



Green & Healthy Homes Initiative

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February 2, 2021

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

Re: **HB463 – Maryland Health Equity Resource Act - SUPPORT**

Dear Chairman Pendergrass and Members of the Committee:

The Green & Healthy Homes Initiative (GHHI) is dedicated to addressing the social determinants of health and the advancement of racial and health equity through the creation of healthy, safe and energy efficient homes. By delivering a standard of excellence in our work, 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 low-income communities. GHHI achieves healthy homes through the alignment of resources to eliminate health hazards and upgrade houses with improved energy efficiency measures. Housing quality and conditions significantly impact occupant health and well-being for vulnerable children and senior populations. Low-income communities and communities of color contain substandard housing with environmental health hazards that contribute to widespread health, economic and social inequities. We are writing in **SUPPORT of HB463** which will be critical in advancing health equity for Marylanders through the promotion of healthy and safe housing through preventive services.

Problem That Needs to be Addressed

Achieving health equity in Maryland will require addressing the social determinants of health, of which housing is a key component. Asthma and lead poisoning are housing related health conditions that have strong equity implications.

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.



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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 for asthma 5 times more often than White asthmatics and are hospitalized 2.5 times more often than White asthmatics in Maryland.

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 contributes 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 and which burdens the State through increased special education and criminal justice costs. 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.

Energy Insecurity and Energy Burden

As the Committee and legislature look longer term to address the social determinants of health, the role of energy insecurity and energy burden in health outcomes should be considered. 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 indoor air quality, poor insulation, air leaks and drafts, inefficient and poorly maintained heating, cooling and ventilation (HVAC) systems, and outdated lighting and

appliances from poorly weatherized homes.

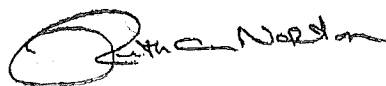
Energy burden refers to the percentage of household income that is spent on energy/utility services. A recent 2020 study by the American Council for an Energy Efficient Economy (ACEEE) found that over 25 million low-income households, including over 10 million African American or Hispanic households, across the U.S. experience a high energy burden (over 6% of income is spent on energy/utilities). The study found that Baltimore's low-income population experienced the 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 healthcare in the same communities. The study found that low-income households and households of color are disproportionately subject to trade-offs such as foregoing food and medicine to pay for energy and utilities.

The Case for Investing in Prevention Resources

Providing for prevention resources through HB463 can produce significant impact for Maryland's children in improved health and education outcomes and result in multiple cost savings for the state. 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, which are interventions that simultaneously improve housing quality and upgrade energy infrastructure, return \$1.72 in energy benefits and an additional \$2.78 in health and other societal benefits.

HB463 establishes the Health Equity Resource Community Advisory Committee to give greater voice to health equity and creates a vehicle to better direct new and existing resources by establishing Health Equity Resource Communities in which critical state resources will be targeted to: 1) reduce health disparities, 2) improve health outcomes, 3) improve access to care, 4) promote primary and secondary prevention services and 5) reduce healthcare costs and hospital admissions/readmissions. The creation of a Health Equity Resource Community Reserve Fund to support Health Equity Resource Communities through grants or tax credits will produce groundbreaking investments to address health disparities. HB463 will enable communities disproportionately impacted by conditions like asthma, lead poisoning and household injury to access much-needed resources to address the root causes, including housing and other social determinants of health to improve health and racial equity. We ask you to **SUPPORT HB463**.

Respectfully Yours,



Ruth Ann Norton
President and CEO