MARYLAND COMMISSION ON PUBLIC HEALTH

Thursday, July 11, 2024 | 2:00 – 5:00 PM EDT
Prince George's County Government Building (Hybrid)
1801 McCormick Dr, Upper Marlboro, MD 20774, USA

MEETING MINUTES

Commissioners present (in person or virtually)
Camille Blake Fall
Jean Drummond
Nilesh Kalyanaraman
Boris Lushniak
Oluwatosin Olateju
Frances Phillips
Nicole Rochester
Michelle Spencer
Allen Twigg

Commissioners absent
Del. Heather Bagnall
Christopher Brandt
Meena Brewster
Alyssa Lord
Maura Rossman

Commission vacancies
Urban Local Health Officer
Senate Representative

I. Call to Order

Presiding Co-Chair Boris Lushniak called the meeting to order shortly after 2:00 PM. Roll was called and a quorum was established to conduct business. Dr. Lushniak noted that there are currently two vacancies that are in the process of being filled, which means that quorum is at least 8 members.

II. Adoption of the Agenda

Dr. Lushniak reviewed the agenda and suggested a modification to move the Commission updates after the scheduled break to facilitate transition and balance the time. Commissioner Frances Phillips moved to approve as amended and Commissioner Jean Drummond seconded. Motion unanimously passed and the amended agenda was adopted.

III. June 6, 2024 Minutes Review and Approval

Dr. Lushniak introduced the meeting minutes from June for review and approval. Hearing no objections, he requested a motion to approve. Commissioner Jean Drummond made the motion to approve the minutes and Co-chair Oluwatosin Olateju seconded the motion. The meeting minutes were unanimously approved.

IV. Guest Presentation: Strengthening Maryland's Safety Net and Advancing Health Equity by Mark Luckner, Executive Director of the Maryland Community Health Resources Commission

Executive Director Mark Luckner from the Maryland Community Health Resources

Commission (CHRC) gave an overview of his agency's background and mission. The CHRC works to:

i. Expand access to health care in underserved communities;
ii. Support projects that serve low-income Marylanders, regardless of insurance status;
iii. Build capacity of safety net providers;
iv. Council on Advancement of School-Based Health Centers
v. Implement the Maryland Health Equity Resource Act; and
vi. Maryland Consortium on Coordinated Community Supports

The CHRC accomplishes this work through strategic partnerships and grantmaking to local organizations. The agency has issued 846 grants totaling $282.3 million with an estimated 628,000 Marylanders benefitting from these programs. These grants also helped amplify resources from other funding opportunities and leveraged $44.7 million in additional resources. CHRC has grant programs in all 24 jurisdictions and estimates 76 percent of funded programs were sustained for at least one year after the program cycle ended.

Executive Director Luckner discussed several examples of grant programs and partnerships across the state. He noted where the Commission on Public Health may have potential interest or alignment with the CHRC's work. He also discussed the Maryland Health Equity Resource Act's policy objectives. The Act establishes a seven-year program to help reduce health disparities and it was one of several key pieces of legislation that the general assembly passed, in addition to legislation establishing the Health Equity Commission.

Executive Director Luckner then shared information about the Pathways to Health Equity Program and its inception in 2021. He noted specific examples of two-year programs that were funded and how they intersect with various aspects of the Commission on Public Health's exploration of the public health system, including rural health initiatives and leveraging state resources like CRISP to conduct analysis of program participants' outcomes. The Health Equity Resource Communities request for proposals was issued in October 2023 as the next iteration of this program with a five-year funding cycle beginning July 1, 2024.

Executive Director ended his remarks by highlighting areas for future collaboration. Specifically, he noted that sustainability of programs and implementation of the AHEAD model could help amplify public health's work. He also noted that deepening relationships within communities and various local organizations are important to successful programs. Data sharing and creating repositories of program outcomes are an area that would help benefit the work of agencies like CHRC and local health departments that look for metrics of success. Finally, increasing the health

workforce, particularly behavioral health, was an area he identified that would be essential to expanding access and improving long-term health outcomes.

