



**MARYLAND  
COMMISSION  
ON PUBLIC HEALTH**

**January 23, 2025  
2:00 PM – 5:00 PM EST**

Prince George's County Government Building (Hybrid)

**In-person: 9475 Lottsford Rd, Suite 202**, Upper Marlboro, MD 20774 [NEW]

**Online: <https://meet.google.com/hon-bdnj-vsr>** [NEW]

phone numbers: <https://meet.google.com/tel/hon-bdnj-vsr?pin=3031901833464&hs=1>

## **AGENDA**

- I. Call to Order
- II. Adoption of the Agenda
- III. December 05, 2024 Minutes Review and Approval
- IV. Guest Presentation: "Public Health Authority in Maryland: Recent Legislative Initiatives"  
Kathleen Hoke, JD, Professor at University of Maryland Carey Law School and Director, Eastern Region of Network for Public Health Law
- V. Brief Recess
- VI. Commission Updates
  - a. General updates
  - b. Mission and Vision
- VII. Policy Panel on Data, Funding, and Workforce: Stephen Murphy, JD, Network for Public Health Law; Andy Baker-White, JD, MPH, Association of State and Territorial Health Officials; and Katy Hilts, PhD, MPH, Indiana University Richard M. Fairbanks School of Public Health. Moderated by Kathleen Hoke, JD.
- VIII. Announcements
  - a. Next monthly meeting: Thursday, February 20, 2025, 2:00 – 5:00 PM at Prince George's County Government Building with virtual option
  - b. Other deadlines/announcements
- IX. Adjournment

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[md.coph@maryland.gov](mailto:md.coph@maryland.gov) ■ LinkedIn: [Maryland Commission on Public Health](#) ■ Instagram: [md.coph](#)



**MARYLAND  
COMMISSION  
ON PUBLIC HEALTH**

**December 05, 2024  
2:00 PM – 5:00 PM EST**

Prince George's County Government Building (Hybrid)

**In-person:** 1801 McCormick Dr (Rm 140), Upper Marlboro, MD 20774

**Online:** <https://meet.google.com/whc-wzpa-osc>

## ***DRAFT MINUTES***

### Commissioners in Attendance

Delegate Heather Bagnall  
Mr. Chris Brandt  
Dr. Meena Brewster  
Dr. Nilesh Kalyanaraman  
Senator Clarence Lam  
Dr. Matt Levy  
Dr. Boris Lushniak  
Dr. Tosin Olateju  
Ms. Fran Phillips  
Dr. Maura Rossman  
Ms. Michelle Spencer  
Dr. Nicole Rochester  
Mr. Allen Twigg  
Ms. Camille Blake Fall  
Ms. Jean Drummond

### Commissioners Absent

Ms. Alyssa Lord

### **I. Call to Order**

The meeting was called to order by Dr. Tosin Olateju at 2:04 PM

### **II. Adoption of the Agenda**

Presiding Co-chair Olateju gave an overview of the agenda and invited a motion. Dr. Rochester made the motion to adopt the agenda and Dr. Meena Brewster seconded. The agenda was adopted as presented.

### **III. November 20 Minutes Review and Approval**

Dr. Matthew Levy made a motion to approve and it was seconded by Ms. Michelle Spencer. The minutes were approved.

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[md.coph@maryland.gov](mailto:md.coph@maryland.gov) ■ LinkedIn: [Maryland Commission on Public Health](https://www.linkedin.com/company/maryland-commission-on-public-health) ■ Instagram: [md.coph](https://www.instagram.com/md.coph)

**IV. Guest Presentation: Dr. Deborah Thomson “One Health and what you can do about it today”**

One Health is the concept that highlights the interconnectedness of human, animal, plant, and environmental health. It emphasizes teamwork among individuals from various backgrounds, such as public health, agriculture, environmental sciences, and veterinary medicine, to tackle health challenges that affect all species and ecosystems. This approach is particularly important in Maryland, where climate change and weather patterns are increasingly influencing the spread of diseases like Salmonellosis. Warmer temperatures allow pathogens such as salmonella to thrive, posing a direct threat to public health. This relationship between climate change and health risks is seen as a "threat multiplier" that exacerbates challenges and leads to issues such as food recalls, economic losses for food companies, and a loss of public trust in food safety.

