

2020 Annual Report Social Determinants of Health Taskforce

SOCIAL DETERMINANTS OF HEALTH TASKFORCE
FOR BALTIMORE CITY

Social Determinants of Health Taskforce for Baltimore City & Advisory Board

Table of Contents

Executive Summary	1
Legislative History	1
Summary of 2020 Taskforce Activities	3
Health and Human Services (HHS)	2
HHS Subcommittee Activities 2020.....	3
HHS Subcommittee - Policy Recommendations 2020.....	4
HHS Subcommittee 2021 Goals.....	5
Housing Subcommittee.....	5
Housing Subcommittee Activities 2020	6
Housing Subcommittee Policy Recommendations 2020	6
Housing Committee 2021 Goals.....	7
Education Subcommittee	7
Education Subcommittee Activities 2020.....	7
Education Subcommittee Policy Recommendations 2020	8
Education Subcommittee 2021 Goals.....	8
Social Justice Subcommittee	8
Social Justice Subcommittee Activities 2020	8
Social Justice Subcommittee Policy Recommendations 2020	10
Workforce Development & Jobs Subcommittee	9
Workforce Development & Jobs Subcommittee Activities 2020.....	10
Workforce Development & Jobs Subcommittee Policy Recommendations 2020.....	9
Workforce Development & Jobs Subcommittee 2021 Goals.....	10
Summary of Major Subcommittees.....	11
Lessons Learned 2020.....	12
References.....	13
Appendix I.....	16
Organizational Chart and Contact List.....	16
Appendix II.....	17
Meeting Agendas.....	17
Appendix III.....	19
Highlights.....	19
Appendix IV.....	20
COVID Health Disparities Meeting.....	20

EXECUTIVE SUMMARY

The COVID-19 pandemic upended all plans for 2020. Despite the tremendous challenges, the Taskforce pressed on and convened two public meetings and routine leadership meetings to continue to address social determinants of health with the goal of improving care for community members in Baltimore City. The pandemic highlighted the importance of examining the social factors that impact health, a critical health equity topic that this Taskforce has been working on for many years.

COVID-19 now a global pandemic has forced non-essential services, travel, much of retail and commerce to shut down. The impact of this shut down has precipitated massive economic hardship and unprecedented job losses. The impact was greatest on those at the lower rungs of the socioeconomic ladder, so much that it was estimated approximately one-third of all renters and homeowners could not pay their rent or mortgage. COVID-19 is having the effect of precipitating a concomitant economic crisis, which itself could potentially fuel another housing/mortgage crisis.

COVID-19 by September had exceeded 5.9 million cases nationally; even more disheartening the virus claimed more than 180,000 lives. Sadly, African Americans have suffered disproportionate rates of mortality as compared to other populations and to date they remain at a significantly elevated risk of not only contracting the disease but also of having poorer outcomes and death. Hence, the COVID-19 pandemic *is* a public health crisis that has already begun leaving many at an even higher risk for economic, housing and food insecurity, and excessive morbidity and mortality for a variety of physical and mental health concerns.

For these reasons, the Social Determinant of Health Taskforce (SDHTF) was compelled to pivot from “normal” activities to focus on COVID-19 related community issues and concerns. The activities largely focused on the Health and Human Services committee but overlapped with the five key areas, that are the basis for our five subcommittee foci. This report will briefly outline important activities, in these five key areas, that were undertaken by the Taskforce members to help Baltimore City residents address COVID-19 induced social determinants of health issues and concerns.

The Taskforce has been actively engaged in addressing the social determinants of health prior to and during the COVID-19 pandemic and sharing policy recommendations by subcommittees based on deep, trusting relationships with community members, organizations, and stakeholders. Despite an extremely challenging year with competing demands professionally and personally for the Taskforce members and team, the Taskforce remained engaged in important activities that supported communities in Baltimore City.

Legislative History

On May 15, 2018, Governor Larry Hogan signed into law, Senate Bill 444 *The Taskforce on the Social Determinants of Health in Baltimore City* (SDHTF). The SDHTF was quickly convened

thereafter, with an advisory board appointed by both Senator Shirley Nathan-Pulliam and the University of Maryland, Baltimore President, Jay Perman, MD. The bill “establishes the Taskforce on Social Determinants of Health in Baltimore City and an associated advisory board. The University of Maryland, Baltimore Campus provides staff support for the Taskforce. By December each year, the Taskforce must submit a report to the Governor and the General Assembly. The bill takes effect July 1, 2018, and terminates June 30, 2025” (cited: p. 1, 2017 SB 444 Fiscal Policy Note).

Taskforce Goals and Responsibilities

The Taskforce is charged with identifying and analyzing the cyclical, multi-generational negative social factors, which create hardship for residents of Baltimore City, and to design and implement solutions to improve the environment in which Baltimore City residents live, work, play, and worship. The Advisory Board of the Taskforce must appoint members of the Taskforce, manage Taskforce activities, and adopt bylaws or rules to govern Taskforce operations. The Advisory Board is required to consult with the Office of Minority Health and Disparities and to appoint chairs and co-chairs of the five SDHTF specific subcommittees. The Taskforce may apply for grants from public and private entities to carry out its duties (cited: p. 2, SB 444 Fiscal Policy). Note: SDHTF subcommittees are tasked with developing recommendations and collaborating with community organizations on projects to address specific social determinants of health (SDH).

The SDH includes, but are not limited to:

1. **Education:** Focused on the lack of adequate schools, educational materials, opportunities, and low graduation rates across Baltimore City.
2. **Housing:** Focused on areas where urban blight, neglect, abandoned housing, poor street lighting, and broken pavement are contributing to unacceptable housing conditions for city residents.
3. **Workforce Development and Jobs:** Focused on the lack of economic opportunities (sustainable employment/chronic unemployment, underemployment/training opportunities/need for more training programs to spur opportunities) for residents living in the low-income neighborhoods of Baltimore City.
4. **Health and Human Services:** Focused on addressing the high rates of communicable and chronic diseases, including: hepatitis C, HIV/AIDS, diabetes, high blood pressure, cardiovascular disease, stroke, as well as mental health, suicide, high infant mortality, low birth rates, poor and inadequate nutrition, excess morbidity, high rates of alcoholism, as well as opioid and other substance use.
5. **Social Justice/Civil Unrest - Changed to Social Justice:** Focused on reducing neighborhood crime, homicides, rape, robbery, domestic violence, gang activity, and inappropriate police activity.

Summary of 2020 Taskforce Activities

Health and Human Services Subcommittee Activities 2020

The main goal of the Health and Human Services (HHS) subcommittee is to reduce the impact of the negative forces of the social determinants of health through raising awareness of health and human service resources in economically distressed communities in Baltimore City. Since the onset of the COVID-19 pandemic, the HHS subcommittee has continued in this vein, hosting videoconference calls of community leaders, and sharing information about resources that are helpful to communities affected by the pandemic. Among these resources are masks, COVID-19 testing, food, safe transportation for people who are ill, and critical information in blogs, newspaper articles, videos, and webinars.

