



STATE PARTNERSHIPS
— IMPROVING —
NUTRITION & EQUITY

State Partnerships Improving Nutrition & Equity
Maryland State Action Plan

State Partnerships Improving Nutrition & Equity (SPINE)

State Action Plan Template | State/Organization Name: Maryland

Section 1: Key Program Areas

SPINE Policy, Systems and Environment (PSE) Outcomes

Please note that all SAPs must include and address the required outcome. You can include and address the other outcomes in your plan if they are pertinent to your SPINE project.

- At least 75% of established partnerships, existing and/or new, support the achievement of community- or systems-level improvements (including community clinical linkages) in states and communities that increase sustainable and equitable access to affordable, safe, and nutritious food using a community-based participatory approach and “lived experience” approach. **(Required outcome)**
- Increased number of community sites with implemented food service guidelines or healthy nutrition standards.
- Increased new or enhanced places providing geographic or financial access to healthier foods.

Estimated Reach. Please state the estimated number of people you anticipate reaching/impacting through your food and nutrition security efforts: 140,338

Please describe below how you are estimating the number of people that will be reached (e.g., population or geography of focus, data source, and/or methodology).

According to the 2021 Maryland Hunger Map, the food insecurity rates in the Maryland counties of focus for the SPINE project ranged between 6.9 and 13.9% (<https://mdfoodbank.maps.arcgis.com/apps/instant/media/index.html?appid=525768026ff04b1c94031675f0b345c8>). The Maryland SPINE project will continue to focus efforts in five counties who have worked to add food and nutrition security goals to their Local Health Improvement Coalition (LHIC) action plans. The estimated reach was determined by calculating the number of individuals affected by food insecurity in the eligible counties using food insecurity rates and population estimates.

County	Food Insecurity Rate/Estimated Total Population	Estimated Number of Individuals Affected by Food Insecurity
Baltimore	10.7%/828,018	88,597
Charles	6.9%/159,428	11,000
Garrett	13.9%/29,235	4,063
Howard	7.7%/318,855	24,551
St. Mary's	10.8%/112,290	12,127

Please describe your approach to addressing inequitable food and nutrition security.

The Maryland Department of Health (MDH) Center for Chronic Disease Prevention and Control (Center) will engage a statewide working group consisting of new and existing partners to advise the SPINE SAP implementation utilizing the Maryland Diabetes Action Plan as a roadmap. Partners include organizations with an intrinsic goal of addressing food and nutrition security among disparate populations with the provision of services across the lifespan. Engaged partners include SNAP-Ed, WIC, Moveable Feast, Meals on Wheels, Maryland Family Network, and the Maryland Department of Aging. The Center will continue to collaborate and align with the Maryland Food System Resiliency Council, which was established through HB 831/SB 723. In addition, the Center will continue to fund five LHICs to maintain food security subcommittees and implement the food and nutrition security goals added to their action plans in Year 1. Several of the jurisdictions conducted needs assessments in Year 1 of SPINE. Results from these efforts will be used to identify key actions to complete to address food and nutrition security in their county. The overarching goals are to strengthen and engage new and existing partnerships to support systems level change to improve food and nutrition security for all Marylanders utilizing the Maryland Diabetes Action Plan as guidance in the development and implementation of the SPINE SAP.

Please describe your approach to integrating health equity into your efforts.

The Center will leverage the expertise of the food and nutrition security working group as well as the partnership with the MD FSRC to provide guidance on integrating health equity into the entire SPINE project and the SAP. Funded LHICs will be required to address their newly added food and nutrition insecurity goals. Goals will be updated based on the results of needs assessments completed in Year 1 of SPINE. The Center will continue to seek persons with a lived experience of food and/or nutrition insecurity to participate in the working group and funded LHICs will continue to seek persons with lived experience to participate in their subcommittees. As previously stated, qualitative data collected by LHICs in Year 1 will guide all public health interventions identified on the SAP, with an aim to incorporate a health equity and social justice lens. Finally, the Maryland BRFS, which is an ongoing telephone-based chronic disease surveillance program designed to collect data on the behaviors and conditions that place Maryland adults at risk for chronic diseases, injuries, and preventable infectious diseases including issues of healthcare access and health disparities, will continue to be used to guide all our efforts. Overall, the Center's approach to the integration of health equity in these efforts will include addressing equity around nutritional value in foods available, ensuring representation of all communities and identifying who benefits from and who is burdened by inequities, and aligning with the statewide movement to address health equity in an inclusive manner. The Center will continue to develop a shared vision with those who are impacted by food insecurity, where we are not simply prescribing a solution, but rather working with the community to find sustainable, culturally appropriate solutions.