When engaging with policymakers, it's important to not only present problems but also offer at least three feasible solutions. These solutions should be practical, cost-effective, and positively impact constituents. For example, addressing the spread of diseases like Avian Influenza (H5N1) through timely communication, funding for vaccine research, or supporting initiatives like the One Health Security Act can prevent future public health crises. At the state level, Maryland could create its own One Health Security Act to improve collaboration between agencies and enhance disaster preparedness efforts. This collaborative approach involves experts from various sectors, such as veterinarians, environmental scientists, and social workers, to ensure that public health, agriculture, and environmental protection are integrated into decision-making processes.

Education and public engagement play key roles in promoting One Health. Schools can incorporate lessons on public health into their curricula, and communities can engage in preemptive education through programs like "prebunking," which provides information before myths arise. Additionally, local One Health clinics—where healthcare professionals, veterinarians, and social workers work together—serve underserved communities, offering comprehensive care for both people and animals. On a larger scale, One Health policy councils, which include representatives from multiple sectors, can allocate funding to projects that require interagency collaboration.

Ultimately, the One Health approach not only saves lives but also reduces costs, builds trust, and fosters stronger relationships between sectors. By promoting awareness, encouraging public engagement, and implementing interagency cooperation, we can address the health challenges of today and tomorrow, ensuring a healthier future for all species.

**V. Brief Recess**

Presiding Co-chair Olateju recessed the meeting for approximately 10 minutes.

## **VI. Funding Workgroup Deep Dive**

The funding landscape for public health in the U.S. presents significant challenges, despite the country spending 2-3 times more per capita on healthcare than other economically advanced nations. U.S. public health agencies are underfunded by approximately \$42 billion annually compared to other developed countries, yet the country's health outcomes remain poorer than those of many of its peers. Hospital care remains the largest healthcare expenditure in the U.S., surpassing physician services. The current system focuses largely on incremental improvements, but there is growing recognition of the need for novel approaches to public health funding. Key themes emerging in this area include the underfunding of public health, the instability of funding sources, and the need for flexible core funding to support local health organizations (LHOs) with their administrative and operational services. Additionally, the failure to modernize basic infrastructure over the years—especially in terms of fiscal IT platforms—has made it difficult for state and local agencies to manage financial operations effectively. Collaboration and integration between various public health entities, such as Maryland Department of Health (MDH), local health departments (LHDs), and federally qualified health centers (FQHCs), present untapped potential for improving resource allocation and maximizing funding. Innovative funding streams, including partnerships with Maryland businesses through a Public Health Business Advisory Board, could also open new opportunities for financing public health initiatives. Moreover, community benefit spending, driven by the Affordable Care Act, requires nonprofit hospitals to reinvest tax savings back into their communities—amounting to between \$1.4 billion and \$2 billion annually in Maryland alone. However, despite these efforts, there is still room for improvement in health equity, and grant funding remains crucial to prioritize public health efforts. Key areas of focus for funding and collaboration include student health initiatives, reentry programs for former prisoners, non-emergency medical transportation, and support for aging populations, behavioral health, Medicaid, and local health departments. Questions around increasing the capture of billable services and whether hospitals can contribute funds to the public health system trust are also part of the ongoing conversation on improving funding for public health.

## **VII. Commission Updates**

The schedule for post-February 2025 is being reworked, with a focus on developing a framework for recommendations and a template for the final report. The meeting cadence for 2025 may be adapted to include additional virtual meetings, while the January meeting will have less focus on deep dives and more emphasis on policy panels. Regarding workgroup leadership, Roger Harell, co-chair of the Funding workgroup, will retire, and Gena Spear will take over. Similarly, Jay Atanda is stepping down as co-chair of the Data & IT workgroup, with Craig Behm stepping in.

The assessment update involves the academic partner assessment team from the University of Maryland and Morgan State University School of Public Health. Their approach includes gathering insights from public listening sessions, online public comments, and surveys to better understand public perspectives, awareness, and practices around public health. The team aims to assess current status, challenges, emerging issues, and successful models, as well as gather ideas for future improvements. Interviews with stakeholders, including 69 qualitative interviews so far with state legislators, county executives, advocacy organizations, and local health departments, are providing valuable data on workforce, organizational structure, funding, tech and data systems, program activities, and partnerships. Topics explored in the interviews include health equity, decision-making processes, communications, and emergency preparedness.