COVID-19 resources within marginalized communities have been scarce, so much so that the Taskforce joined forces with the Simmons Memorial Baptist Church to launch a community based COVID-19 screening and testing center in the “Freddie Gray” neighborhood of West Baltimore City. The Taskforce initiated a telehealth based COVID-19 support center at the Simmons Memorial Baptist Church with volunteer physicians, nurses, clergy, and trained community health workers. As a result, local West Baltimore City residents who had no other help or those who did not trust or could not access the “government” facilities were able to receive services, free of charge at the church. Simmons Memorial Church maintains the program to date.

The HHS subcommittee also convened a COVID Disparities Workgroup. The workgroup assembled on April 9, 2020 to build connections across community organizations in their efforts to address COVID-19 and its impact. For example, the Maryland Department of Health reported as of April 22, 2020, Maryland had 14,775 confirmed COVID cases and 631 COVID deaths. Of those COVID cases in Maryland, 49% were black, 37% were white, and 14% were Asian or another race. The COVID related deaths where race was known, 53% were African Americans, 38% were white, and 6% were Asians. The disparities COVID outcomes related were likely linked to the social determinants of health, or social conditions and structures in which many people live in Baltimore City. Thus, making it pertinent for the Taskforce to convene an information-sharing meeting to provide advice, and to make recommendations for immediate action.

Several members of the HHS subcommittee and Taskforce also increased community awareness of COVID-19 and contributed to the community by sharing knowledge through lay publications and being guest speakers on radio shows. The Taskforce member’s community contribution allowed for immediate sharing of practical information that could be disseminated within the community for rapid use. Examples include:

- Blogs by Dr. Annelle Primm (HHS subcommittee Chair) with support from the Steve Fund focusing on mental health for college students during COVID-19. (<https://www.stevelfund.org/blog-self-care-super-women> and <https://www.stevelfund.org/blog-maintaining-mental-health-during-the-coronavirus-pandemic>).

- Blog by Dr. Yolanda Ogbolu (SDHTF Chair) with support from the Robert Wood Johnson Foundation, focusing on the impact of social isolation on community members in West Baltimore (<https://www.rwjf.org/en/blog/2020/06/in-west-baltimore-physical-distancing-was-a-way-of-life-before-covid-19.html>).
- Opinion Editorial by Dr. Harolyn Belcher with support from the Afro American Newspaper focusing on staying informed ([COVID-19: What We Must Do | Afro](#)).
- Chair and Co-Chair of the HHS subcommittee Dr. Annelle Primm and Mr. Charles Jackson presented COVID-19 on local radio station, 1010 WOLB/Radio One broadcasted via Coppin Connection and hosted by Dr. Beverly J. O’Bryant along with Ms. Denyce Watties-Daniels, a HHS subcommittee member and faculty at Coppin State University.

HHS Subcommittee - Policy Recommendations 2020

Based on the activities of the committee and discussions with key stakeholders in Baltimore City, the HHS subcommittee of the Taskforce is offering the following policy recommendations which reflect some of the critical needs of communities in the current environment of the pandemic and occurrences of systemic injustice which have had an adverse impact on health, well-being, and quality of life.

A. Provide Funding for the Charmcare Community Social Resource Mapping Database developed by Baltimore City Health Department

Addressing health-related social needs is essential to driving population health and wellness in Baltimore City. Medical literature shows that more than 70% of health outcomes are driven by social factors, not clinical care. Unmet health-related social needs, such as food insecurity and inadequate or unstable housing, may increase the risk of developing chronic conditions, reduce an individual’s ability to manage these conditions, increase health care costs, and lead to avoidable health care utilization. As Centers for Medicare and Medicaid (CMS) beneficiaries make up nearly 60% of the total population in Baltimore City, Accountable Health Communities (AHC) is committed to identifying and addressing the health-related social needs of Baltimore City’s Medicare and Medicaid beneficiaries via clinical-community linkages that will impact total health care costs, reduce utilization, and improve health outcomes for this vulnerable population (see [Baltimore City Health Department AHC Interim Report, July2020](#)).

Through the AHC project, The Baltimore City Health Department developed a database system of social resources in the city including resources for housing, education, health, income generation, and other needs. The initial development of the database system (Charmcare.org) was funded by CMS, but to be sustainable the program needs long-term funding. Hence, this Baltimore City Health Department database of over 250 agencies providing resources for food, housing, utilities, financial strain, mental health, substance use, and employment, requires funding of \$115,000/year for operation and maintenance and continuity of input from community focus groups to ensure the database is accessible and contains relevant information.

B. Support Funding for Telehealth

Given the greater reliance on and expansion in use of telehealth services due to COVID-19, it is crucial to increase access to broadband in underserved communities as well as to continue to reimburse for telehealth visits whether they are in-person or in-home visits, therapy services, or mental health services.

C. Expand Summer Supplemental Nutrition Assistance Program (SNAP)

Add additional funding for the Summer SNAP program to allow Baltimore City residents and their families access to food with sustenance, especially since school aged children are learning virtually at home and no longer have access to breakfast and lunch provided in school.

- a. Additional SNAP benefits for families with children under age 19 when school is out during the summer and winter school breaks.
- b. Monthly benefit at least \$30 per child, per summer months (June, July, and August) and \$10 in December.
- c. Maryland is leading the country as the first, and currently the only state, with this new solution to child hunger (SB 218/HB 338).

D. Develop and Implement Crisis Response Teams

In order to prevent unnecessary violence and loss of life among people in mental health crisis, expand the use of co-responder models such as Community Response Teams (CRTs) in which mental health professionals will accompany police officers when they respond to calls from families who report mental health crises with their loved ones.

E. Address Racism as a Public Health Issue

Due to the racially disproportionate impact of COVID-19 and systemic injustice in health and mortality in the U.S. as a whole and in Baltimore City and other jurisdictions in the State of Maryland, it is imperative that racism and its structural manifestations be called out as significant contributors to preventable poor health and excessive, premature deaths among people of color.

HHS Subcommittee 2021 Goals

1. Raise awareness of the availability of health and human service resources for economically distressed communities in Baltimore City.
2. Partner with representatives of academic institutions and organizations such as faith-based, medical, and community-based to disseminate information on resources to be shared with communities in need and in turn ameliorate adverse social determinants of health.
3. Convene regular discussions among HHS subcommittee members and community leaders to identify unmet needs for resources to address the social determinants of health in Baltimore City.

