



**MARYLAND
COMMISSION
ON PUBLIC HEALTH**

**October 03, 2024
2:00 PM – 5:00 PM EDT**

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>

or dial: (US) + 1 314 474-3289 Pin: 228 226804#

More phone numbers: <https://tel.meet/whc-wzpa-osc?pin=9675008149300>

AGENDA

- I. Call to Order
- II. Adoption of the Agenda
- III. September 05 Minutes Review and Approval
- VI. Guest Presentation: Workforce Panel with Dr. Crystal DeVance-Wilson (MNWC), Dr. Ann Kellogg (MD LDSC), and Dr. Carolyn Nganga-Good (MD RWJF Fellowship)
- VII. Commission Updates
 - a. Final Interim Report framework and timeline
 - b. Staffing Updates
- VIII. Short Recess
- IX. Workgroup Deep Dive – Communications and Public Engagement: Dr. Tonii Gedin and Dr. Sylvette La Touch-Howard
- X. Commission Discussion and Reflection
- XI. Announcements
 - a. Next meeting: November 07, 2024, 2:00 – 5:00 PM at Prince George's County Government Building with virtual option
 - b. Upcoming North Central Regional Listening Session in Baltimore City on October 28, 2024.
 - c. Other deadlines/announcements
- XII. Adjournment

www.smchd.org/coph

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



MARYLAND COMMISSION ON PUBLIC HEALTH

September 5, 2024 | 2:00 – 5:00 PM EDT
Prince George's County Department of Health (Hybrid) | 1801 McCormick Dr, Upper
Marlboro, MD 20774

Meeting Minutes

Attendees:

1. Meena Brewster
2. Jean Drummond
3. Oluwatosin Olateju
4. Boris Lushniak
5. Frances Phillips
6. Heather Bagnall
7. Michelle Spencer
8. Maura Rossman
9. Allen Twigg
10. Nilesh Kalyanaraman

I. Call to Order

- a. 2:05 PM
- b. Quorum met

II. Adoption of the Agenda

- a. Meena motion to approve
- b. Fran seconded
- c. Approved

III. August Minutes Review and Approval

- a. Fran approved
- b. Meena & Olateju seconded
- c. Approved

IV. Presentation

A. Maryland Primary Care Program (MDPCP)

Chad Perman, Executive Director, MDPCP Management Office

- a. Overview of MDPCP
 - i. MDPCP is the largest Medicare advanced primary care program in the nation. MDPCP is in the 6th year of operation and covers every Maryland county and serves approximately 4 million Marylanders.
 - ii. Approximately \$200M annually in Federal dollars is sent directly to primary care practices for patient care.



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- iii. Foundation to any new Health Care Model agreement with federal government
- b. MDPCP Impacts on Utilization and Costs
 - i. Reduced acute utilization per 1,000 beneficiaries, 2019-2023:.*
 - 1. Reduced Avoidable hospital utilization (PQIs) by 25%.
 - 2. Reduced Emergency Department (ED) utilization by 17%.
 - 3. Reduced Inpatient Hospitalization (IP) utilization by 13%.
 - 4. On all measures, MDPCP per K rates are lower than the equivalent non participating population.
 - ii. Lower growth in Costs Per Beneficiary Per Month, 2019-2023:.*
 - 1. Lower average annual cost growth rate compared to equivalent non-participating population. (2.77% vs. 3.48%)
- c. Key Areas of Public Health Overlap
 - 1. Developed key tools for Public Health Infrastructure - Respiratory Disease Response for PCPs
 - a. Higher COVID-19 vaccination rates in all study months (Dec 2020 - March 2022)
 - b. 12.4% higher rate of COVID-19 vaccine boosters
 - c. 7.6% lower rate of overall COVID-19 cases
 - d. 12% lower inpatient admission rate attributed to COVID-19
 - e. 27% lower death rate attributed to COVID-19
 - 2. Health Equity Supports
 - a. Specifically highlighted was one of the MDPCP's main levers for practices to address health equity, the Health Equity Advancement Resource and Transformation (HEART) payment
 - b. HEART payment is an innovative payment for primary care, and it provides additional funds to practices to support beneficiaries who have high medical complexity and live in an area of high social deprivation.
 - c. The idea is to identify this group of individuals who have both complex medical and social needs, and



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provide funds to practices to directly address these needs

- d. Since its inception in 2022, HEART has allowed practices to accomplish really effective partnerships, linkages, and provision of support for their patients around social needs. You can see some examples on the slide here, and these are just 3 of many examples of what practices have been able to do with this payment:
 - e. Partnership with a local farm co-op to deliver packages with fresh produce for beneficiaries with food insecurity
 - f. Purchasing stair rails for a patient who had a fall and could no longer walk up their stairs, leading to increased mobility and independence in their home
3. Population Health Data for Primary Care
4. Behavioral Health Integration in MDPCP
 - a. Reached milestone of over 1,000,000 MDPCP beneficiaries screened for risky alcohol use and illicit substance use through Screening and Brief Intervention and Referral to Treatment (SBIRT)
 - b. 338 practices implemented SBIRT
 - c. 100% of practices report integrating behavioral health services
 - d. Medications for opioid use disorder (MOUD) implementation began in 2024
 - e. Hot Spots -
 - f. High MOUD Treatment Need and Low Prescriber Availability: Montgomery, Prince George's, Anne Arundel, Frederick, Washington, and Baltimore counties.
 - g. Moderate MOUD Treatment Need and Minimal Prescriber Availability: Kent, Queen Anne's, Dorchester, Charles, and Worcester counties.

d. WHAT NEXT

- Future State - Advancing Primary Care and Public Health Integration



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- States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model; Press Release)
 - Seeking stakeholder input through TACs
 - MDPCP continues and AHEAD may allow us to extend program well into the future
 - 2024 will be jointly focused on exploring the future of the program, as well as continuing the current program in alignment with 2024 priorities
- a. Q&A
- i. Jean - Can you explain in greater detail the inclusion of medicaid by 2025
 - 1. Answer: the details are still be developed but it will be in 2 phases
 - 2. Health equity comment about next steps: Answer: Health equity work stream description would be useful; more to come
 - ii. Meena - potential for expansion of behavioral health integration. eg the various behavioral health issues. SUD, Alcohol.
Answer: We are open to expansion and yes, alcohol is included
 - iii. Fran
 - 1. sharing personal experience of encounters with primary care providers engagement with patients demonstrating use of recommended screening/surveillance prompts; is there training that goes on to improve skills of providers with respect to provider patients engagement.
 - 2. How is PCP working around addressing reach
Answer: (Need to bring Clinical Transformation Organizations/ MCOs // Hospital Pop Health Leads together)
 - 3. What strategy is underway to increase primary care capacity in the state
Answer: We came up with Equip Primary to address workforce and reach.
 - iv. Roselie Bright
-



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1. with respects to the MDPCP work on respiratory health, Suggests provider talk to patients about cleaning their air
- v. Maura Rossman
 1. are there efforts to deliver care at the home. eg. patients with contagious disease that would be high risk comin into health clinics that is most times crowded
Answer: use of telemedicine; use of Visiting Nurses program: what about growing the work force. Some has that as their business model
Answer: Considering applying to CMS for some innovations; Workforce training programs need to be reviewed to see how to add to the needed workforce
- vi. Boris
 1. Knowing that most times the PCP spend more time treating diseases than prevention, what should the CoPH be looking at with respect to addressing those issues
 2. Answer: Integration of multidisciplinary profession into the model long term so that they will know what is in it for them.
- vii. Meenna
 1. What are we doing with GME, AHAB, which is a pipeline that addresses workforce issues
- viii. DVK and Matt Levy asked about CTOs:
CTO – Data management and analysis - how can/can the role CTOs play be partnered with public health? How can we look at CTOs to help with sustainability for public health? Consider funding streams

V. Commission Updates

- a. Commission Timeline
 - i. Timeline is living document
 - ii. Cadence and activity staying the same (not slowing down), using additional time to build out assessment
 - b. 2025 Meeting Dates
 - i. January 23
 - ii. February 20
-