Alignment with the Maryland Diabetes Action Plan (identified State Action Plan)	Action Steps (to include timeline) <i>Action steps are specific activities, benchmarks, or achievements that assist in accomplishing the goal; the timeline is an estimated completion date</i>	Responsible Party/Partners <i>Agency or the individual responsible for achieving the action step. Include partner(s) if any</i>	Expected Output <i>Provide expected output(s) for each action step, such as an MOU, a toolkit, training materials, 2 partners, 3 meetings attended, etc.</i>	Additional Comments <i>Added comments or resources useful for achieving the action step</i>	Actual Output <i>Actual output will be completed during quarterly reporting to help quantify actions achieved</i>	Progress <i>Progress column(s) will be completed during quarterly reporting to describe progress in planned action steps and how efforts may have pivoted to address equitable food and nutrition security</i>
Action Step 1: Work within the Center to maintain a food and nutrition security program leveraging an existing state action plan						
	1.1 Maintain a food and nutrition security program within the Center to engage partners in the development and implementation of the SPINE SAP through December 31, 2023.	Center	1 food security program maintained within the Center.			
	1.2: Update the food and nutrition security webpage on the Center web site by June 30, 2023.	Center	1 food and nutrition security web page updated on the Center site.			



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	1.3: Develop an evaluation plan to monitor process and outcomes measures of the Maryland SPINE program by June 30, 2023.	Center	1 evaluation plan completed.			
Action Step 2: Maintain a state food and nutrition security advisory working group to support all SPINE efforts						
	2.1: Maintain a food and nutrition security advisory working group to support all SPINE efforts through December 31, 2023.	Center	Working group maintained.			
	2.2: Hold at least 6 working group meetings by December 31, 2023.	Center	6 advisory working group meetings held.			

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			Minimum of 75% attendance by partners at all meetings.			
	2.3: Participate in at least 6 scheduled Maryland Food System Resiliency Council (MD FSRC) meetings by December 31, 2023.	Center	6 MD FSRC meetings were attended.			
Action Step 3: Support SPINE efforts in collaboration with new and existing partners.						
Excerpt from the DAP Executive Summary: Our vision is that an array of all Maryland	3.1: Engage at least two persons with lived experience to participate with the working group and ensure at least one person	Center, LHICs	2 individuals with lived experience participate in the working group. (Participation			

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partners, across multiple sectors, will identify opportunities, act in their areas of influence in ways that align efforts, resources, and funds to reduce the burden of diabetes.	with lived experience is represented and engaged in each selected LHICs, by May 30, 2023.		defined as attending at least 50% of working group calls in 2023) 1 individual with lived experience participate in each LHIC subcommittee. (Participation defined as attending at least 50% of			

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			subcommittee calls in 2023)			
Excerpt from the DAP Executive Summary: Our vision is that an array of all Maryland partners, across multiple sectors, will identify opportunities, act in their areas of influence in ways that align efforts, resources, and funds	3.2: Identify existing and new partners to support SPINE efforts, in collaboration with the working group and selected LHICs, through December 31, 2023.	Center	8 existing partners.	Both new and existing partners once identified will participate in the advisory working group.		



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to reduce the burden of diabetes.						
Activities for community groups - faith based and community organizations, local departments (Overweight/obese category) - Support counties in assessment of county food environment by mapping healthy food priority areas to elucidate relationship between food	3.3: Establish continuation contracts with five Local Health Departments (LHDs) to support Local Health Improvement Coalitions (LHICs) in identified jurisdictions to implement food and nutrition security activities and create sustainability plans to promote longevity of food and nutrition insecurity activities in communities of need by January 30, 2023.	Center, LHDs, LHICs, Advisory working group	5 LHD continuation contracts established. 5 local food security subcommittees maintained. 5 activities implemented to advance food and nutrition security goals.			