Housing Subcommittee Activities 2020

The Housing subcommittee completed a comprehensive review examining the association between housing and health in 2019. The Housing subcommittee identified three leading health hazards directly related to housing: 1) Poor indoor air quality from mold, pollutants, and rodents leading to a variety of ailments, including asthma; 2) Injury from falls due to loose railings, unsecured stairs, and similar deficiencies; and 3) Lead from pipes and paints (deferred to others). In early 2020, the Housing subcommittee began identifying agencies and partners to implement programs to reduce those factors. A promising contact was made with then Baltimore Deputy Housing Commissioner, who administered similar home improvement assistance programs. For example, the elderly oriented Housing Upgrades to Benefit Seniors (HUBS) program. The Housing Commissioner was extremely interested in further collaboration and made several suggestions to how existing programs should be made more flexible so they can be applied for the envisioned implementation. In some instances, this would require legislative action on the state or federal level. We plan to followup in 2021.

The leadership of the Housing subcommittee supported the HHS subcommittee in their efforts with the Simmons Church initiative described above and developed a concept paper for a mobile Corona service, which would provide direct and rapid support to community members. This service dubbed “Corona Taxi” was presented to Simmons Church who were unsuccessful in identifying a funding source for the idea and ultimately this program was not implemented. Overall, the Housing subcommittee’s work was somewhat stifled this year due to competing professional demands of the committee as a result of COVID 19.

Housing Subcommittee Policy Recommendations 2020

Based on the comprehensive report and COVID-19 related challenges, the Housing subcommittee offers the following policy recommendations.

A. Decrease risk of poor health outcomes from unhealthy housing in Baltimore City by assisting the implementation of a pilot project for risk mitigation

The program would be modeled after Healthy Rowhouse in Philadelphia and the existing HUBS program in Baltimore City. Invest in low-income homeowners in areas of high disinvestment who frequently are denied conventional home improvement loans. Limit loans to a repair cost of \$15,000 per household or property. Use a strategic, geographically limited area where the impact is cumulative. Envisioned is a program between 100-200 homes (\$1.5 million to \$3 million). Identify target area by finding stakeholders and partners with synergistic programs such as Upton’s \$100,000 homeowner support program.

B. Identify creative funding mechanisms to improve housing and reduce vacancies

Additional funding mechanisms include, but are not limited to possible use of the existing Affordable Housing Trust Fund, use of city bonds and impact investment funds from the health care industry, and opportunity zone funding. Identify target area by finding stakeholders and partners with synergistic programs such as Upton’s \$100,000 homeowner support program. The Taskforce also recommends that considerations be

given to coordinate subsidies for enterprise, opportunity, business improvement, historical, and community development zones; and to make distress remediation funds available to elderly, veterans, and low income homeowners, and to landlords who provide such housing to help stabilize and improve existing housing stock.

C. Increase neighborhood and home safety to promote wellness during COVID-19

COVID-19 highlighted home and neighborhood concerns as determinants of poor health outcomes. Increased contact and lack of capacity to isolate within the home increased the risk of COVID-19. As most students in Baltimore City spent time learning virtually at home to reduce the risks of COVID-19, more people spent more time inside homes, often in close contact with multiple family members and low capacity to social distance from each other. Neighborhood level parks and play areas have gained importance in offering space for children outside of the home. Studies show that neighborhood parks and play areas are underutilized due to violence in the neighborhood. Increasing safety in these parks are essential to building social connections, avoiding childhood obesity, and improving health outcomes for children. Other neighborhood considerations have emerged related to poor air quality in Baltimore City, which exacerbates the severity of COVID-19 when infected.

Housing Committee 2021 Goals

1. Find ways to more effectively engage all subcommittee members so connections, relationships, and competency of all members can be fully utilized.
2. Continue finding ways to have maximum effect on healthier homes through small scale home improvements.
3. Expand the view from the individual home to leading factors influencing healthy neighborhoods.

Education Subcommittee Activities 2020

The COVID-19 pandemic has upended traditional public education forcing schools to immediately transition to virtual education. Historical educational challenges in Baltimore City were exacerbated by this transition to virtual education. The Education subcommittee has focused on understanding and seeking opportunities to support these challenges. Similar to many other under-resourced communities across the nation, Baltimore City has a digital divide and poor households lack the essential tools for getting online, namely wireline broadband service at home and access to a computer. According to the 2018 American Community Survey (Horrigan, 2020), 96,000 households in Baltimore City (41%) did not have wireline internet service such as, cable, fiber, or digital subscriber line service. One in three of 75,000 households did not have either a desktop or laptop computer. Across the country, other barriers include the practice of sharing mobile phones with others, having limited data plan to reduce cost, and some may simply be unwilling to learn or utilize phone or computers for research engagement (Marhefka etal, 2020; Sevelius etal, 2020).

Education Subcommittee Policy Recommendations 2020

A. Address the digital divide to improve education for Baltimore City's children

- a. Ensure that every household in Baltimore City has the cable and fibers necessary for internet service.
- b. Enhance policies and funding that ensures all 84,000 students in Baltimore City have a functioning computer and internet service, which are essential to avoiding intergenerational gaps in knowledge.
- c. Identify and fund opportunities to establish free WiFi hotspots on rooftops of stakeholder organizations in Baltimore City.

B. Promote and expand mental health initiatives within the K-12 school system

Provide mental health services to assist children to deal with the traumatic experiences associated with COVID-19, adverse childhood experiences, and exposure to violence and violent behaviors in the community. Key issues to be addressed include social isolation (disconnections from schoolmates, friends and family supports) and accumulated deaths and loss of friends and family members due to violence and COVID-19.

C. Support the development of community educational centers for multi-generational learning that are well equipped to educate leaders of the 21st Century

The Education subcommittee recommends a pilot program in which Maryland State Department of Education (MSDE) supports the development of and/or approve alternative measures of achievement as well as waiving existing laws and regulations that currently hinder the process. State policies should be developed that encourage and facilitate the sharing of schools and other facilities for virtual/in-person education centers for multi-generational learning and other community building activities. State policies should also support the planning and design, and construction or modifying buildings for the ongoing shared public use of public school facilities and other government entities for virtual/in-person educational activities.

Education Subcommittee 2021 Goals

1. Develop a comprehensive approach to urban and rural schooling by creating virtual/in-person education centers for multi-generational learning and other community building activities.
2. Prioritize virtual learning resources and funding for K-12 programs in urban communities.
3. Prepare urban students to meet the challenges of the 21st century.

Social Justice Subcommittee Activities 2020

The goal of the Social Justice subcommittee is to lessen the impact of crime and violence, to reduce the rate of recidivism in West Baltimore City (zip code 21217), and to better understand the dynamics around conflict resulting in violence. To do so, the Social Justice subcommittee

will further establish working relationships with Turn Around Tuesday (TAT), Safe Streets, No Shoot Zone, and CeaseFire in a collaborative and strategic effort to reduce crime in Sandtown and Harlem Park. The Social Justice subcommittee has advanced relationships with TAT: a jobs' movement that focuses on reducing crime and violence by providing those with criminal backgrounds an opportunity to obtain livable wage employment. The participants also learn how to be leaders in their communities all while gaining knowledge about civic responsibility.