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- iii. March 13
 - iv. April 03
 - v. May 01
 - vi. June 05
 - vii. July 10
 - viii. August 21
 - ix. September 11
 - c. Assessment Update
 - i. Regularly meeting with Assessment Team (biweekly) to coordinate
 - ii. Continuing to refine questions and respond to feedback from Commissioners and workgroups
 - iii. Managing scope vs. timeline
 - iv. Fidelity to the statute and goals
 - v. Focus areas of Commission
 - vi. Feasibility
 - d. Final Interim Report
 - i. Template and instructions under development
 - ii. Current timeline:
 - iii. Oct. 21 - Workgroup report drafts due to Coordinators/Staff
 - iv. Nov. 7 - Discuss and adopt report; staff will make modifications based on feedback (or see note below)
 - v. Dec. 1 - Submit Final Interim Report on or before this date

Decision Point

 - Do we schedule another meeting (virtual) in November to continue discussion of FIR?
 - Meena moved a motion to schedule another meeting in November after Nov 7, 2024 meeting
 - Fran seconded the motion
 - The commissioner approved
 - e. Site Visitation
 - i. Oct 28, 2024: Baltimore city, MD (North central)
 - f. Assessment
 - i. Framework
 - 1. Surveys: organizational and individual staff
 - 2. Key informant and stakeholder interviews
 - 3. Focus groups
 - 4. Site visits
 - ii. University of Maryland, Morgan State University, and CDC Foundation working together to deliver on assessment scope of work
 - iii. Convening assessment steering group to refine details
-



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- iv. Dushanka Kleinman, UMD emeritus professor, providing technical advising to Commission
- g. Commission roster
 - i. Sen. Kelly departed Senate, Senate President's Office will appoint new member
 - ii. Waiting on Governor's office to fill urban local health officer position

VI. Deep Dive: Governance & Organizational Capabilities

Fran Phillips, RN and Barbara Brookmyer, MD, MPH, Co-chairs

Focus:

- a. The governance and organizational capabilities of Maryland's governmental public health system
 - i. Outline a broad scope of inquiry reflecting key aspects of our public health (PH) ecosystem:
 - 1. Maryland's unique model of shared state and local PH governance
 - 2. MDH, a State superagency combining public health, behavioral health and Medicaid
 - 3. CRISP, our sophisticated, accessible Health Information Exchange responsive to public health interests
 - 4. HSCRC which regulates hospital rates with the explicit goal of advancing health equity and health outcomes
 - ii. Identify key topics of inquiry to be explored in order to describe the nature of PH governance and organizational capabilities
 - iii. Evaluate data derived from the CoPH Assessment, Commission and Workgroup meetings, site visits and listening sessions to describe Maryland's PH governance and capabilities
 - iv. Develop recommendations for the next steps necessary to improve PH governance and organizational capabilities
- b. Membership
 - i. Barbara Brookmyer, MD, MPH
 - ii. Fran Phillips, RN, MHA
 - iii. Meena Brewster, MD, MPH
 - iv. Angela Cochran, MS
 - v. Erica Drohan, CFA
 - vi. Marie Flake, MPH
 - vii. Joan Gelrud, MSN, CPHQ
 - viii. Isis Gomes, MPA
 - ix. Kathleen Hoke, JD
 - x. Nilesh Kalyanaraman, MD
 - xi. Maria Maguire, MD, MPP



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- xii. Matthew McConaughey, MPH
 - xiii. Maura Rossman, MD
 - xiv. Julie Cady-Reh, MS, MBA (until 3/24)
 - xv. Michelle Spencer, MS
 - xvi. Wendy Wolff, MPH
Support Staff:
 - xvii. Sarah Kolk, MPH (until 7/24)
 - xviii. Hawi Bekele Bengessa, BA
 - xix. Shane Hatchett, MS
 - c. Activities
 - i. 9 meetings (1/8, 2/5, 2/26, 3/25, 4/22, 6/4, 6/24, 7/22, 8/26)
 - ii. Attendance at Commission meetings, site visits and listening sessions
 - iii. Outreach to other state agencies to speak to workgroup or inform the process
 - d. Experts Consulted
 - i. Jon Kromm, HSCRC Executive Director
 - ii. Mary Bearden, Sr. Counsel at Office of the Attorney General
 - iii. Indiana Department of Health staff
 - iv. Speakers at Commission meetings
 - v. Participants at Site Visits and Listening Sessions
 - e. Resources Examined
 - i. Network for Public Health Law
 - ii. Public Health Accreditation Board
 - iii. National Academy for State Health Policy
 - iv. Bipartisan Policy Center
 - v. Centers for Disease Control and Prevention (CDC)
 - vi. Peer states: Washington, Colorado, Tennessee, Indiana
 - vii. Peer reviewed literature
 - f. Health Equity and Cross-cutting Themes
 - i. Do Maryland's public health leaders have sufficient ongoing education, organizational support and accountability expectations to detect and act on prevailing cultural biases?
 - ii. Do local boards of health, typically local county commissions /county councils make governance decisions representing the PH needs of all residents, including vulnerable local populations?
 - iii. Is health equity enhanced in those states, unlike Maryland, which have a State board of health?
 - iv. How is the role of the Commission on Health Equity evolving related to governance and organizational capabilities?
 - g. Cross-cutting Themes
-



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- i. To be further explored - how prevailing governance structures and practices impact specific areas such as:
 - 1. Infant and maternal mortality
 - 2. Preparedness
 - 3. Overdoses
 - 4. COVID-19
- h. Initial Topics of Inquiry
 - i. Topic #2: Leadership Training and Professional Development
 - 1. Is ongoing high quality leadership training available for senior PH officials?
 - 2. Can the orientation and onboarding of newly appointed PH leaders be improved?
 - 3. Are there established opportunities and resources for cross-jurisdictional exchange of evidence-based or promising practices?
 - 4. What role does Leadership Development and Professional Development play in personnel (organizational) stability and organizational competence at the state and local level?
 - ii. Topic #3: Legal Considerations on Shared Governance
 - 1. Given Maryland's unique approach to shared governance, are there statutory or administrative ways to improve clear and consistent bilateral understanding regarding the authorities and responsibilities of the State and local health departments (LHDs)?
 - 2. Is there clarity and consistency in determining what office provides legal representation to LHDs, since they administer State statute, State regulation, local ordinances, and state/local procurement?
 - 3. What is the status of the agreement between the Maryland Department of the Environment (MDE) and LHDs regarding authorities, scope, policy support and technical assistance obligations under various regulations (OSDS COMAR 26.04.02, Water Supply COMAR 26.04.03, Well COMAR 26.04.04, Shared facilities COMAR 26.04.05, public bathing beaches COMAR 26.08.09)?
 - 4. Should amendments to State statute be considered to strengthen or modify emergency enforcement measures authorized under the Public Safety Act?
 - iii. Topic #4: Policy Development and Implementation
 - 1. Are state and local PH leaders given opportunities to effectively and appropriately contribute to State policy development and implementation?



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2. Are state and local PH leaders represented in the shaping and implementation of State environmental policy?
 3. Do local PH leaders provide input to Medicaid and Behavioral Health Administration on policy matters directly impacting local public health?
 4. Are there changes needed to the role and resources of the Maryland Association of County Health Officials (MACHO) to effectively represent and support local PH interests ?
- iv. Topic #5: Accountability and Performance Management
1. Are current performance management systems for senior PH officials based on explicit and appropriate goals and metrics?
 2. Are the goals and performance measures for state and local PH leaders and agencies synched with State health improvement goals?
 3. Are local boards of health trained and supported in discharging their oversight responsibility to assess local PH leadership and agency performance?
 4. How well do annual performance reviews of individual leaders and PHAB or other assessments of PH agencies capture relevant data and facilitate growth and quality improvement?
 5. How might public health accreditation be used as a tool to address accountability and performance management?
- v. Topic #6: Local Boards of Health
1. Are the minimal State requirements for local boards of health sufficient to provide effective governance to LHDs?
 2. What inferences regarding local board composition can be derived from the experience of the two jurisdictions which have adopted ordinances specifying a board composition different from the local governing body?
 3. Are state and local boards of health particularly useful? Unlike some states, Maryland has no State board of health. Likewise, there is no City board of health in Baltimore City, which does not participate in the State's shared PH governance model.
- vi. Topic #7: Academic Partners
1. How might Maryland's highly regarded academic institutions which excel in public health expertise become consistently engaged consultants to state and local PH leaders and boards of health?
-