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insecurity/ inadequate healthy food access and obesity in each county			5 sustainability plans developed.			
	3.4 : Provide at least 6 educational sessions to food council representatives during Community of Practice calls to expand knowledge of food and nutrition security resources by December 31, 2023.	Center, Advisory working group, LHICs	6 educational sessions held as part of CoP calls. Educational Materials from presenters.			

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Action Step 4: Analyze 2019 and 2022 BRFSS food insecurity module data and expand efforts to collect data on food and nutrition insecurity.						
BRFSS data was used to support the development of the Maryland Diabetes Action Plan.	4.1: Analyze 2022 BRFSS food insecurity module data by November 30, 2023.	Center	Data analysis completed.			
	4.2: Draft 1 fact sheet/surveillance brief utilizing both 2019 and 2022 BRFSS data on food insecurity by December 31, 2023.	Center	1 fact sheet/surveillance brief on food insecurity drafted.			

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	4.3: Identify nutrition insecurity questions to include in Maryland’s 2023 Behavioral Risk Surveillance Survey (BRFSS) by March 30, 2023.	Center	1 nutrition insecurity module implemented in at least one split in the 2023 BRFSS.			

State Partnerships Improving Nutrition & Equity (SPINE)

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Section 2: Partnerships

Partner Name	New, Existing, or Strengthened Partnership	How Partner Will Help to Implement SAP and Influence PSE Changes	Progress <i>Progress column(s) will be completed <u>during quarterly reporting</u> to describe progress in planned partnership activities and how efforts may have pivoted to address equitable food and nutrition security.</i>
Maryland Department of Aging	Strengthened Partnership	The Maryland Department of Aging will participate in the advisory working group and provide guidance and support to implement the SPINE State Action Plan (SAP) ensuring the needs of the aging population are included. The MDOA is a longstanding partner with a commitment to advance health equity through initiatives implemented on an ongoing basis. MDOA will continue to leverage partnerships with organizations such as the triple A's to ensure the promotion of PSE changes that support food	



		and nutrition security for Maryland's aging population.	
Moveable Feast	Strengthened Partnership	Moveable Feast will participate in the advisory working group and provide guidance and support to build and implement the SPINE State Action Plan (SAP). The organization has a commitment to advance health equity through initiatives implemented on an ongoing basis.	
Southern Maryland Agricultural Development Commission (SMADC)	Strengthened Partnership	SMADC will continue to provide technical assistance and support to statewide farmers market efforts and will participate and provide guidance and support to build and implement the SPINE State Action Plan (SAP). This partnership will support continued PSE changes such as the sustenance of the Double Bucks initiative using the	



		Maryland Market Money to increase equitable access to healthy food options. The partner has a commitment to advance health equity through initiatives implemented on an ongoing basis.	
University of Maryland Extension/SNAP-Ed Program	Strengthened Partnership	The SNAP-Ed program will collaborate with Center to successfully build the statewide capacity to address equity in food and nutrition security through the support of best practices such as the expansion of the Maryland Farmers EBT project while also working with other partners as a member of the MD FSRC. The organization commits to participate in the advisory working group and provide guidance and support to implement the SPINE State Action Plan (SAP). The Maryland Farmers EBT project is an example of a long term sustainable, scalable project with PSE implications and the partner has a commitment to advance health equity through initiatives implemented on an ongoing basis.	
Women, Infants and Children (WIC) Program	Strengthened Partnership	The WIC program will participate in the advisory working group	



		and provide guidance and support to implement the SPINE State Action Plan (SAP) ensuring the needs of the women, infants and children they serve are considered in an equitable manner. WIC has a history of supporting initiatives that lead to PSE changes and has a commitment to advance health equity.	
Maryland Food System Resiliency Council (MD FSRC)	New	The MD FSRC staff will participate in the advisory working group and provide guidance and support to implement the SPINE State Action Plan (SAP). The council is mandated to work toward a more resilient food system in the State and will provide an opportunity for the SPINE team to participate in the council. One of the goals of this council is to develop equity and sustainability policy recommendations to increase the long-term resiliency of the food system. The partner has a commitment to advance health equity through initiatives implemented on an ongoing basis.	
Meals on Wheels	New	Meals on Wheels will participate in the advisory working group	