Dr. Lushniak then opened up the floor to questions from the Commissioners. Dr. Lushniak led off by asking how the Commission could collaborate with Executive Director Luckner and the work of the CHRC. Executive Director Luckner said that continued collaboration and reinforcing those relationships is his primary ask.

Commissioner Jean Drummond asked about cost savings and return on investment in mind, how best should the AHEAD model be implemented. Executive Director Luckner noted the AHEAD model is a great approach and implementation is still underway at this early stage of the process. He looks forward to further building this out within the CHRC. Commissioner Fran Phillips directed the conversation towards ways AHEAD model could boost infrastructure in place with an equity lens, such as leveraging local health improvement coalitions.

Commissioner Nicole Rochester mentioned the challenge of siloed programs with respect to grants and creating sustainability. She asked Executive Director Luckner about ways to avoid perpetuating siloes and constantly reinventing programs. Mr. Luckner felt that the CHRC could improve communication of what programs are funded and highlight their scalability in other communities to catalyze collaboration.

Commissioner Michelle Spencer focused on diversity of the workforce and what resources could be available to increase representation. Executive Director Luckner noted that the grant applications are highly competitive and the requirements for proposals are outlined well in advance. This would need to be included in those requirements and identified as a key priority for future programs.

V. Guest Presentation: Overview of Rural Health in Maryland by Jonathan Dayton, Executive Director of the Maryland Rural Health Association

Mr. Dayton provided a brief background introduction to the Maryland Rural Health Association (MRHA), which was formed in 1995 as a result of Maryland's first annual Rural Health Conference hosted by the Maryland State Office of Rural Health. The State Office of Rural Health is now housed within the Maryland Department of Health. Rural health challenges are important because nearly 25% of Maryland's residents live in rural Maryland, which is comprised of 18 of the 24 jurisdictions. The challenges and concerns of rural Marylanders are unique and range from lack of access to transportation and technology shortfalls.

Mr. Dayton discussed the 2018 rural health plan and its findings, which helped set the agenda for his association and the state's rural health office. Areas of concern include access to general practitioners, specialists, behavioral health and oral health

providers, as well as urgent care and emergency facilities. This also includes sustainable funding mechanisms for health services, especially with respect to hospitals with comprehensive services, federally qualified health centers, and emergency medical services. Care coordination services to link patients across programs and services with providers and entities is also a growing area of focus. Finally, chronic disease management, health literacy and health insurance literacy, and outreach were identified as additional challenges specific to the needs of rural populations.

Mr. Dayton noted that some of these challenges are exacerbated by today's current infrastructure being urban-centric, such as education programs and economic capacity. Urban areas are often able to offer more competitive salaries and additional benefits to enhance quality of life.

Dr. Lushniak opened the floor to questions and began by asking Mr. Dayton about ways that MRHA is working to address recruitment challenges in rural areas. Mr. Dayton noted that MRHA has been leveraging policy innovations in other states here in Maryland and continues to evaluate opportunities to bring those here.

Commissioner Nilesh Kalyanaraman asked how technology could be leveraged to address healthcare access in rural areas. Mr. Dayton noted that finding a way to strike the right balance when it comes to technology especially for Rural individuals. There is a sense of concern or distrust about telehealth as a delivery mechanism where some individuals in rural areas prefer a face-to-face interaction or feel overwhelmed to figure out how to make the tool work for them.

Dr. Roselie Bright, member of the communications and public engagement workgroup, remarked that she is aware of the U.S. Department of Veterans Affairs' efforts to pioneer telehealth programs that help serve the elderly rural constituents and partly to do research on the best way to provide them care. This is accomplished primarily through the use of iPads and tele monitors that are set up in the patient's home after the patient has been trained. She noted a couple of other strategies that have been used as well. Mr. Dayton said MRHA has been in contact with the VA and other similar programs to identify opportunities to scale solutions and they continue to explore those opportunities where broadband is in place – including using existing community infrastructure like libraries.

Dr. Cynthia Baur, member of the communications and public engagement workgroup, asked Mr. Dayton about the state's efforts to expand broadband coverage in rural areas. Mr. Dayton acknowledged those efforts in addition at the state and federal levels, but noted an example where technology had been distributed to individuals with the assumption that they knew how to appropriately use the device and had sufficient broadband connectivity, but neither were true in

some cases. This highlighted one of the areas for continued improvement.

