

# MARYLAND COMMISSION ON ENVIRONMENTAL JUSTICE AND SUSTAINABLE COMMUNITIES

## **Joint meeting of the Children's Environmental Health and Protection Advisory Council and the Governor's Commission on Environmental Justice December 7, 2021**

**Commission Members:** Camille Burke, Secretary Grumbles, Joe Griffiths, Voncia Molock, Crystal Faison, John Papagni, Subha Chandar, Lesliam Quiros, Paula Dannenfeldt, Monica Brooks

**Council Members:** Cliff Mitchell, Devon Dodson, Dianna Abney, Camille Burke, Laura Allen, Jovonne Walker, Ben Gitterman, Alicia Mezu, Kelly Love, Laura Stewart, Megan Latshaw, Christina Drushel-Williams, Paul Ferraro

**Members of the Pubic:** Eamon Flynn (CEHPAC Staff), Veronicka Carella, Laura Stewart, Pam Kasemeyer, Cassie Shirk, , Kimberlee Drake, Shweta Sharma, Hannah Donart, Kamita Gray, Horacio Tablada, Suzanne Dorsey, Lisa Nissley

### **Welcome & Remarks**

Chairman Burke and Chairman Mitchell welcomed the meeting participants. Both spoke about the increased interest in the work of CEJSC and CEHPAC from external organizations and agencies. They discussed the importance of the many issues that intersect between the work of the Commission and the Council.

Devon Dodson took a moment to explain our expanded membership under the new commission law (in effect 10/01/21). Many appointments will be made by the Senate President and House Speaker. Members who are hoping to be reappointed need to reach out to their offices to express their interest. Devon will share a list of which seat current members serve in and what is open for appointment.

Camille shared that there are many amazing events coming up on EJ and many times she has

been invited to participate. Sometimes she will be sharing these with other members to give others opportunities to be involved. She encouraged people to invite interested parties to participate in our meetings and said she would like to see CEHPAC and CEJSC collaborate during session. We often share similar letters on the same bills.

### **Scope of Work and Common Topics for CEHPAC and CEJSC**

- There have always been some themes that are common and salient to both groups.
- Children's exposure and growth and development as affected by the environment – where kids live, learn, and play all have implications for development and productivity.
- Discussion has been driven in part by Health in All Policies and climate change. Rather than focusing on a particular toxin or risk, the question has moved to how we, as a state, can better develop regulatory policies that consider the health and well-being of children writ-large. This extends beyond any one agency and is more of a framework for thinking systematically about how to incorporate the values of children's environmental health and environmental justice into decision-making processes.
- Some groups are already moving to evaluating cumulative impacts of environmental issues.
- How can the two groups address common issues, without creating too much overlap or mixed guidance?
- The HiAP Workgroup report had four recommendations, but they have not been implemented yet. Is there a role for CEHPAC/CEJSC to address some of these recommendations?
- How would a framework for HiAP be implemented, especially among non-health state/local agencies?
- One solution does not work for everyone, especially more rural communities such as those on the Eastern Shore.
- The CEHPAC School's workgroup has identified several topics they feel should be common to both groups, including indoor air quality, water quality, green cleaning, and pesticide use in schools (including child care and daycare).
- Discussion of how to hold people accountable for following-through on the implementation of new policies, programs, and legislation, as well as responding to requests for information.
- There is a new commission on health equity within MDH. Need to think about the intention of the legislature as well as where each council/commission can be most effective without having to rely on others. However, CEJSC and CEHPAC already have representation from many of the state agencies, so those representatives should be held accountable for requests from CEJSC and CEHPAC.

### **Asthma and the Statewide Integrated Health Improvement Strategies**

- As part of the state's agreement with the Centers for Medicare & Medicaid Services, which allows MD to use the all-payer insurance model, the state must demonstrate that it is able to improve the cost and quality of health care delivered in the state. One of the specific goals is to reduce asthma emergency department visits. The goal is to reduce asthma visits overall (42% reduction from 2018 to 2026) as well as reduce the black-white disparity. MDH is expanding the home visiting program for families with children with asthma/lead exposures, but efforts to address asthma at schools and child care are also critical to this effort. In addition, how do we get other agencies, programs, and policies to consider impacts on health, particularly air quality and asthma? What tools are available to help people practically consider health impacts in transportation, housing, planning, and other domains?
- American Academy of Pediatrics is very interested in this. They have toolkits specific for clinical settings, but some groups have been pushing them for more community-focused toolkits.
- How can we create a toolkit that is easy to use and doesn't require significant resources and time?
- Some communities have Green Teams that CEHPAC/CEJSC could work with.
- State agencies play a significant role on commissions/councils, but a lot of planning occurs at the local level. The Maryland Department of Planning has guidelines and state plans, as well as a plethora of toolkits. What helps local jurisdictions the most are local planners and the human component.
- From a clinical perspective, individual asthma action plans have been pivotal in controlling asthma. Could consider developing an asthma action plan for communities.

### **Priorities for 2022**

- Responsiveness of state agencies in a timely fashion
- Education on roles of state and local governments, how CEHPAC/CEJSC fit into that dynamic, and how to incorporate community feedback
- Statewide asthma action plan
- Representation to explain the real-world consequences of statewide policy decisions on children's environmental health
- Motion that CEHPAC draft a letter to the general assembly to fill the vacant House and Senate seats (Megan Latshaw).
- Seconded: Laura Allen
- Motion passed.
- Discussion of effective actions CEHPAC has taken in the past, besides writing letters, including addressing mercury in schools as well as the 2008 Children and the Environment report.

### **Public Comment**

- Hannah Donart appreciates community inclusion, but asks for more participation by parents, the public, and community members. Specifically wants to engage with Jovonne Walker and other parents and agency representatives. There are still many environmental issues that have not been addressed, including pandemic-specific issues.
- Veronika Carella appreciates the participation of Secretary Grumbles at the meeting and emphasizes the importance of representation by the GAM. Ms. Carella expressed the opinion that as Commissioners, Sec Bartenfelder and Superintendent Choudhury have a statutory duty to act on these CEHPAC requests, and that the perpetual delays in responding to the Council's original letters are unacceptable, harmful to the children of Maryland, and impact CEHPAC's ability to perform its statutory duty. She requested prompt action on this issue. She also requested that data sharing be on the agenda for the next meeting, as well as water quality - including discussing bills coming from OAG. She also asked how the letter to the GAM would be sent and by whom and by when.
- Laura Stewart is part of a statewide PTA and is interesting in helping agencies discuss lead issues with parents and schools, including water bottle filling stations and filtration. Notes that scents (in sanitizers, laundry detergents) can be asthma triggers.
- Kamita Gray need to marry top-down vertical organizations with community organizations. Brandywine already has a high incidence of asthma, and additional risks are persistent. Need community organizations to be at the decision-making table, not the input table.