The Social Justice subcommittee continued to participate in various recruitment campaigns to help spread the word about TAT. They also recruited people to participate in the TAT program from church food pantries, such as Mt. Zion Baptist Church, First Calvary Baptist Church, and Macedonia Baptist Church. Other pantries such as Gilmore Homes and neighborhood schools in the recruitment efforts were Harlem Park Elementary School, Roots & Branches, and Gilmore Elementary.

The Social Justice subcommittee continued to disseminate information from community organizations in West Baltimore City to the Baltimore City Police Department (BCPD). This information included discouraging locking up or relocking up those who lack conflict resolution skills around minor offenses and encouraging positive relationship building with BCPD. The Social Justice subcommittee collaborated with Western District police chaplains to discuss ways to engage residents in a positive manner with the BCPD. The Social Justice subcommittee participated in prayer walks in Sandtown, Harlem Park, Southwest Baltimore City, and Edmonson Avenue – areas with high rates of violent criminal activity. The Social Justice subcommittee's goal to invite Safe Streets, CeaseFire, and No Shoot Zone to speak at a future SDHTF's general meeting forum and completing a safety survey was postponed due to COVID 19.

Another goal of the Social Justice subcommittee was related to voter participation, with civic engagement and social justice inextricably linked. The Social Justice subcommittee chair collaborated with other stakeholders and organizations to increase voter turnout in Harlem Park's Neighborhood. The Social Justice subcommittee aimed to increase voter turnout in one neighborhood by 50% over seven years. By collaborating with community organizations, such as BUILD, TAT, HPW, and Step Forward, the Social Justice subcommittee successfully registered new voters. These groups continue to educate residents about the positive impact voting has on the community and the negative consequences that can result from non-participation in the voting process. Additionally, the Social Justice subcommittee continues to engage and support Step Forward, a program designed to support individuals struggling with substance use disorder in community outreach activities as part of their holistic treatment plan. The work of the Social Justice subcommittee was challenged due to the sustained physical distancing that prevented community outreach. The Social Justice subcommittee leaders also suffered with loss of family members.

Social Justice Subcommittee Policy Recommendation

The Social Justice subcommittee recommends state mandated proof of voter registration as a requirement for continued issuance of Temporary Cash Assistance (TCA) and Electronic Benefit Transfer (EBT) benefits. According to data from the Stanford Social Innovation Review (2020), voter turnout rate among those earning more than \$100,000 to \$150,00 per year remains higher than those earning less than \$20,000. In an effort to empower communities of color around the critical importance of civic engagement. The Social Justice subcommittee recommends citizens who inherently depend on taxpayer/ state / federal funding support, be required to register to vote.

Workforce Development & Jobs Subcommittee Activities 2020

In 2019, the Workforce Development subcommittee created a collaboration with the Ministers Conference of Baltimore City and Vicinity (MCBV) and utilized the MCBV collaboration to establish the program called “*And the Church Shall Lead Economic Development Plan*” to successfully support the development of economic development hubs for workforce development tech centers throughout churches in the City of Baltimore. Through this work, MCBV was funded by Comcast, Verizon, and Baltimore City to implement six tech centers in six churches in Baltimore City for the purpose of training young people ages 16 to 24 the essential skills needed for a technology career. In 2020, the goal was to fully implement the programs in the churches and to open additional centers in Baltimore City. However, COVID-19 has delayed the full implementation and use of the tech centers that were opened in 2019. The Workforce subcommittee has collaborated with other SDHTF subcommittees to support the work of the overall Taskforce. Also, the subcommittee plans to reconvene in person, work with the tech centers in 2021, or whenever it is safe to meet face to face.

Workforce and Economic Development Subcommittee Policy Recommendations 2020

- 1. Recommend policymakers consider expanding expungement policies**
- 2. Returning citizens**

People returning to Baltimore City from prison need support with expungement of their criminal records, where appropriate. The Department of Justice (2019) recognizes that consequences of criminal records not only has a detrimental effect on individuals and family economic security, it also creates a range of lifelong obstacles (i.e., voting, civic participation, education, employment, professional licensing, housing, and receipt of public benefits that impedes re-entry into society).
- 3. Review and revise policies related to penalties regarding one losing his or her driver’s license for delinquency in child support**

Under Maryland law, child support arrearages automatically result in suspension of the debtor's driver's license, significantly hampering an individual's ability to have personal transportation that would allow one to secure and maintain income.

4. **Provide supportive services for those who are unemployed**

Work with local and state workforce development agencies in Baltimore City to add supportive services for the unemployed including, but not limited to services such as, health care, substance use disorder treatment, and housing. Addressing these issues could allow individuals to obtain and retain employment.

5. **Infuse into the CARES Act funding for job development and training**

On the federal and state level, the Workforce and Economic Development committee would like to strongly request that job development and training be inculcated to the Coronavirus Aid, Relief, and Economic Security (CARES) Act and any stimulus monies being allocated. This would enable the programs to give stipends or emergency funds and resources to families that would not otherwise receive these dollars as a result of not qualifying for unemployment benefits. This policy change would also allow monies to be given to the respective community workforce development sites to access much needed personal protective equipment (PPE) and to purchase structures to make their sites COVID-19 prepared (face shields, pods, etc.) to enable the participants to still attend in classrooms or spaces that have been refitted when social distancing cannot be optimally achieved.

6. **Encourage Maryland License and Labor Department to include workforce development and training into their funded activities**

Workforce Development activities should be a part of the current state and federal funding received by Maryland License and Labor Department and be included in any alternative training that may be needed to aid in addressing disasters, such as the current pandemic. These programs can change course and help prepare individuals for the jobs that may be needed at the time such as Contact Tracers.

7. **CARES funding should include aid for faith-based and community institutions**

Many, if not most, of the social support, educational, and workforce development programs are located in one of these trusted community institutions. Thus, if the entity closes, so does the ability to access the site. The faith-based and community-based institutions need payroll protection and PPE as well. They need to pay employees and the alike to ensure the sites can be open to receive. Provide funding for training particularly on training others on how to sanitize their facilities and protect themselves is needed. This should be applicable to all disasters accordingly.

Workforce and Economic Development Subcommittee Goals

1. Continue to collaborate with existing workforce programs and the mayor's office to seek synergies in workforce development.
2. Continue to expand the workforce tech centers initiative, which works to develop technology careers for adolescents and young people ages 16 to 24, obtain a job in

technology industry in collaboration with the Ministers Conference of Baltimore City and vicinity.

3. Continue to solicit and develop a repository of opportunities with companies and programs willing to employ returning citizens and the other vulnerable populations in Baltimore City.
4. Examine the availability of resources of funding from private, non-profits, and public organizations for workforce development and develop a report.
5. Work with the health and housing subcommittee to look for opportunities to connect health and housing to employment and jobs.
6. Solicit more subcommittee members who are actively engaged in workforce development opportunities in Baltimore City to participate as volunteer members of the subcommittee.

Summary of Major subcommittee highlights for 2020 include:

HHS: Collaborating with Baltimore City Health Department’s community mapping of social determinant of health resources and establishing a deeper understanding of how lack of access to resources and services contributes to “social isolation” for those living in disadvantaged communities.