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2. How could the development of an Academic Health Department relationship enhance organizational competencies?
- vii. Continued Exploration
1. Are there possible changes to PH governance that could facilitate more effective partnerships:
 2. Between LHDs and MDE as previously noted?
 3. Between LHDs and MDH's Behavioral Health Administration including clarifying the authority and responsibility of 'local behavioral health authorities.'
 4. What responsibility and authority do LHDs possess with regard to quality concerns within acute or institutional care facilities?
 5. As hospital-based population health units proliferate in Maryland's evolving hospital regulatory environment, are there legislative or administrative measures that could incent collaboration with PH, promote efficiencies and avoid duplication?
- viii. Input Requested
1. We look forward to ongoing engagement with each Workgroup.
 2. We are hoping for robust interview participation by key informants and look forward to analyzing the quantitative and qualitative findings of the Assessment.
- ix. Focus Next 3-6 Months
1. Continue monthly meetings with invited speakers and...
 2. Adapt our work to input received from other Workgroups and actively comment on Deep Dives presented by other Workgroups
 3. Consider the role of governance and organizational capabilities with respect to effectively responding to the cross-cutting themes (preparedness, COVID-19, maternal and infant mortality, overdoses)
 4. Closely review findings of the assessments for direction regarding governance issues
- x. Questions?
- Boris:
1. We can recreate the governance or organizational capabilities system and or structure, how can we restructure
- Answer: We can support them and or do statutory cleanup
- Roselie:
-



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1. Most times LHD have a different opinion from the state or federal, how is that addressed? who is the authority
Answer: This is what we are looking to getting clarified on using the question the comm and pub engagement asked on who is the authority

Matthew Levy

1. Lack of uniformity within the department and the complexity and understanding of who is working for who etc
Answer: Is what the training is to address

VII. Announcement

- a. Next CoPh general meeting: Oct 3, 2024
- b. Baltimore city site visitation/public listening session: Oct 28, 2024
- c. Interim report due: Oct 21, 2024

VIII. Adjournment

- a. Meena motion to adjourn
- b. Jean seconded
- c. Approved
- d. Adjourned 5:00 PM



**MARYLAND
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Welcome

October 03, 2024

*This meeting will be recorded and posted
on the Commission's public website.*



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Roll Call

Commissioners: *please say present when your name is called.*

Workgroup members: *please post your name and workgroup in the chat box or on the sign-in sheet.*



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Adoption of Agenda

*Commissioners: Please signify your voice
vote by saying "aye" or "nay" when the vote is
called.*



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Approval of Sept. 05 Minutes

*Commissioners: Please signify your voice
vote by saying "aye" or "nay" when the vote is
called.*



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Workforce Panel

Dr. Crystal DeVance-Wilson (MNWC), Dr. Ann Kellogg (MD LDSC), and Dr. Carolyn Nganga-Good (MD RWJF Fellowship)

Crystal DeVance-Wilson, PhD, MBA, PHCNS-BC Bio

Dr. DeVance-Wilson is a board certified public health clinical nurse specialist with 30 years of experience working in acute and community settings with diverse populations. She is an Assistant Professor at the University of Maryland School of Nursing where she has been employed for the past 15 years teaching in the graduate and undergraduate programs. She is the Vice-Chair of the UMSON Universities at Shady Grove department. Dr. DeVance-Wilson is also the Director of the Maryland Nursing Workforce Center (MNWC) where she succeeded Dr. Rebecca Wiseman, the founding director of the Center. She is a member of several national organizations including the Association for Public Health Nurse Educators (ACHNE), American Public Health Association (APHA) and Sigma Theta Tau (STT). As a member she has served on committees, delivered podium and poster presentations, and collaborated on publications. Dr. DeVance-Wilson has also held leadership positions in several community organizations including Chair of the Montgomery County Commission on Health. Dr. DeVance-Wilson's research interests include Black men's health, health policy, health disparities and the nursing workforce.



Ann T. Kellogg, Ph.D. Bio

Director of Reporting Services, Maryland Longitudinal Data System Center and Maryland Higher Education Commission.

Dr. Ann Kellogg's work at the MLDSC examines the educational and workforce outcomes of Marylanders by using longitudinal data that links education to workforce records to provide analyses to stakeholders to make informed policy decisions. Her work at Maryland Higher Education Commission (MHEC) focuses on developing data collections and completing research studies or other special projects. Prior to joining the MLDSC/MHEC in 2017, Kellogg focused her career in postsecondary education serving in instructional and administrative positions.

Kellogg received her Ph.D. in Public Policy from the University of Maryland, Baltimore County.





Carolyn Nganga-Good, DrPH, RN, MS, CPH Bio

Dr. Nganga-Good is an advanced public health nurse administrator with extensive nursing and public health management experience. Dr. Nganga-Good is a Deputy Director at the U.S. Department of Health and Human Services, Health Resources Services Administration (HRSA), Health Systems Bureau. She previously worked at HRSA's National Practitioner Data Bank and the Division of Nursing and Public Health. Before her federal service, she worked at the Baltimore City Health Department, Bureau of HIV/STD Services and prior to transitioning to public health, she worked as a critical care nurse.

She has a Doctorate Degree in Public Health from Morgan State University, a Master of Science in community/public health nursing and a Bachelor of Science in nursing from the University of Maryland, and an associate degree in nursing from Baltimore City Community College. She was one of the 25 national Robert Wood Johnson Foundation Public Health Nurse Leader Program Scholars (2015-2017) representing Maryland and led a Maryland public health nursing workforce study. She is certified in public health and a certified HeartMath Resilience Advantage trainer.

She serves on several boards including the Maryland Nursing Workforce Center Advisory Board, Association of Public Health Nurses Board, and the American Red Cross National Nursing Committee as the Vice Chair and Chair of the International Services Committee.

ADDRESSING BARRIERS TO PUBLIC HEALTH & SCHOOL HEALTH NURSING PRACTICE TO ADVANCE HEALTH IN MARYLAND

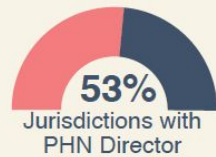


Public Health Nursing Workforce Study



- Interviewed nurse leaders from 19 LHDs and 2 school districts
- Conducted on-line survey of PHNs (n=490)

INTERVIEW FINDINGS



1,446 Estimated # Public Health Nurses (PHNs)

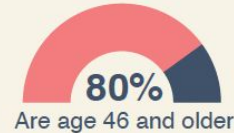
1,310 Estimated # FTE School Health Nurses (SHNs)
(Source: 2015-16 SHN Survey)



Reported overall decreases in number of nursing positions and programs led/staffed by PHNs over time

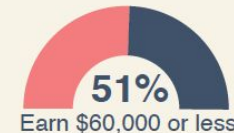
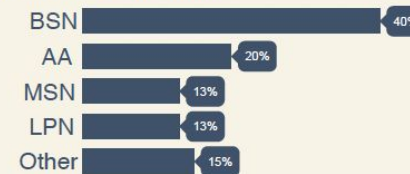
SURVEY RESULTS

54 years: Average age of PHN*



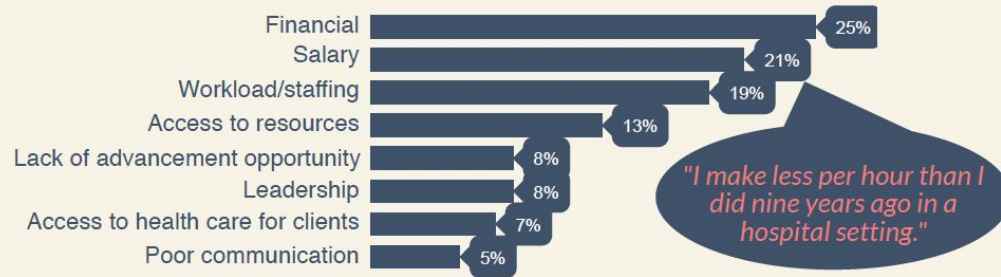
25 years: Average # years experience as PHN

