



2714 Hudson Street
Baltimore, MD 21224-4716
P: 410-534-6447
F: 410-534-6475
www.ghhi.org

March 19, 2021

Delegate Shane E. Pendergrass, Chair
Health and Government Operations Committee
House Office Building, Room 241
Annapolis, Maryland 21401

Re: **SB52 – Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021) - SUPPORT**

Dear Chairman Pendergrass and Members of the Committee:

The Green & Healthy Homes Initiative (GHHI), the nation's largest healthy homes organization. GHHI is dedicated to addressing the social determinants of health and advancing racial and health equity through the creation of healthy, safe, and energy efficient homes. By delivering a standard of excellence, GHHI aims to eradicate the negative health impacts of unhealthy housing and unjust policies for children, seniors, and families to ensure better health, economic, and social outcomes with an emphasis on black and brown and low-income communities. GHHI has been at the frontline of holistic healthy housing for over three decades.

GHHI has developed the holistic energy efficiency, health and housing service delivery model that is implemented in our nationally recognized, Maryland-based direct service program as well in over 25 partner jurisdictions nationwide and whose model was adopted by the U.S. Department of Housing and Urban Development. In addition, GHHI helped to elevate Maryland as a national leader in healthy housing by helping reduce childhood lead poisoning by 99% in the state and designing over 40 pieces of healthy housing legislation that became law in the State of Maryland and local jurisdictions. We are deeply committed to advancing racial and health equity, economic mobility and climate resiliency through healthy housing and improved energy efficiency standards for low-income housing in order to achieve health equity.

We are writing in **SUPPORT of SB52** which will be important in promoting health equity for Marylanders through the creation of the Health Equity Commission to examine health disparities, set state goals for reducing disparities and developing plans for addressing the root causes of health for minority and vulnerable low income communities. We also support the creation of the Commission to increase the focus on preventive solutions and creating a greater opportunities for the voices of community residents, organizations and advocates from impacted communities to be heard. Achieving health equity in Maryland will require addressing the social determinants of health, of which housing is a key component. Childhood lead poisoning and asthma are housing related health conditions that have equity implications and which are key drivers of health disparities in Maryland.

Childhood Lead Poisoning

In 2019, there were 1,526 children with elevated blood levels (EBLs) of 5 µg/dl or higher in Maryland. Lead poisoning from lead in paint, lead in water, and contaminated soil contributes to significant brain damage, learning disabilities, speech development problems, attention deficit disorder, and poor school performance. Lead poisoning is irreversible and has a significant impact on societal costs including thousands of school age children. Millions of dollars are spent on special education and juvenile justice costs in Maryland to combat the effects of lead poisoning, and thousands of children enter our public-school systems, disproportionately in black and brown communities, with impediments to their development, unable to achieve academically at the rate of their classmates. Lead poisoning directly contribute to the cycle of learning disabilities, poor school performance, steep school dropout rates and juvenile delinquency that prevent low income children in particular from being able to thrive. Lead poisoning has a disparate impact on minority, low income communities in Maryland and in children's ability to reach their full potential. Children poisoned by lead are 7 times more likely to drop out of school and 6 times more likely to end up in the criminal justice system than the population as a whole. A child poisoned by lead has decreased lifetime earnings of \$1,086,645 per child.

Asthma

The burden of asthma, a chronic disease, is a growing problem that greatly contributes to social inequalities in health outcomes and health disparities, which are neither inevitable nor irremediable, especially for children and minorities in Maryland. Determinants of health related to air quality and indoor environments are known to be significant contributing causes of asthma morbidity and exacerbations and disproportionately burden populations, especially children and minorities. Poor outdoor and indoor air quality and housing conditions such as mold, pests, and other allergens contribute to asthma episodes for Maryland residents. 25 million Americans have asthma and it has been shown to be the cause of the biggest loss in productivity through school and work absenteeism. Nationally, over 14.4 million school days and 14.2 million work days are missed due to asthma episodes.

Over 500,000 adults in Maryland have been diagnosed with asthma. Maryland spends \$42.1 million annually for asthma related hospitalizations and \$93.3 million for asthma related emergency department visits. Research has shown that race, ethnicity and income are also common risk factors in asthma diagnoses. Asthma-related health disparities have disproportionately affected African American residents in Maryland, specifically children. Data available from the Maryland Asthma and Surveillance Report demonstrates that African American asthmatics in Maryland visit the emergency room 5 times more often than White asthmatics and are hospitalized 2.5 times more often than White asthmatics in Maryland.

Energy Insecurity

Low-income communities and communities of color experience higher levels of energy insecurity. Energy insecurity refers to the inability of households to meet their basic energy

needs and can include the inability to afford energy bills or the inability to sufficient heat or cool the home because of physical deficiencies. In 2015, the U.S. Energy Information Administration found that over 37 million Americans were energy insecure. Of that number, over 22 million households were low-income and over 20 million were Black or African American. Energy insecurity is related to the substandard housing conditions as deteriorated housing often include energy-related issues such as poor insulation, air leaks and drafts, inefficient and poorly maintained heating, cooling and ventilation systems, and outdated lighting and appliances.

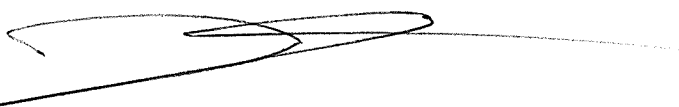
A 2020 study by ACEEE found that over 25 million low-income households, over 10 million African American or Hispanic households, and over 15.9 million households living in a home built before 1980 across the U.S. experience a high energy burden (over 6 percent of income is spent on energy/utility services). The same study found that Baltimore's low-income population experienced the highest second highest median energy burden (10.5%) of all low-income populations within the top 25 most populated metro areas in the country. Energy insecurity and high energy burdens often overlap other health and social issues such as food insecurity, high housing cost burdens, and inadequate access to health care in the same communities. The EIA study found that low-income households and households of color are disproportionately subject to trade offs such as forgoing food and medicine to pay for energy and utilities.

The Return on Investment for Addressing Health Disparities

Providing for prevention resources through SB 52 can produce significant impact for Maryland's children in improved health and education outcomes and result multiple cost savings for the state by examining current inequities and developing a plan to address these inequities. Every dollar invested in lead hazard remediation prevention in homes results in health, educational, and other savings of at least \$17-\$221 in return. Every dollar invested in prevention asthma programs and interventions results in savings of \$5.30-\$14 in return. Every dollar invested in residential energy efficiency and weatherization return \$1.72 in energy benefits and an additional \$2.78 in health and other societal benefits.

The establishing of the Maryland Commission on Health Equity will be an important step in improving health outcomes in disadvantaged communities. SB52 will enable communities that have long been disproportionately impacted by conditions like asthma, lead poisoning, household injury and energy insecurity to be part of state plans to provide much-needed resources to address the root causes of poor health outcomes, including housing, and other social determinants of health. We request a favorable report on SB52.

Respectfully Yours,



Ruth Ann Norton
President and CEO