

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Dr. Sherita Hill Golden, M.D., M.H.S.
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Johns Hopkins University and Medicine supports **Senate Bill 52 – Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)**. This bill would authorize the creation of the Maryland Commission on Health Equity (“Commission”). This Commission would employ a “health equity framework” to assess the health of Marylanders, ways for state and local governments to collaborate to implement policies that positively impact the health of Marylanders, and specifically address the impact on:

- Access to safety and affordable housing;
- Educational attainment;
- Opportunities for employment;
- Economic stability;
- Inclusion, diversity, and equity in the workplace;
- Barriers to career success and promotion;
- Access to transportation and mobility;
- Social justice; and,
- Environmental factors.

And, ultimately, it will be tasked with making recommendations on health considerations, training, complying with national standards for culturally and linguistically appropriate services, as well as advancing health equity in the State, fostering collaborations to reduce disparities, and continually advising on laws and policies to improve health and reduce health equities.

Significantly, this legislation declares racism as a public health issue. This declaration is a critical step in advancing racial equity and justice because it focuses on creating a sustainable system. This system will ensure that best practices are employed through various methods, such as data collection or implicit or unconscious bias trainings. It also recognizes that, in order to achieve health equity, all citizens must have access to affordable food, housing, and economic and educational empowerment opportunities that further enhance access to healthcare. It cannot be understated the devastating effects that housing and food insecurities, limited educational or employment opportunities, among others, have on these health disparities and inequities. These factors, known as the social

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determinants of health (SDOH), have been influenced by long-standing structural racism inherent in housing, education, and employment policies that have disadvantaged minoritized groups. Racial residential segregation resulting from redlining and discriminatory neighborhood covenants resulted in housing instability as well as lack of investment in public works, school systems, and economic development in Black, Latinx, and Indigenous communities. These environmental injustices, which also include lack of access to healthy food choices and green spaces for physical activity, have contributed to disparate rates of diabetes, obesity, hypertension, cardiovascular disease, and lung disease among those residing in these communities. It is only through establishing policies that undo structural racism and positively influence social and economic conditions that we can begin to address the root cause of the social determinants of health and reduce these pervasive health inequities.

Diversity and inclusion is a core value of Johns Hopkins Medicine. As an institution it remains dedicated and committed to reducing health disparities that are present throughout the State of Maryland. Health disparities, unfortunately, have been a long-standing systemic problem in the Black, Hispanic, and Indigenous communities. The COVID-19 pandemic has only further exacerbated these disparities and has heightened the need for this and other legislation aimed at reducing this blight in our communities. Nationally, Black and Indigenous Americans continue to suffer the highest mortality, with both groups experiencing a COVID-19 death toll exceeding 1 in 750. Latino, Black, and Indigenous Americans all have COVID-19 death rates of double or more that of White and Asian Americans. In Maryland African Americans/Blacks are 29% of the population but account for 33% of COVID-19 cases and 36% of COVID-19 deaths; Latinx account for 10% of our state's population but 19% of COVID-19 cases.

Similar to our strong support of SB 5, we enthusiastically support Senate Bill 52 that would enhance efforts for creating an equitable, inclusive environment for health care delivery throughout Maryland. We applaud the Sponsor for her leadership on this issue, and her recognition of her former colleague whose efforts to bring this issue to the forefront are coming to fruition. Johns Hopkins urges a **favorable report on Senate Bill 52 – Public Health – Maryland Health Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)**.

cc: Members of the Senate Finance Committee
Senator Mary Washington