Highest Level of Education



*PHN refers to both public health and school health nurses

Top Barriers to PHN Practice



Ideas to promote PHN Practice



Common Concerns from Regional Meetings

Leadership Issues

- No PHN leader position at MDH
- Lack of leadership skills and succession planning
- No local professional nursing organization
- Poor recognition, respect and value
- Poor funding for public health

Workforce Issues

- Low salary
- Hiring and retention barriers
- Aging
- Lack of incentives
- Lack of advancement
- Lack of incentives for advanced education
- Unmet education and training needs



MLDS CENTER

Maryland Longitudinal
Data System

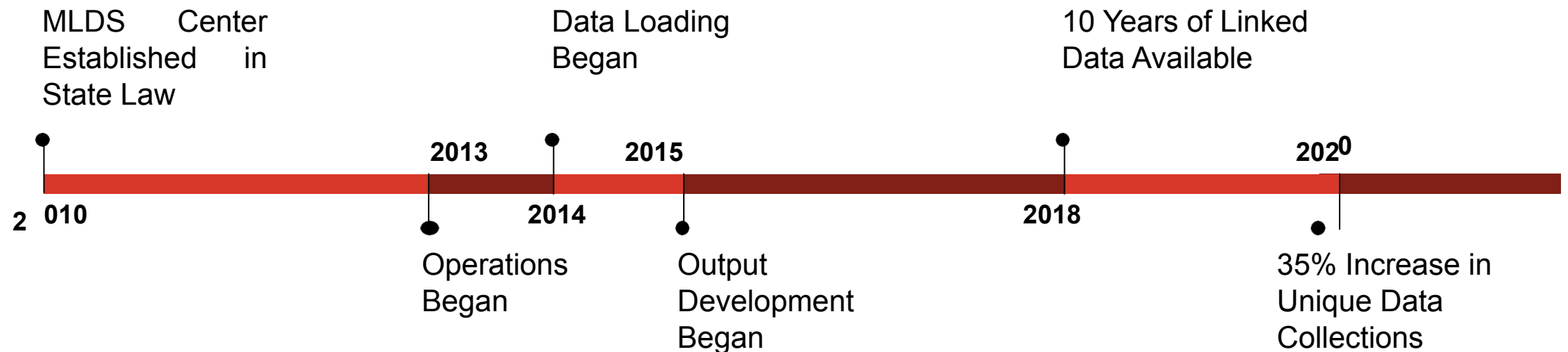
Better Data • Informed Choices • Improved Results

MLDS Center Overview

September 2024

WHAT does the MLDS Center do?

- **Independent state agency** that **develops** and **maintains** a data system containing student and workforce data from all levels of public education, child and youth services, and the State's workforce.
- **Generate timely and accurate information** about **student performance** that can be used to **improve the State's education system** and **guide decision makers at all levels.**



HOW is the MLDS Center organized?



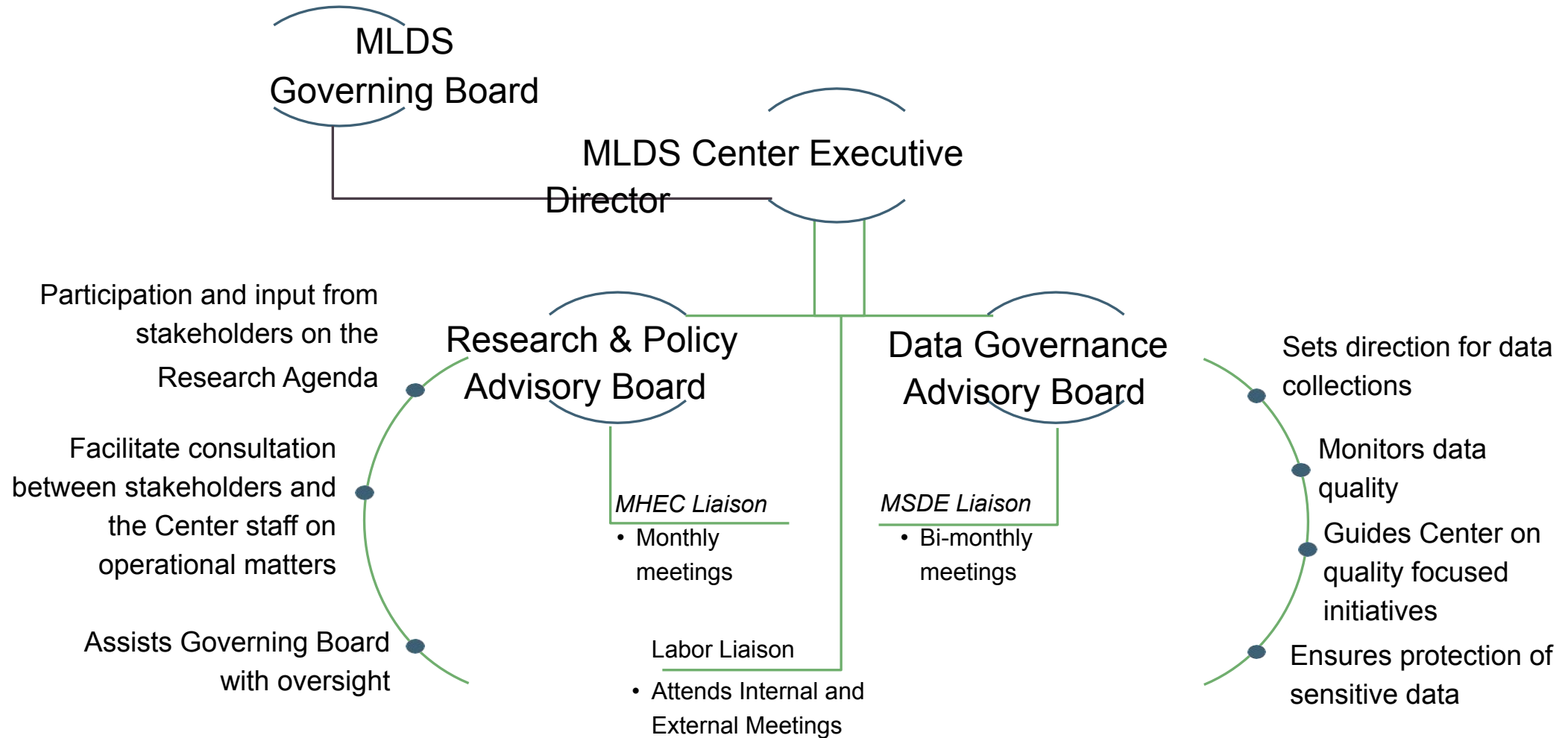
HOW is the MLDS Center Governed?



- ### MLDS Governing Board
- Established in state law for creating and managing the MLDS
 - 15 Member Board
 - Composition of Board ensures the success of the MLDS



