critical cornerstone to improving chronic health conditions and health outcomes. Food insecurity is defined as the disruption of food intake or eating patterns because of lack of money and other resources.

Current literature suggests that there is a direct correlation between food insecurity and health disparities. Adults who are food insecure may be at an increased risk for a variety of negative health outcomes and health disparities. For example, a study found that food-insecure adults may be at an increased risk for obesity (1). Another study found higher rates of chronic disease in low-income, food-insecure adults between the ages of 18 and 65 (2). In addition, food-insecure children may also be at an increased risk for a variety of negative health outcomes, including obesity and developmental problems (3). Furthermore, reduced frequency, quality, variety, and quantity of consumed foods may have a negative effect on children's mental health (4).

Food insecurity and health disparities are a national issue that must be addressed. We respectfully ask for the inclusion of the following as a new number 11: "Food insecurity and access to healthy food", which will ensure that this important topic is addressed by the Commission.

Thank you for considering our testimony in favor of SB52. We will support this bill regardless of the outcome of the amendment suggestion.

MdPHA is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education efforts and advocacy of public policies consistent with our vision of healthy Marylanders living in healthy communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 150-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our nation.

## References:

- 1. Holben DH, Shelley AM. Diabetes risk and obesity in food-insecure households in rural Appalachian Ohio. Prev Chronic Dis. 2006;3(3). Available from: http://www.cdc.gov/pcd/issues/2006/jul/05\_0127.htm
- 2. Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants. J Nutr. 2010;140(2):304-10. Available from: http://doi.org/10.3945/jn.109.112573
- 3. Cook JT, Frank DA. Food security, poverty, and human development in the United States. Ann NY Acad Sci. 2008;1136(1):193-209.
- 4. Melchior M, Chastang JF, Falissard B, Galera C, Tremblay RE, Cote SM, Boivin M. Food insecurity and children's mental health: A prospective birth cohort study. PLoS One. 2012;7(12):e52615. Available from: https://doi.org/10.1371/journal.pone.0052615