



Kennedy Krieger Institute

**DATE:** January 26, 2021      **COMMITTEE:** House Health and Government Operations  
**BILL NO:** House Bill 78  
**BILL TITLE:** Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)  
**POSITION:** Support

**Kennedy Krieger Institute supports House Bill 78 - Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021).**

**Bill Summary:**

The Maryland Commission on Health Equity will use a coordinated cross-state agency health equity strategy to measure and make recommendations to improve health outcomes and eliminate disparities related to remediable social determinants (access to safe and affordable housing, optimal educational attainment, opportunities for employment with livable wages, economic stability, inclusion, diversity, and equity in the workplace, social justice, and access to healthy food and environmental conditions). The Commission will make recommendations to support evidence-informed anti-bias training and practices and promote cultural competency. The Commission on Health Equity's overarching goal is to provide guidance to the Secretary related to implementing laws and policies to improve health and eliminate health disparities.

**Background:**

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based and community-based programs. Over 25,000 individuals receive services annually at Kennedy Krieger.

The vision for the newly established Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

**Rationale:**

In Maryland, Black, Hispanic/Latinx, Asian, and multi-race populations are growing faster than the White population.<sup>1</sup> By 2019, almost half (45.4%) of Maryland's population were Black (31.1%), Hispanic (10.7%), American Indian (0.6%), Two or more races (2.9%), or Native Hawaiian/Pacific Islander (0.1%). Another 6.7% of Maryland's population is Asian. Females comprise 51.6% of Maryland's population.<sup>2</sup>

In the past two to four years, Maryland has significantly reduced child poverty by 11% and increased publically funded women's health services by 28%.<sup>3</sup> Maryland does, however, have a high rate of women victims of violent crimes, residential segregation, and children in poverty racial gap.<sup>3</sup> According to the 2018-2019 National Survey of Children's Health, 21.2% (n=245,084) of Maryland children have special health care needs.<sup>4</sup> The prevalence of children and youth with special health care needs by racial and ethnicity in Maryland was 24.6% Hispanic, 15.8% Black, Non-Hispanic, 24.9% White, Non-Hispanic, and 18.6% Other.<sup>4</sup>

Maryland does, however, have significant disparities across socioeconomic, geographic, racial, and ethnic populations. For example, Baltimore City ranks last in health outcomes among the counties in Maryland. The health outcomes in Baltimore City include twice the number of premature deaths, twice the rate of children living in poverty (estimated 26-33%), twice the rate of sexually transmitted diseases, twice the rate of single parenthood, and twice the rate of injury deaths compared to Maryland state average rates.<sup>5</sup> Somerset and Dorchester counties have similar rates of premature deaths, percentages of children living in poverty, obesity,

and alcohol-impaired driving as Baltimore City. Thus, there are specific rural and urban areas in Maryland that would benefit from focused health equity approaches.

The establishment of a Commission on Health Equity would increase the state's ability to identify and address areas of need. The premise of equity-based strategies is to allocate resources based on identified needs. Equitably distributing Maryland's significant resources would allow the state to marshal resources efficiently and effectively to yield the largest impact per dollar spent, which would ultimately benefit all Marylanders and increase the state's health and productivity.

The Maryland Commission on Health Equity may target the reduction of children living in poverty as a significant modifiable social determinant of health for Maryland families, especially during the current COVID-19 pandemic. Evidence from a recent National Academies of Sciences, Engineering, and Medicine report demonstrates the significant, multi-generational, and enduring impact of child poverty and provides an evidence-informed roadmap, using current programs to reduce this adverse health factor.<sup>6</sup> Focused efforts to address child poverty may result in improved health outcomes across the life trajectory for children living in Maryland and their families.

### **Kennedy Krieger Institute requests a favorable report on House Bill 78.**

#### References

1. U. S. Department of Commerce. Bureau of Census. Table 4A. Maryland and Jurisdictions: Race and Hispanic Origin Percent of Jurisdiction July 1, 2019 Population Estimates. *Maryland Ages as Growth Slowdown Continues* 2020; [https://planning.maryland.gov/MSDC/Documents/pop\\_estimate/ARS/2019-PopAnalysis/Table4a.pdf](https://planning.maryland.gov/MSDC/Documents/pop_estimate/ARS/2019-PopAnalysis/Table4a.pdf). Accessed December 17, 2020.
2. U. S. Census Bureau. Quick Facts: Maryland. *Quick Facts* 2019; <https://www.census.gov/quickfacts/fact/table/MD,baltimorecitymarylandcounty/AGE295219>. Accessed December 17, 2020, 2020.
3. America's Health Rankings. Maryland State: Health of Women and Children Data 2020 Update. *America's Health Rankings* 2020; <https://assets.americashealthrankings.org/app/uploads/hwc20-maryland.pdf>. Accessed December 17, 2020.
4. Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health (NSCH) data query. 2019; <https://www.childhealthdata.org/browse/survey/results?q=7981&r=22>. Accessed December 17, 2020.
5. University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps: Baltimore City. *County Health Rankings and Roadmaps* 2020; <https://www.countyhealthrankings.org/app/maryland/2020/overview>. Accessed January 22, 2021.
6. National Academies of Sciences Engineering, and Medicine, *A Roadmap to Reducing Child Poverty*. Washington DC. 2019.