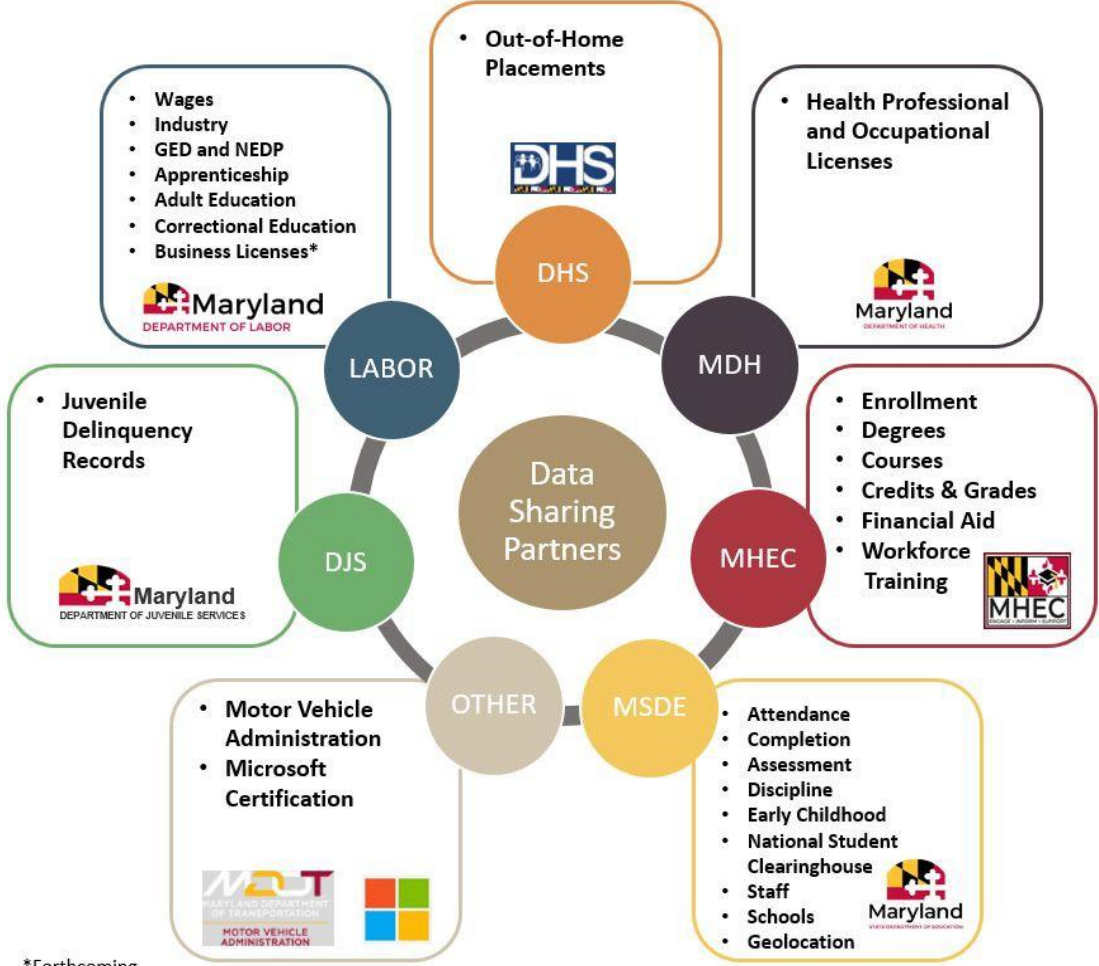
HOW are Stakeholders Engaged?





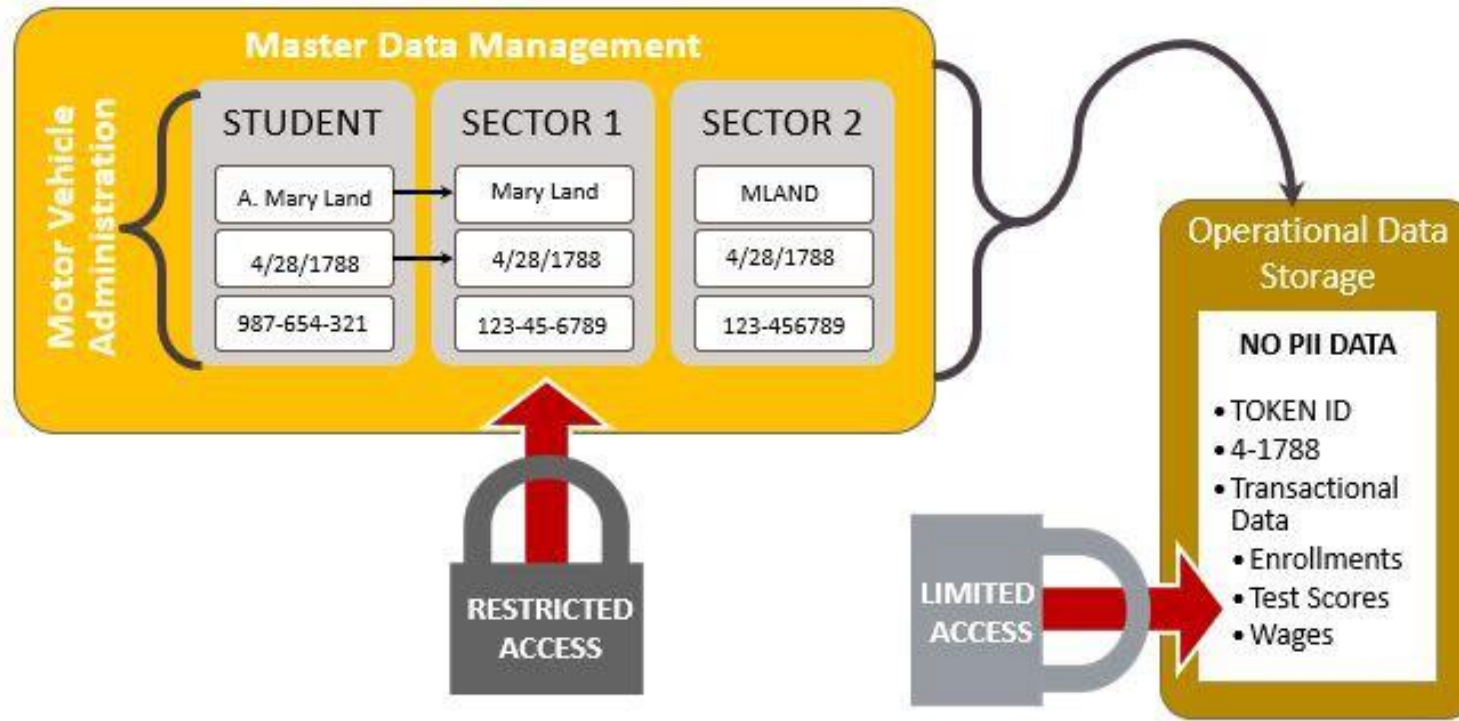
WHAT Data are Collected?

MLDS Data Delivery System



*Forthcoming

HOW are the MLDS data securely linked?



WHAT Guides Output and Data Usage?