Housing: Completed a comprehensive review of housing policies and practices that can contribute to improved health. Identified strategies and resources that could mitigate the impact of poor housing on health. Recognized the connections between poor housing and workforce opportunities and sought connections with agencies and resources that could allow for improving housing outcomes by addressing health and workforce challenges.

Social Justice: Collaborated with Turn Around Tuesday (TAT) to improve workforce development for underserved community members in West Baltimore City. Worked with community organizations including BUILD to improve voter registration in West Baltimore City.

Education: Initiated work on a comprehensive review to understand the impact of violence in schools in Baltimore City. Attended workshop in Baltimore City on the Kirwan report to understand how the subcommittee could align activities with report recommendations.

Workforce Development and Jobs: Worked collaboratively with a coalition of faith-based institutions in Baltimore City to develop a network of churches to pursue connections and receive funding that will collaboratively work to increase workforce development and job opportunities for young people ages 16 to 24.

LESSONS LEARNED 2020

As a taskforce, we learned new lessons this year. We recognized additional key social determinants that need attention, specifically access to technology and social isolation. We also

recognized a growing realization that internet access and digital technologies are rapidly emerging as one of the most important social determinants of health. According to the Pew Research Center, approximately 90% of U.S. adults are using the internet. Baltimore City has a digital divide and poor households lack the essential tools for getting online, namely wireline broadband service at home and access to a computer. According to the 2018 American Community Survey, 96,000 households in Baltimore City (41%) did not have wireline internet service, such as cable, fiber, or digital subscriber line service. One in three of 75,000 households, did not have either a desktop or laptop computer. Some efforts are being made to address the considerable digital divide in Baltimore City. For instance, the University of Maryland, Baltimore President Bruce Jarrell, MD, FACS approved funds to provide internet service for one-year to approximately 1,000 families in the West Baltimore communities using the Comcast Internet Essentials program.

Across the country, other barriers include the practice of sharing mobile phones with others, having limited data plan to reduce cost, and some may simply be unwilling to learn or utilize phone or computers for research engagement (Marhefka, 2020; Sevelius, 2020). While online shopping has transformed the role of retail and online courses have disrupted the education sector, broadband internet and digital technologies continue to transform the entertainment industry, transportation sector, health care systems, politics, news, and the employment sectors. As such, more and more of life for everyday Americans is being lived online, even more so in 2020. As a result, lack of owning or having access to broadband internet and digital technologies renders the individual increasingly unable to shop, obtain an education, vote, or even apply for a job. Broadband internet access has become the lens through which consumers see, access, and experience the world. In this way, it is very similar to other social determinants of health, which shape life experiences and profoundly affect health outcomes, particularly among poor and underserved populations.

Even as broadband and digital technologies enable new ways of connecting people, growing number of individuals, particularly poor, urban, and underserved seniors and community members, are living largely confined to their homes with little meaningful interaction with family and friends and reduced access to needed resources and services. This confinement to their homes is a form of social isolation, which has been shown to be associated with several health problems and poor health outcomes, including depression and cardiovascular diseases.

Finally, access to affordable and reliable transportation is beginning to be recognized as a key determinant of health. The cost and time required to complete necessary daily activities can greatly affect quality of life. Individuals who are more affluent have several options for transportation while those who cannot afford it face many challenges, including long commute times and crowded buses. As a result, they often miss life-improving opportunities that they are unable to attend on a reliable basis. An affordable, reliable transportation system facilitates in-person access to education, jobs, recreational and after-school activities, healthier food options, health care facilities, as well as quality time with friends and family. Quality public transportation systems reduce single-occupant automobiles on the road, decreasing toxic

emissions that exacerbate asthma and other respiratory conditions. Public transportation system usage facilitates positive health outcomes by increasing physical activity, as there is generally at least some walking or biking associated with taking a bus or train. Achieving optimal health is dependent on one's access to technology, transportation, and reasonable housing.

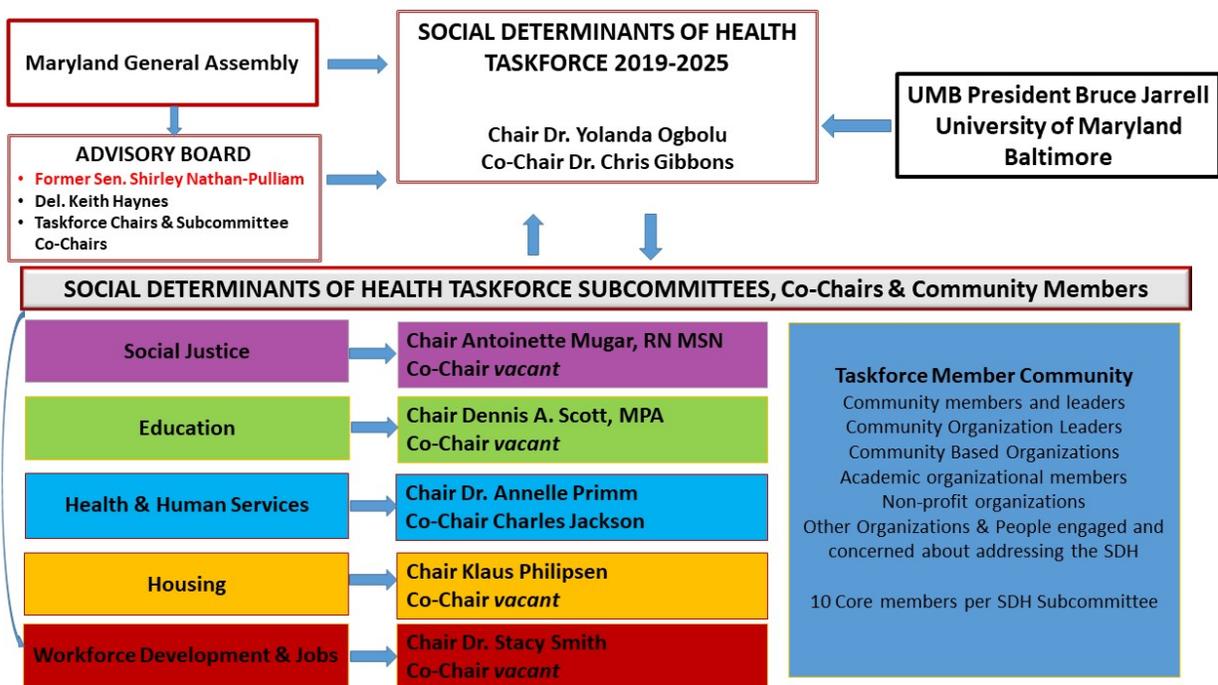
Moving forward into 2021, significant changes for the Taskforce members and leadership must be addressed. These changes include the resignation of Senator Shirley Nathan-Pulliam, a visionary and active leader for this group. Ms. Nathan-Pulliam has agreed to continue to serve as a senior advisor to the Taskforce and its activities. President Jay A. Perman, who was appointed to designate the chair and co-chair of the Taskforce, transitioned from president of University of Maryland, Baltimore (UMB) to chancellor of the University System of Maryland. In September 2020, Bruce Jarrell, MD, FACS was appointed the seventh president of the UMB. President Perman will either continue in his role with regard to the Taskforce or delegate his responsibilities to the appropriate leaders at UMB. Delegate Keith Haynes remains an advisor to the Taskforce and we anticipate that another Senator will be appointed to the SDHTF to replace Former Senator Nathan-Pulliam. Further, two members of the Taskforce were required to transition out of their leadership roles in 2019, and Lynn Twyman (co-chair Social Justice subcommittee) and Dr. Charlotte Wood (chair of Education subcommittee) have stepped down. Andre Robinson and Joseph Daniels stepped down as subcommittee chairs. New individuals will need to be appointed to subcommittee leadership roles in 2021. The SDHTF administrative staff also had a transition. Ms. Anne Brenner completed her law degree and has since resigned from the UMB. On September 14, 2020, Vicki Greene (Redding) joined the SDHTF as administrative staff (E-mail: redding@umaryland.edu, office phone: 410-706-0185).