		and provide guidance and support to implement the SPINE State Action Plan (SAP). Meals on Wheels has a commitment to advance health equity through initiatives implemented on an ongoing basis. The Center will continue to build the relationships established in Year 1.	
5 Local Health Improvement Coalitions (LHICs) – Baltimore, Charles, Garrett, Howard, and St. Mary’s Counties.	Strengthened Partnership	The 5 LHICs created food security subcommittees in Year 1 and added a food security goal to their priorities. Representatives from these LHICs will continue to participate in the advisory working group and provide guidance and support to implement the SPINE State Action Plan (SAP). One of the goals of the LHICs is to set public health priorities for their respective communities. The LHICs will agree to a commitment in their continuation contracts to advance health equity through initiatives implemented on an ongoing basis.	
Individual with lived experience	New	The identified individual will serve as a voice for persons who have been impacted by food insecurity and will participate in the advisory working group,	



		providing guidance and support to build and implement the SPINE State Action Plan (SAP). Recruiting individuals was a barrier encountered in Year 1, so this partnership will be prioritized in Year 2.	
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Section 3: Additional Information

1. **Challenges/Barriers:**

The Center has the expertise and partnerships in place to quickly implement the activities in this project and does not anticipate major challenges in Year 2. Minor challenges may include: 1) aligning SPINE activities with existing MDH health equity initiatives, 2) engaging individuals with lived experience to participate in workgroup and subcommittee meetings.



2. **Solutions, if any, related to challenges/barriers above:**

The Center has identified the following solutions to the challenges listed above:

1. Alignment with equity work: The Center currently participates in several Department Bureau and Administrative level health equity projects. The Center will work to align equity programs with these ongoing MDH health equity initiatives, including workgroups currently developing recommendations related to equity of healthcare access, inclusivity in public health programming, and improving health outcomes among disparate populations.

3. Engaging individuals with lived experience proved to be a challenge in Year 1 of SPINE. The Center will continue to focus on engaging individuals in workgroup meetings and encouraging LHICs to recruit individuals with lived experience to their subcommittees. The Center will continue to discuss these efforts during workgroup meetings and provide a forum to discuss challenges related to recruitment.

3. **The state-level plan being leveraged for SPINE (please provide a description of the plan):**

The Center has identified the Maryland Diabetes Action Plan (DAP) as the state-level plan leveraged for SPINE. The DAP provides information on the diabetes burden in Maryland, and best practices for the State and its partners to implement to prevent and manage diabetes, which includes upstream and equity actions. It serves as the State’s guide for setting specific goals and measuring successes. Pertinent activities from the DAP that will be leveraged for Maryland’s SPINE action plan include:

- **Excerpt from the DAP Executive Summary:** Our vision is that an array of all Maryland partners, across multiple sectors, will identify opportunities, act in their areas of influence in ways that align efforts, resources, and funds to reduce the burden of diabetes. (DAP, page 1-2)
- **Overarching for State: Activities for State Government (Healthy Population)** - Assess and forecast access to fresh fruits and vegetables by geography. (DAP, page 52)
- **Activities for Community groups (Overweight/Obesity):** Support counties in assessment of county food environment by mapping healthy food priority areas to elucidate relationship between food insecurity/ inadequate healthy food



access and obesity in each county (Ex. <https://planning.baltimorecity.gov/baltimore-food-policy-initiative/food-environment>) (DAP, page 53)

- **Activities for Health Systems (Overweight/Obesity)** - Establish universal Social Determinants of Health screening tools and promote providers use of z-codes in primary care and pediatrician practices for overweight/obese patients (food insecurity, poverty, housing instability, neighborhood safety, and provide social and case management support). (DAP, page 47)
- **Activities for Health Systems (Healthy Population):** Implement healthy eating strategies as part of the population health plans and address food insecurity in partnership with community-based food and meal providers, such as Area Agencies on Aging. (DAP, page 47)

4. **Other Leveraged Funds:**

The Center receives funding from federal grants in addition to its annual state fund allocation. These funds are used in part to support staff salaries and related costs. Three Center staff will provide support to the SPINE State Action Plan as in-kind contributions to the project:

1. Kristi Pier, Chronic Disease Center Director, will provide guidance and oversight for action plan development, partner engagement and assuring project deliverables.
2. Alan Alvarado, Epidemiologist, will provide data analysis support to the project to complete an update of the Food Insecurity Brief.
3. Sarah Wagner, Evaluator, will provide overall evaluation support to this project.

5. **Other Comments:**