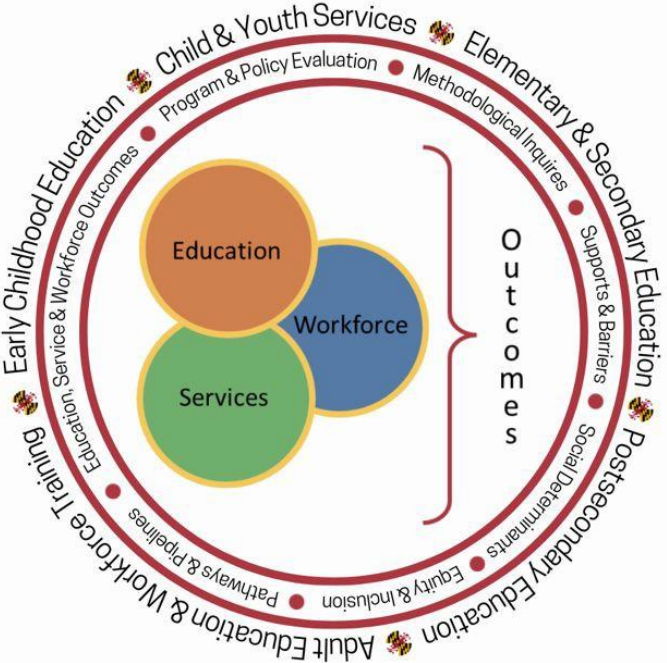




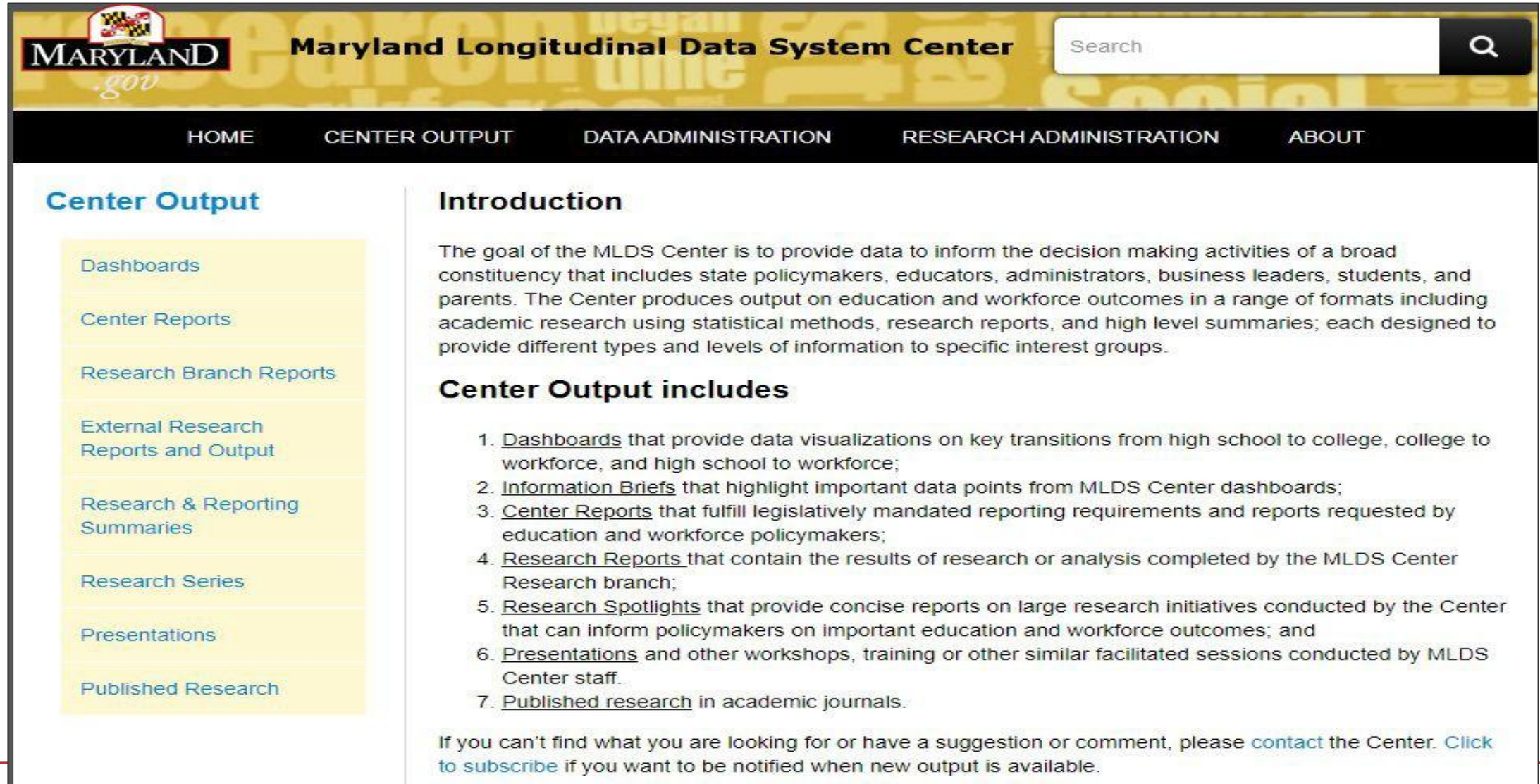
Research Agenda

Research Categories

- **Pathways & Pipelines:** The entry, transition, and exit points students take into specific education, service and labor sectors.
- **Educational, Service & Workforce Outcomes:** Student-level and/or institutional-level characteristics and the importance of these characteristics in predicting outcomes.
- **Program & Policy Evaluations:** Determines whether a given program or policy has been successful.
- **Methodological Inquiries:** Improves the selection and application of research and statistical methods when using MLDS data.



<https://mldscenter.maryland.gov/CenterOutput.html>



The screenshot shows the website's header with the Maryland state logo and the text "MARYLAND .gov" and "Maryland Longitudinal Data System Center". A search bar is located in the top right. Below the header is a navigation menu with links for HOME, CENTER OUTPUT, DATA ADMINISTRATION, RESEARCH ADMINISTRATION, and ABOUT. The main content area is titled "Center Output" and features a sidebar with a list of links: Dashboards, Center Reports, Research Branch Reports, External Research Reports and Output, Research & Reporting Summaries, Research Series, Presentations, and Published Research. The main text area is titled "Introduction" and contains a paragraph about the center's goal. Below this is a section titled "Center Output includes" with a numbered list of seven items: 1. Dashboards, 2. Information Briefs, 3. Center Reports, 4. Research Reports, 5. Research Spotlights, 6. Presentations, and 7. Published research. At the bottom, there is a paragraph encouraging users to contact the center or subscribe for updates.

Center Output

- [Dashboards](#)
- [Center Reports](#)
- [Research Branch Reports](#)
- [External Research Reports and Output](#)
- [Research & Reporting Summaries](#)
- [Research Series](#)
- [Presentations](#)
- [Published Research](#)

Introduction

The goal of the MLDS Center is to provide data to inform the decision making activities of a broad constituency that includes state policymakers, educators, administrators, business leaders, students, and parents. The Center produces output on education and workforce outcomes in a range of formats including academic research using statistical methods, research reports, and high level summaries; each designed to provide different types and levels of information to specific interest groups.

Center Output includes

1. [Dashboards](#) that provide data visualizations on key transitions from high school to college, college to workforce, and high school to workforce;
2. [Information Briefs](#) that highlight important data points from MLDS Center dashboards;
3. [Center Reports](#) that fulfill legislatively mandated reporting requirements and reports requested by education and workforce policymakers;
4. [Research Reports](#) that contain the results of research or analysis completed by the MLDS Center Research branch;
5. [Research Spotlights](#) that provide concise reports on large research initiatives conducted by the Center that can inform policymakers on important education and workforce outcomes; and
6. [Presentations](#) and other workshops, training or other similar facilitated sessions conducted by MLDS Center staff.
7. [Published research](#) in academic journals.

If you can't find what you are looking for or have a suggestion or comment, please [contact](#) the Center. [Click to subscribe](#) if you want to be notified when new output is available.

Examples

- [Maryland Public High School Graduates: College and Workforce Outcomes](#)
- [Maryland College Graduates Employed as Public School Teachers](#)
- Educator Preparation Program Reports
- High School Graduate College Enrollment Inside and Outside Community College Service Areas
- Community College Workforce Participation Metrics
- [Evidence of Brain Gain in Maryland](#)

More information

<http://mldscenter.maryland.gov>



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Director ross.goldstein@maryland.gov

Ann Kellogg, Ph.D.
Director of Reporting Services and MHEC Liaison
ann.kellogg@maryland.gov



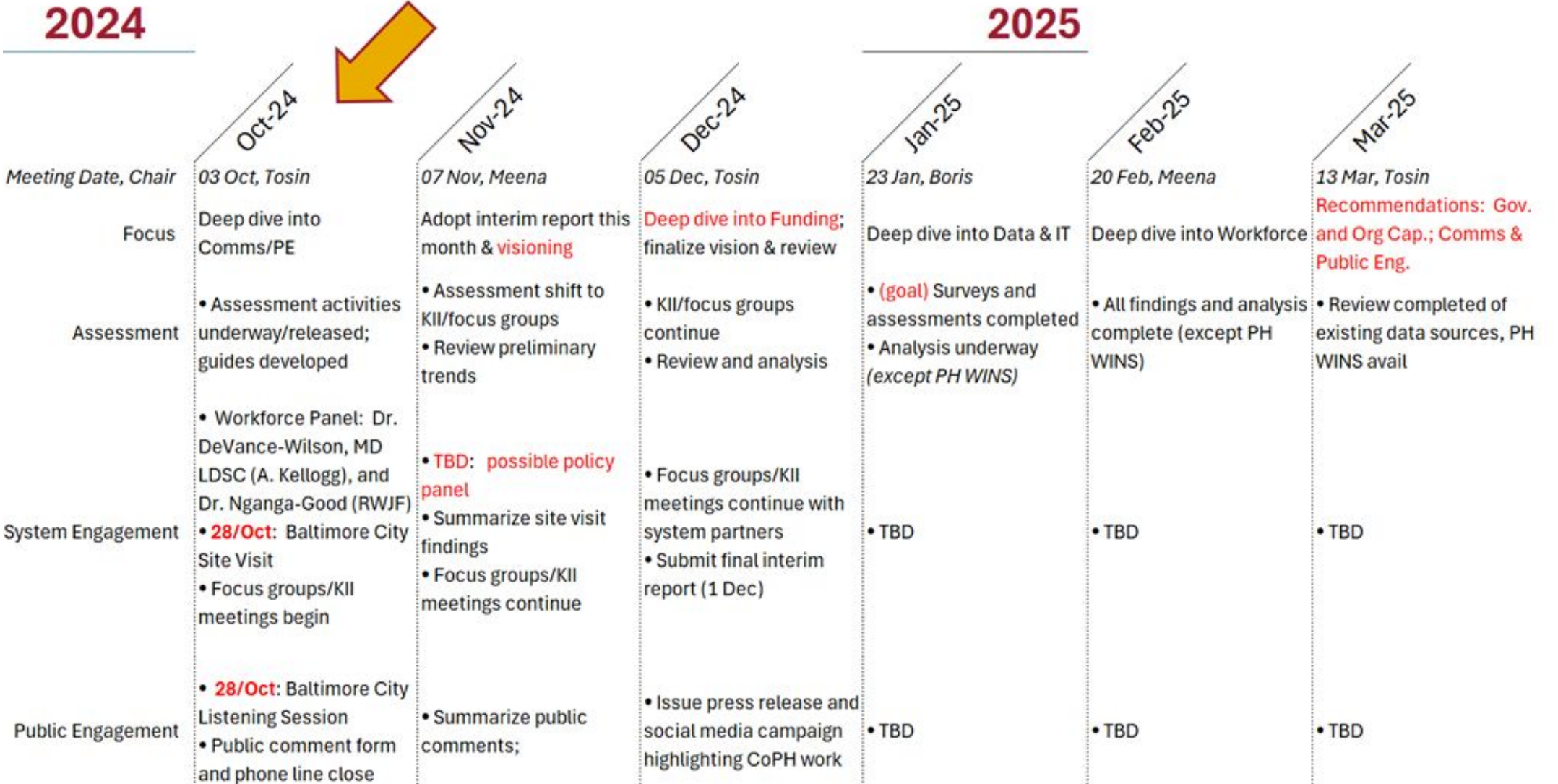
**MARYLAND
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Commission Updates