REFERENCES

- Horrigan, J.B. (2020). Baltimore's digital divide: Gaps in internet connectivity and the impact on low-income city resident. Available at [Baltimore's Digital Divide: Gaps in Internet Connectivity and the Impact on Low-income City Residents | The Abell Foundation - Working To Enhance The Quality Of Life In Baltimore And In Maryland.](#)
- Marhefka, S., Lockhart, E., & Turner, D. (2020). Achieve research continuity during social distancing by rapidly implementing individual and group videoconferencing with participants: key considerations, best practices, and protocols. *AIDS and Behavior*, 1.
- Maryland Code, Transportation § 16-203.
- Sevelius, J. M., Gutierrez-Mock, L., Zamudio-Haas, S., McCree, B., Ngo, A., Jackson, A., ... & Stein, E. (2020). Research with Marginalized Communities: Challenges to Continuity During the COVID-19 Pandemic. *AIDS and Behavior*, 1

APPENDICES

APPENDIX I: Taskforce Organizational Chart and Contact list



Taskforce Contacts

Taskforce

Chair Dr. Yolanda Ogbolu
Co-Chair Dr. Chris Gibbons

ogbolu@umaryland.edu
mcg@greystonehit.com

Education Subcommittee

Chair Dennis A. Scott
Co-Chair *vacant*

dscott7@bcps.org

Health & Human Services Subcommittee

Chair Dr. Annelle Primm
Co-Chair Charles Jackson

annelleprimm@gmail.com
charles.jackson2@hotmail.com

Housing Subcommittee

Chair Klaus Phillipsen
Co-Chair *vacant*

kphilipsen@archplan.com

Social Justice Subcommittee

Chair Antoinette Mugar
Co-Chair *vacant*

antoinettemugar@yahoo.com

Workforce Development and Jobs

Chair Dr. Stacy Smith
Co-Chair *vacant*

Smithbaltimore@gmail.com

APPENDIX II- Meeting Agendas

A. SDH Taskforce Leadership Meeting January 9, 2020

Meeting Agenda

Co- Chairs met and reviewed and finalized report to MD General Assembly

B. SDH Taskforce Leadership Meeting February 13, 2020

Meeting Agenda

- I. **Administrative-** financial disclosures, SDH report, need additional leadership for committees, and administrative support not available until March
- II. **Subcommittee reports-** Workforce Development; Education, Housing; Health; Social Justice
- III. **Public meeting planning-** Stacy Smith and Joseph Daniels to report on plans and then Annelle Primm (April??)- recognize senator at public meeting in April?
- IV. **Adjourned**

C. Public Meeting March 6, 2020

Meeting Agenda

- I. Workforce Development Subcommittee (Smith and Daniels) convened a public meeting at University of Maryland, Baltimore Biopark
 - Part I.** Community organization presentation: I'm Still Standing Community Center in Baltimore. Focused on workforce development opportunities in Baltimore with a focus on working with veterans
 - Part 2.** Presentation of the Ministers Conference of Baltimore City and Vicinity with our Workforce Development Subcommittee. Discussion of their newly funded project to develop technology centers in faith-based institutions for the purpose of developing jobs for young adults age 14-24 in Baltimore City
 - Part 3.** Open community discussion of workforce development challenges and opportunities

D. Urgent COVID Disparities Meeting April 9, 2020

The taskforce convened a COVID health disparities community meeting to seek opportunities for organizations and individuals to collaborate to address the rising disparities in communities of color. **See detailed report of this meeting in the appendix.**

E. SDH Taskforce Leadership Meeting July 23, 2020

Meeting Agenda

- I. **Administrative**- financial disclosures and ethics discussion, need additional leadership for committees and administrative support not available due to resignation of the administrative staff at UMB
- II. **Subcommittee reports**- Workforce Development; Education, Housing; Health; Social Justice
- III. **Public meeting planning**- discuss dates for 2021
- IV. **Adjourned**

F. Public Meeting September 16, 2020

Meeting Agenda

- I. **Welcome and Introductions**- Dr. Yolanda Ogbolu and Dr. Chris Gibbons (Co-Chairs of Taskforce) and Retired Senator Shirley Nathan Pulliam
- II. **Antoinette Mugar, RN, MSN (Chair, Social Justice Committee)**
- III. **Health and Human Services Subcommittee - Dr. Annelle Primm and Mr. Charles Jackson**
- IV. **Guest Speaker - Dr. Alma Roberts from Kaiser Permanente**- *“Developing Community Partnerships to address social determinants of health using technology”*
- V. **Open community discussion**

G. SDH Leadership Meeting October 15, 2020

Meeting Agenda

- I. **Administrative**- update committee membership, meeting with Delegate Keith Haynes, policy report, and SDH webpage
- II. **Subcommittee reports**- Workforce Development, Education, Housing, Health, and Social Justice; brainstorm recommendations
- III. **Public meeting planning**- discuss 2021 dates
- IV. **Adjourned**

H. SDH Leadership Meeting November 10, 2020

Meeting Agenda

- I. **Administrative**- updates: committee membership, meeting with Delegate Haynes, committees’ goals and policy recommendations, and financial disclosures
- II. **Subcommittee reports**- Workforce Development; Education, Housing; Health; Social Justice
- III. **Public meeting planning**
- IV. **Adjourned**

APPENDIX III – Highlights

HHS Subcommittee



Social Justice Goal Planning



SDH Taskforce Strategic Planning



Social Justice Subcommittee



Workforce Subcommittee *former Co-Chair,* **Joseph Daniels**



Dr. Jay Perman and *former Senator* Shirley Nathan-Pulliam



Presentations available by request

The SDH Taskforce was featured in the University of Maryland School of Nursing’s Magazine, Nursing For/um.