Regarding data collection, focus groups have been held on topics such as assessment and surveillance, public health emergency response, behavioral health, and communications, with additional focus groups planned on chronic disease prevention and environmental health. The organizational survey aims to collect quantitative data on the structure and operations of health departments, though there are concerns about how the Department of Health will handle the survey data. In response to a question from Dr. Matthew Levy, there's consideration of adding hospitals and FQHCs into the interview process for a broader perspective on public health infrastructure.

#### **VIII. Announcements**

The Next monthly meeting will be on Thursday, January 23, 2025, 2:00 – 5:00 PM at Prince George's County Government Building 9475 Lottsford Rd., Suite 202, Upper Marlboro, MD 20774 with virtual option

#### **IX. Adjournment**

Presiding Co-Chair Tosin Olateju adjourned the meeting at 5:00 p.m. after Dr. Meena Brewster made a motion and Dr. Boris Lushniak seconded.

# Speaker Biographies

## **Kathleen Hoke, JD**



Kathi Hoke is a Law School Professor at University of Maryland Carey School of Law and Executive Director of the Legal Resource Center (LRC) for Public Health Policy. She is also the Director of the Network for Public Health Law's Eastern Region. Kathi teaches Public Health and the Law seminar and the Public Health Law Clinic, which offers law students the opportunity to practice public health law through the Network and LRC. Kathi engages on myriad issues of public health law and policy, including public health authority, reproductive health care access and maternal health, housing, food safety and security, injury prevention, and the regulation of tobacco, cannabis, and alcohol. Kathi centers health equity in her work.

## **Stephen Murphy, JD**

Stephen Murphy is a public health attorney and Director of the Mid States Region of the Network for Public Health Law. He focuses his work on public health data exchange, access, and sharing; data modernization; and public health authority. Prior to coming to the Network, Stephen was an attorney for the Chicago Department of Public Health (CDPH) concentrating on public health data privacy and public health law. During his time at CDPH, Stephen provided legal counsel to the Office of the Commissioner and served as the City of Chicago HIPAA Privacy Officer. He is licensed to practice law in California and Illinois.



## Andy Baker-White, JD, MPH



Andy Baker-White is the senior director of state health policy for the Association of State and Territorial Health Officials (ASTHO). He supports state and territorial health agencies in advancing sound public health policy by overseeing the tracking, analysis, and dissemination of legislative and regulatory trends, responding to requests for legal technical assistance, conducting legal research and analysis, and collaborating with ASTHO's programmatic teams and partners. He also works to build state and territorial health agency capacity to develop, promote, and implement sound public health legal and policy interventions by overseeing and convening peer networks for state and territorial health agency legal counsel and legislative liaisons and developing public health policy resources. Additionally, Baker-White represents ASTHO and promotes state and territorial health agencies' work through conference presentations, webinars, partner and funder calls, and in-person meetings. He received his master's degree in Public Health from the University of Washington and his juris doctor and Bachelor of Arts degrees from the University of Kentucky.

## Katy Ellis Hilts, PhD, MPH

Dr. Katy Ellis Hilts is an Assistant Professor in the Department of Health Policy and Management with the Richard M. Fairbanks School of Public Health (IU FSPH). She received her MPH in Social and Behavioral Sciences in 2010 and her PhD in Health Policy and Management in 2020. Following her doctoral program, Dr. Hilts completed an NIH-NCI T32 Postdoctoral Fellowship in Behavioral Oncology with the IU School of Nursing, IU Simon Comprehensive Cancer Center, and the Purdue College of Pharmacy. Prior to beginning her academic career, she spent eight years working with the Marion County Public Health Department in Indianapolis, IN, seven of which were spent in the tobacco control program. Dr. Hilts draws on her practice experience and connections to support her research and teaching. Dr. Hilts co-authored the [2022 Indiana Local Health Department Workforce Assessment](#) and the related article [Conducting a Comprehensive Assessment of the Public Health Workforce: Lessons Learned and Opportunities for the Future](#), published in 2023 in the Journal of Public Health Management Practice.