*Shane Hatchett, Sarah Borah,
and Dushanka Kleinman*



Timeline





2025 Meeting Dates

- January 23
- February 20
- March 13
- April 03
- May 01
- June 05
- July 10
- August 21
- September 11

Note: Venue will change for several of the meetings. 😞

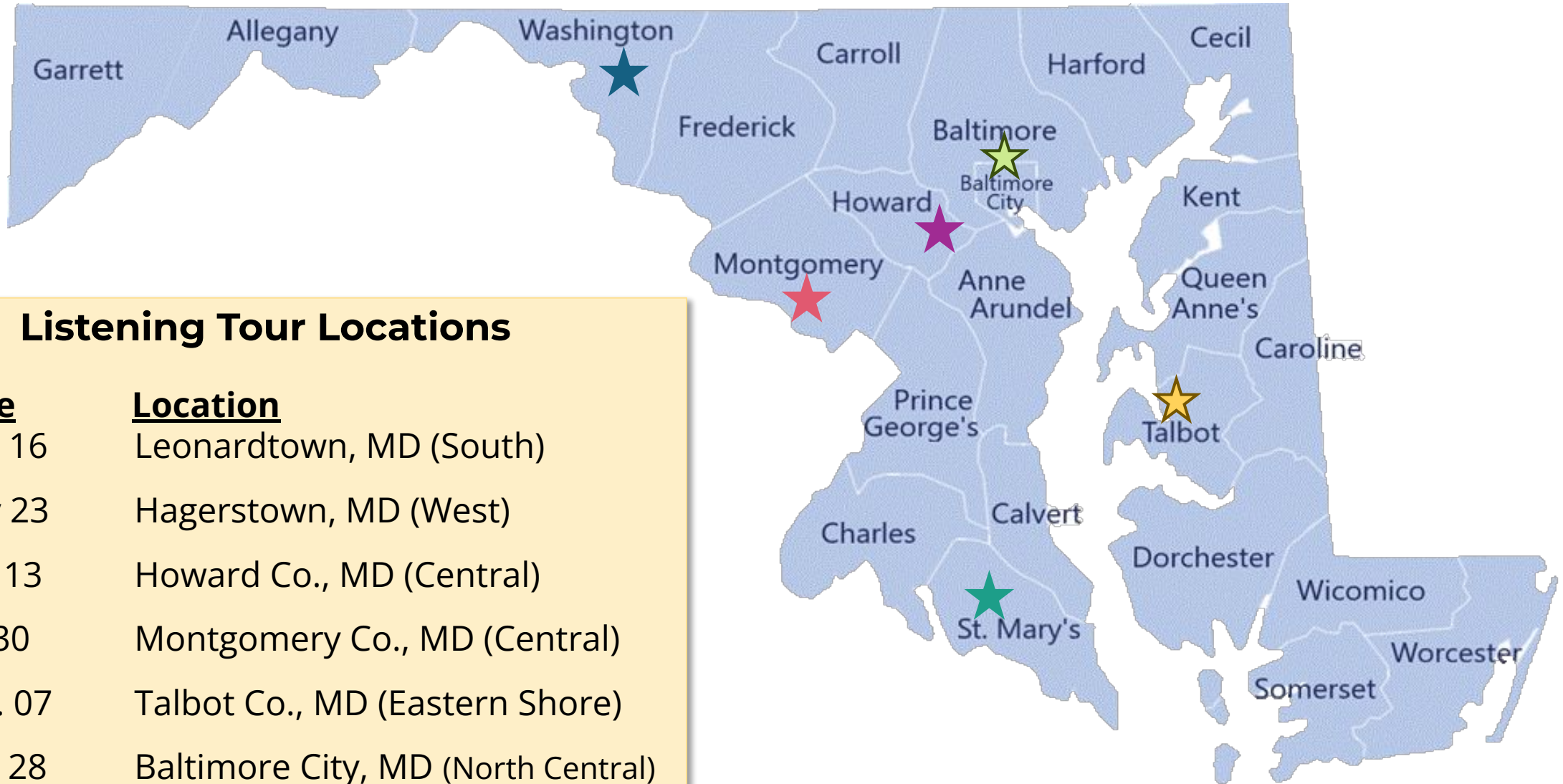


Final Interim Report







- Draft outline shared and technical writer brought onboard
- Current timeline:
 - Oct. 21 - Workgroup report drafts due to Coordinators/Staff
 - Nov. 7 - Discuss and report
 - ***Oct. 30 to Nov. 4 – Co-chair and Workgroup Co-chair review period***
 - ***Nov. 14 to 19 – Commissioner review period***
 - ***Nov. 20 – Hold for special virtual meeting as-needed (10:00 am)***
 - Dec. 1 - Submit Final Interim Report on or before this date