Hager, L. (2020). The Pulse: Collective thinking helps heal the city. *Nursing For/um, Spring 2020*, 3-4. Available at [Nursing For/um: Spring 2020 by marylandnursing - issue](https://www.marylandnursing.org/issue/spring-2020)

Website: <https://www.umaryland.edu/sdh-taskforce/>

APPENDIX IV – COVID Health Disparities Meeting, April 9, 2020

On April 9, 2020, in response to health disparities in COVID-19 outcomes, the Social Determinants of Health (SDH) Taskforce of Baltimore City convened an emergency meeting with key stakeholders positioned to address disparities. According to Maryland Department of Health, **as of April 22, 2020**, Maryland had 14,775 confirmed COVID cases and 631 COVID deaths. In Maryland - of those infected and race known - 49.4% were black, 36.9% were white, and 13.7% were Asian or another race. Of the COVID related deaths (race known), 53% were African Americans, 38% were white, and 5.5% were Asians. For this meeting, Baltimore City is the region of focus. Baltimore City, as of April 22, 2020, had 1,602 confirmed cases: 58 deaths and 6 probable deaths COVID related. In Baltimore City, zip code 21215 was considered a hot spot with one of the highest number of cases in the state. The disparities COVID related outcomes were likely linked to the social determinants of health, or conditions in which many live in Baltimore City. Thus, making it pertinent for the SDH Taskforce to convene an information-sharing meeting to provide advice, and to make recommendations for immediate action.

The goal of this COVID Disparities meeting was to identify solutions, to address COVID related disparities, and to build meaningful partnerships for action. The SDH Taskforce under the leadership of Yolanda Ogbolu, Chris Gibbons and Senior Advisor Retired Senator Shirley Nathan-Pulliam called a meeting with key stakeholders from the taskforce: Greystone, Inc., universities, faith based institutions, Maryland Public Health Association, Baltimore’s Field Office of Housing and Urban Development, Black Nurses Association, Monumental Medical Association, and the African American Health Alliance. During the meeting, participants identified many areas of potential partnerships to address the disparities. Some of these efforts require additional support at the policy level. The following is a brief review of the meeting.

The virtual meeting opened with a welcome from Dr. Yolanda Ogbolu and Retired Senator Shirley Nathan-Pulliam. Dr. Ogbolu and Retired Nathan-Pulliam encouraged open communication to identify solutions and build partnerships to address disparities. Dr. Gibbons moderated the discussion. The initial discussion was of the COVID community screening team that he through Greystone, Inc., developed in collaboration with Simmons Memorial Baptist Church and Dr. Dan Howard in Baltimore. Dr. Gibbons briefly described the program and clarified the concept paper, which had been shared with participants ahead of the meeting.

The meeting outcome was an opportunity to share information and recommend solutions for addressing COVID disparities. The table below lists the names of participants, their organization, contact information, and a snapshot of their COVID specific activities, as well as opportunities to collaborate.

Name Organization/Title Contact Email	Brief summary of COVID activities and opportunities to collaborate
1. Retired Senator Shirley Nathan Pulliam SDHTF shirleynathanpulliam@gmail	Senior Advisor to SDH Taskforce and Retired Senator welcomed invited participants and briefly described the scope of disparities for vulnerable communities and encouraged participants to identify solutions to protect the citizens of Baltimore.

<p align="center">Name Organization/Title Contact Email</p>	<p align="center">Brief summary of COVID activities and opportunities to collaborate</p>
<p>2. Chris Gibbons SDHTF, Co-Chair mcg@greystonehit.com</p>	<p>CEO of Greystone and Co-Chair SDH Taskforce moderated the meeting. Gibbons introduced his involvement in a COVID Screening program led by Greystone Inc., in collaboration with Simmons Memorial Baptist Church and Dr. Dan Howard.</p>
<p>3. Yolanda Ogbolu SDHTF, Co-Chair ogbolu@umaryland.edu</p>	<p>University of Maryland School of Nursing and School of Medicine Faculty and SDH Taskforce Co-Chair moderated the meeting. Ogbolu described her work on social isolation in West Baltimore in collaboration with B'More Healthy Babies (Upton/Mondawmin), Black Mental Health Alliance and Promise Heights; how COVID exacerbates current challenges with social isolation, and access to social resources.</p>
<p>4. Klaus Philipsen SDHTF Housing subcommittee Chair kphilipsen@archplan.com</p>	<p>Philipsen described the work at Simmons Memorial Baptist Church through a preliminary concept paper. Philipsen encouraged participants to consider supporting the program and enhancing and growing into a Coronataxi program.</p>
<p>5. Annelle Primm SDHTF Health and Human Services subcommittee, Chair annelleprimm@gmail.com</p>	<p>Primm a community psychiatrist and SDH Taskforce's subcommittee co-chair of the Health and Human Services Subcommittee. Primm described her work with <i>The Steve Fund</i> that is addressing challenges for college students impacted by COVID (see blog). Primm shared her work as Convener of the All Healers Mental Health Alliance -an organization that has been responding to natural and human-caused disasters since 2005 to help address the needs of marginalized communities. Primm also collaborates with the Institute of the Black World Black Family Summit to develop a "listening line" for first responders including health care workers, sanitation and food service workers.</p>
<p>6. Charles Jackson SDHTF subcommittee Health and Human Services subcommittee, Co-Chair Charles.jackson2@hotmail.com</p>	<p>Jackson SDH Taskforces subcommittee co-chair of the Health and Human Services described his efforts to support food assistance programs in Baltimore City during the COVID pandemic.</p>
<p>7. Duane V. Simmons Simmons Memorial Baptist Church, Pastor</p>	<p>Pastor Simmons raised concerns related to community members having extreme adverse outcomes (e.g., last to receive services and resources). Pastor Simmons acknowledged that often community members are slow to respond to resources. He has personally witnessed people not respecting social distancing and recognizes the need for intervention now. Simmons Memorial is in the middle of the epidemic - well positioned geographically -to meet the needs of the community. Pastor Simmons welcomes the collaboration with members of the workgroup.</p>
<p>8. Daniel Howard, MD</p>	<p>Daniel Howard, MD is a primary care physician working in West Baltimore addressing the needs of the community. During COVID19, Howard was concerned about the lack of treatment and increased</p>