VI. Break

The Commission briefly recessed before continuing with the agenda.

VII. Commission Updates

Dr. Lushniak mentioned that he recently heard on the news about proposed budget cuts to balance the budget, which potentially impacted public health. He noted that fiscal stewardship is important and he similarly has had to make those types of decisions as a dean at a public institution of higher education, but he wanted to give Dr. Nilesh Kalyanaraman an opportunity to share more information on behalf of the Maryland Department of Health. Commissioner Kalyanaraman discussed the budget shortfall and the need to reduce allotments for the fiscal year 2025 budget to be balanced. This included $26 million from the overall MDH budget, $12 million from of which came from core public health funding. This is a recommendation until it is voted on by the Maryland Board of Public Works next week at their July 17 meeting.

Dr. Lushniak noted that it is unclear how this impacts the work of the Commission, but encouraged everyone to stay abreast of the facts and ensure that public health remains a focus area in policymaking and budgeting. Several Commissioners and workgroup members expressed their dismay and asked about ways to voice their concern. It was recommended that all follow the proceedings of the Board of Public Works and any specific communication should be in an individual capacity.

Mr. Shane Hatchett, senior advisor and Commission manager, gave updates on the Commission's timeline, staffing, and other major initiatives. He noted that next month Dr. Georges Benjamin from APHA would be speaking along with the Academic Partners for the assessment. Overall, the Commission is entering a phase of discussion and exiting the discovery process to-date. The deep dive presentations from Workgroups start in September and will help inform the Commission's final interim report due in December.

With respect to staffing, Mr. Hatchett noted that Ms. Sarah Kolk had accepted an offer of employment with the federal government and she transitioned out late last month. The CDC Foundation and other support staff have been filling the opening in the meantime. The CDC Foundation has extended an offer to a project manager who is slated to start the first week of August and will help provide workgroup support.

Several important initiatives that are coming up or are underway include developing a communications strategy and having more one-on-one conversations with the Commissioners to understand their specific goals for this work. Mr. Hatchett said he

would be reaching out with additional details.

The site visits and listening sessions are now at a half-way point, with the Howard County site visit and Central Maryland listening session being held last month on June 13. The attendance at the site visit and listening session were the best yet, most likely due to geography and the last several months of coverage. Montgomery County will host their site visit in Silver Spring and the second Central Maryland listening session in Rockville. Those will both be held on July 30. The following week Talbot County will host their site visit and the Eastern Shore listening session on August 7 in Easton at their new health department facility. Conversations with the Baltimore City Health Department and Dr. Emenuga's team to secure a date for the final site visit and listening session continue.

Mr. Hatchett reminded the Commission that the August presentation from academic partners will be more in depth. Drs. Amelia Arria, Anita Hawkins, and Kim Sydnor will be the primary contacts. Drs. Dushanka Kleinman and Oluwatosin Olateju will be working closely with the academic partners as advisors and liaisons. The partners continue looking at questions from the workgroups and are aligning them to ensure they are calibrated. Workgroups may be asked to help facilitate some of the work and outreach, which the partners will outline soon.

Commissioner Nicole Rochester asked how people would be identified as respondents. Dr. Dushanka Kleinman, technical advisor to the Commission and assessment liaison, noted that many key informants had been identified for conversation based on workgroup input as well as identifying types of positions and roles within public health organizations that are aligned to the foundational public health capabilities and areas. There was discussion about ensuring representative samples and targeted outreach. Commissioners were invited to provide input and suggest connections and partners to help achieve those goals.

VIII. Announcements

Dr. Lushniak reminded attendees that the next meeting of the Commission on Public Health will be August 1, 2024, 2-5 PM. He noted the agenda had an error and the correct date is August 1. The meeting will be at Prince George's County Government Building with a virtual option. Dr. Meena Brewster will be the presiding co-chair.

IX. Adjournment

Seeing that the business had been concluded, Dr. Lushniak called for a motion to adjourn until the next meeting. Commissioner Nicole Rochester made the motion to adjourn with Commissioner Frances Phillips seconding it. Motion to adjourn approved unanimously and the meeting ended at 4:52 PM.