Name Organization/Title Contact Email	Brief summary of COVID activities and opportunities to collaborate
Simmons Baptist Church/Lead physician for Simmons Program dhowardmd@hotmail.com	risk for community members related to co-morbidities and need for drug treatment; thus, he telehealth to deliver primary care. Howard is leading medical services in collaboration with Simmons Memorial Church whilst seeking assistance/partnerships with health professionals and others to support the program.
9. Joyous Jones Simmons Memorial Baptist Church/Retired RN	Joyous Jones a retired nurse and member of Simmons Memorial Church. Jones is a well-respected community member, who works directly with community members at the ground level. Jones also provides health support (i.e., hypertension screening) and works with community health workers. Jones highlighted the need for stakeholders to come together and to the community to make sure that the resources reach those in need.
10. Jan Desper Peters BTST Services j.peters@btstservices.com	Jan Desper Peters is a member of SDH Taskforce's Subcommittee Health and Human Services Committee. Current organization, BTST provides PRP, medical management, and community outreach. Peters suggested that a weekly podcast may be leveraged to discuss COVID disparities with a specific focus on mental health. Peters is willing to assist with mental health and substance use disorder activities.
11. Laundette Jones SDHTF Health and Human Services subcommittee/member ljones@som.umaryland.edu	Laundette Jones a University of Maryland Baltimore, School of Medicine faculty, is examining the COVID testing structures, processes, and outcomes. Laundette's interest is learning more about the various types of COVID tests, the tests reliability and validity, the outcomes, and whether these outcomes vary according to demographic factors or communities. Other interests include policy changes related to needing a prescription to be tested. Laundette questions if this policy could be lifted.
12. Carol Payne HUD, Baltimore Field Office/Director Carol.b.payne@hud.gov	Carol Payne called in. Carol is available to support community members, the taskforce, and others related to housing issues during the COVID outbreak. Comments sent via email.
13. Vaple Robinson Black Nurses Assoc. (BNA)/President Vaple2@comcast.net	Vaple Robinson, President of BNA, described work being done to make and share masks/face coverings for community members in Baltimore. Vaple offered to support Simmons Memorial by reaching out to their network of volunteers.
14. Stephen Thomas UMCP/Director of Center for Health Equity sbt@umd.edu	Stephan Thomas raised important points related to building partnerships during this critical juncture. Stephan highlighted a few funding opportunities but encouraged collaboration through smaller groups to meet the needs of the community.
15. Carlessia Hussein Office of Minority Health/Retired Director	Carlessia Hussein called in and submitted comments via email. Carlessia suggested Telemedicine and home visits are great ideas and could work well for the target communities. Carlessia mentioned challenges such as, resources, coordination and collaboration across

Name Organization/Title Contact Email	Brief summary of COVID activities and opportunities to collaborate
CaHussein@verizon.net	programs/entities, and access/use of new technologies. Big sponsors and partners are needed to donate time and money -some suggestions: BCF, UMD, TV, radio stations, Hopkins, and others. To identify patients, consider adding food banks, homecare workers, home-schooling managers, firefighters, and others who visit homes. Carlessia recommended adding a well-trained epidemiologist to the team to set up data collection, supervise data analysis, and reporting.
<p>16. Harolyn Belcher</p> <p>SDHTF Health and Human Services subcommittee</p> <p>Physician/Director, Center for Diversity in Public Health Leadership Training Kennedy Krieger Institute</p> <p>Belcher@KennedyKrieger.org</p>	<p>Dr. Harolyn Belcher reported working with a committee at JHU to request COVID race and ethnicity data for Baltimore City. Dr. Belcher alerted stakeholders to the increases in Baltimore City's SNAP programs.</p> <p>Dr. Belcher...</p> <ul style="list-style-type: none"> - Worked with BCHD regarding challenges with teens and social distancing in Baltimore City. - Worked with J.P. Morgan providing scholarships to students who will attend HBCUs from underserved communities through her Center for Diversity and Public Health Leadership. - Volunteered to assist with technology-based activities including those that can be implemented via ZOOM and telephonic activities.
<p>17. Leonard Richardson</p> <p>Monumental Medical Assoc.</p> <p>doctor@kingdommedicine.com</p>	<p>Leonard Richardson is a primary care physician in Pikesville. Richardson highlighted the importance of action given the increased prevalence of COPD, CAD, hypertension, and diabetes in the Anne Arundel community. Richardson is also an Internal Medicine physician, who provides COVID care in an all hospitals. Richardson proposes to solicit volunteers from his network in Monumental Medical Society to support the efforts.</p>
<p>18. Fredette West</p> <p>African American Health Alliance</p> <p>fdwest@comcast.net</p>	<p>Fredette West requested that stakeholders consider developing a model that could be scaled up and replicated within communities. Fredette emphasized the importance of data collection related to the number of people assisted and their outcomes. Fredette is interested in learning more about the partnership opportunities.</p>
<p>19. Seleste Upshaw</p> <p>Chi Eta Phi Sorority, Bachelor</p> <p>snupshaw@live.com</p>	<p>Seleste Upshaw reported that the Nursing Sorority in Baltimore are working on making masks/face coverings. She is interested in reaching out to their network of nurses to request volunteers.</p>
<p>20. Raimee Eck</p> <p>Maryland Public Health Assoc./ President</p> <p>Raimee1eck@gmail.com</p>	<p>Raimee Eck reported that the Maryland PH Association is coordinating a regional network of public health members to share best practices in addressing COVID. Additionally, engaging experts in Epidemiology, GIS, database management, as well as clinical and PH experts. Raimee mentions the associate is also receiving requests for student placements from individuals across the state. Raimee volunteered to assist with data management, analysis, and dissemination. Others on the call from this organization included Francine Baker</p>

Name Organization/Title Contact Email	Brief summary of COVID activities and opportunities to collaborate
21. Kyle Burton John Hopkins Univ/ Emergency Room Physician Kburto13@jhmi.edu	Kyle Burton is working on the frontline and personally witnessing disparities. Kyle is interested in collaborating with BCHD – utilizing the CHARMcare site to provide social determinant of health resources with individuals who are presenting SDH needs. Kyle is willing to be a resource in addressing disparities.
22. Allen Tien Mdlogix/ President and Chief Science Officer allentien@gmail.com	Allen Tien is a member of SDH Taskforce’s Subcommittee: Health and Human Services Committee. Allen is a leader of a commercial company, which provides data support to researchers and other professionals. This company is currently expanding in the area of telehealth and data collection related to COVID. Allen reported that the newly developed COVID-19 symptom questionnaire is utilized in and around Baltimore City. Allen offers his services and willingness to share resources to interested parties.
23. Denyce Watties-Daniels Coppin State Univ/ Professor DWatties-Daniels@coppin.edu	Denyce Watties-Daniels is educating community members about COVID-19 and protective measures.
24. Dr. Gould	

Individuals invited and consulted by phone, but unable to attend the virtual meeting		
25. Noel Braithwaite Maryland Office of Minority Health/ Director Noel.braithwaite@maryland.gov	26. George Howard National Assoc. of Health Services Executives Phone invitation	27. Mayor Jack Young Baltimore City Mayor bcyoung@baltimorecity.gov
28. Fran Philips Deputy Secretary Phone invitation	29. Letitia Dzirasa Baltimore City Health Commission Phone invitation	30. Keiffer Jackson Mitchell Community representative for Governor Hogan keiffer.mitchell@maryland.gov
31. A. Adar Ayira Associated Black Charities aayira@abc.md.org	32. Delegate, Joseline Pena-Melynk Public Health, Chair Health Disparities committee, Chair HGO, Vice Chair jpenamelynk@gmail.com	