Listening sessions



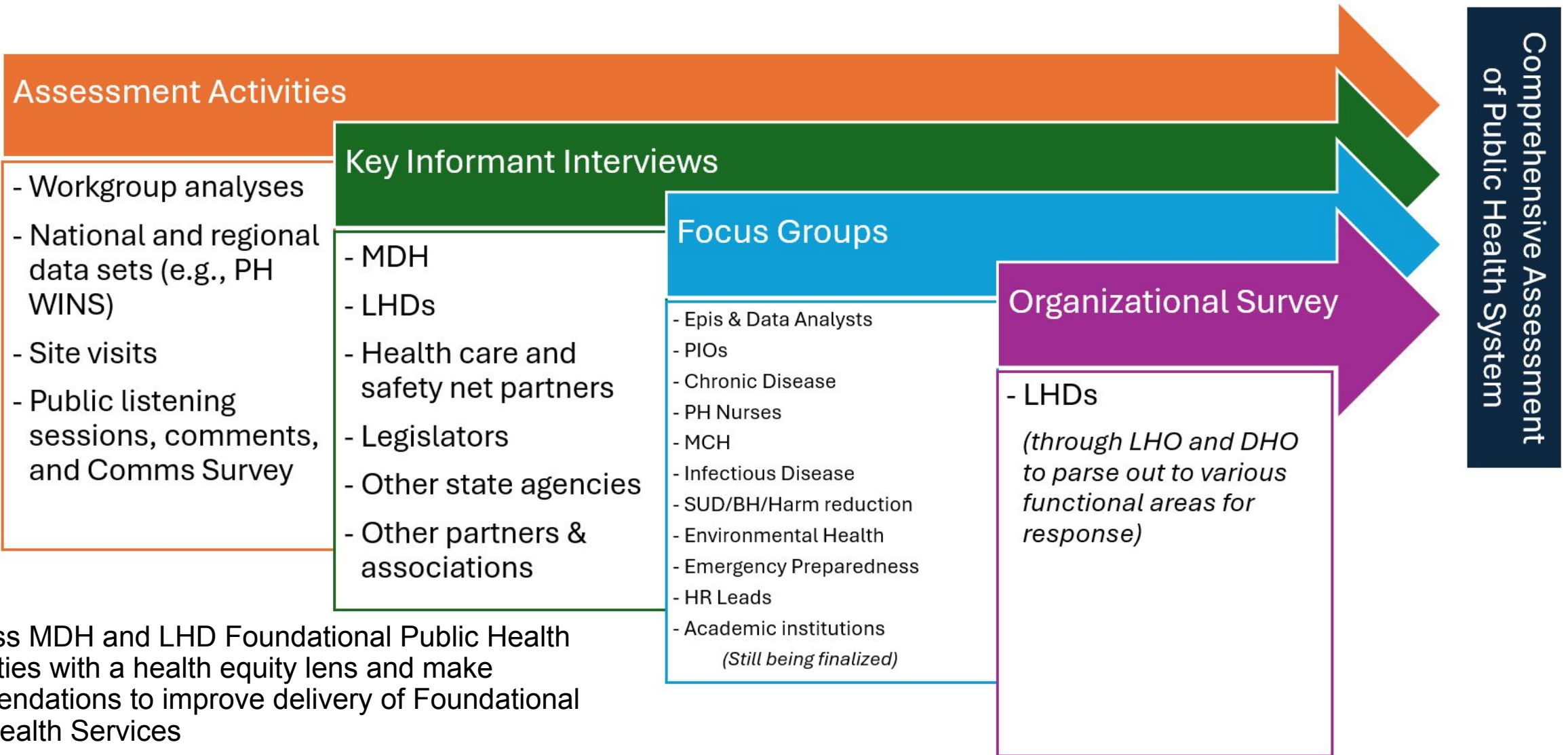
Listening Tour Locations

<u>Date</u>	<u>Location</u>
 Apr. 16	Leonardtown, MD (South)
 May 23	Hagerstown, MD (West)
 Jun. 13	Howard Co., MD (Central)
 Jul. 30	Montgomery Co., MD (Central)
 Aug. 07	Talbot Co., MD (Eastern Shore)
 Oct. 28	Baltimore City, MD (North Central)

Current as of 03 October 2024. Check website for updates.



Updated Assessment Framework

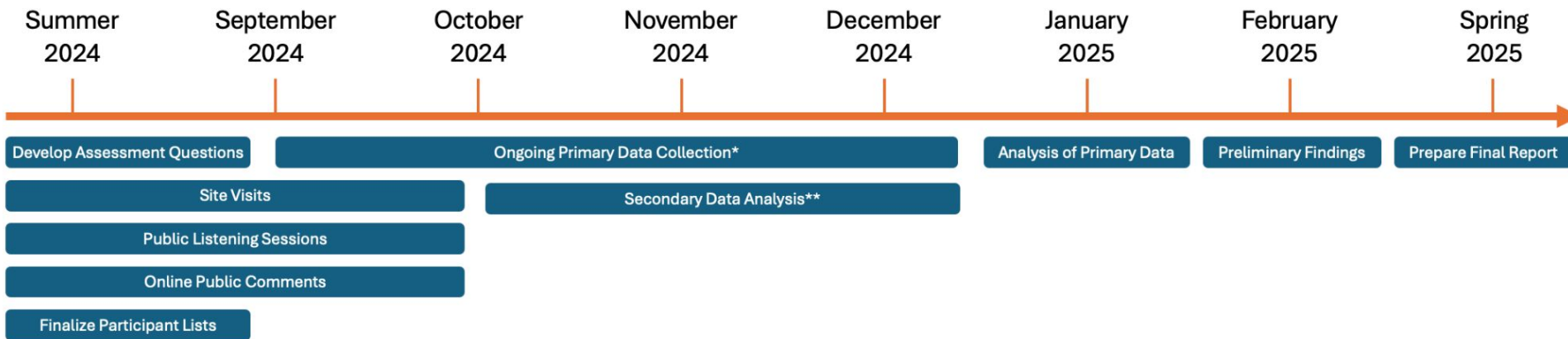


To assess MDH and LHD Foundational Public Health Capabilities with a health equity lens and make recommendations to improve delivery of Foundational Public Health Services



Assessment Updates

Timeline *Key Activities by Month*



*Activities include:

- Stakeholder Interviews
- Key Informant Interviews
- Focus Groups
- Organizational Survey
- Public Survey

**Includes NACCHO surveys



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Staffing Updates

October 03, 2024



**MARYLAND
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Break

October 03, 2024

*The Commission has temporarily recessed
and will reconvene soon. Recording will
continue.*



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Deep Dive: Communication and Public Engagement

*Tonii Gedin, RN, DNP and
Sylvette La Touche-Howard, PhD, NCC, CHES*



Focus of Workgroup

Charge

- **Assess** the communication and public engagement capabilities of the state
- **Develop recommendations** for the next steps necessary to improve public health communication and engagement

Approach

- **Public Assessment**
 - To understand their perceptions, thoughts, and attitudes towards health information and public engagement in the state
- **Public Health Agency Assessment**
 - To learn how they communicate and engage with the public



Membership

***Tonii Gedin** - Anne Arundel County Health Department

***Sylvette La Touche-Howard** - University of Maryland School of Public Health

***Oluwatosin Olateju** - Coppin State University/Morgan State University

***Jean Drummond** - HCD International

***Nicole Rochester** - Your GPS Doc, LLC

***Camille Blake Fall** - Maryland Department of Health
Roselie Bright - COVID Safe Maryland

Dianna Abney - Charles County Health Department
Stephanie Ajuzie

Cynthia Baur - University of Maryland School of Public Health

Stacy Cary-Thompson - Mary Cares Parenting LLC

Saniya Chaudhry - Pharmacist

Susanna Cooper - IQ Solutions

Denise Thomas - Home Towne Real Estate

Sara Whaley - Johns Hopkins Bloomberg School of Public Health

Kasenia Coulson - St. Mary's County Health Department

Kisha Davis - Montgomery County Health Department

Jonathan Dayton - Maryland Rural Health Association

Jennifer Dixon Cravens

Amy Ford - St. Mary's County Library

Negin Fouladi - University of Maryland School of Public Health

Maggie Kunz - Carroll County Health Department

Susan Giordano - Kaiser Permanente Mid-Atlantic Region

Laurie Lancaster - St. Mary's County Public Schools

Lauren Levy - Cecil County Health Department



Membership

Jennifer Loring - Maryland Department of Juvenile Services

Chidalu Mbonu - Loma Linda University School of Public Health

Nicole Morris - Mid Shore Health Improvement Coalition

Paulani Mui - Johns Hopkins Bloomberg School of Public Health

Alicia Nelson - St. Mary's County Health Department

Michelle Rhodes - The Color of Wellness Media

Earl Stoner - Washington County Health Department

Heather Gibson - RS&F (Rosen, Sapperstein & Friedlander, LLC)

Valerie Addams - Public Health Consultant

Chase Cook - Maryland Department of Public Health

Support Team:

Chidubem Egboluche (Student Intern) - MSU

Agnes Bernadine Adams (Student Intern) - UMD

Selma Osman (Student Intern) - UMD

Sarah Borah - CDC Foundation

Meghan Roney - CDC Foundation

Shane Hatchett - CDC Foundation

Duncan Madison - CDC Foundation *until 5/24*



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Work to Date



Activities

- **Monthly meetings:** 3rd Thursday of the month (3:00-5:00p)*
- **Surveys:** MACHO Public Information Officers (PIOs) Group
- **Conferences:** Association of Schools and Programs in Public Health

**exception of January 2024 which was held on 1/25*



Experts Consulted

Month	Name	Credentials/Affiliations
January	Oluwatosin Olateju	Co-commissioner Chair Assistant Professor, Coppin State University Adjunct Professor, Morgan State University <i>Topic: "Commission on Public Health Charge"</i>
March	Cynthia Baur	Endowed Chair and Director, Horowitz Center for Health Literacy, University of Maryland & Director, MD Consumer Health Information Hub <i>Topic: "Maryland Foundations for Community Engagement & Communications"</i>

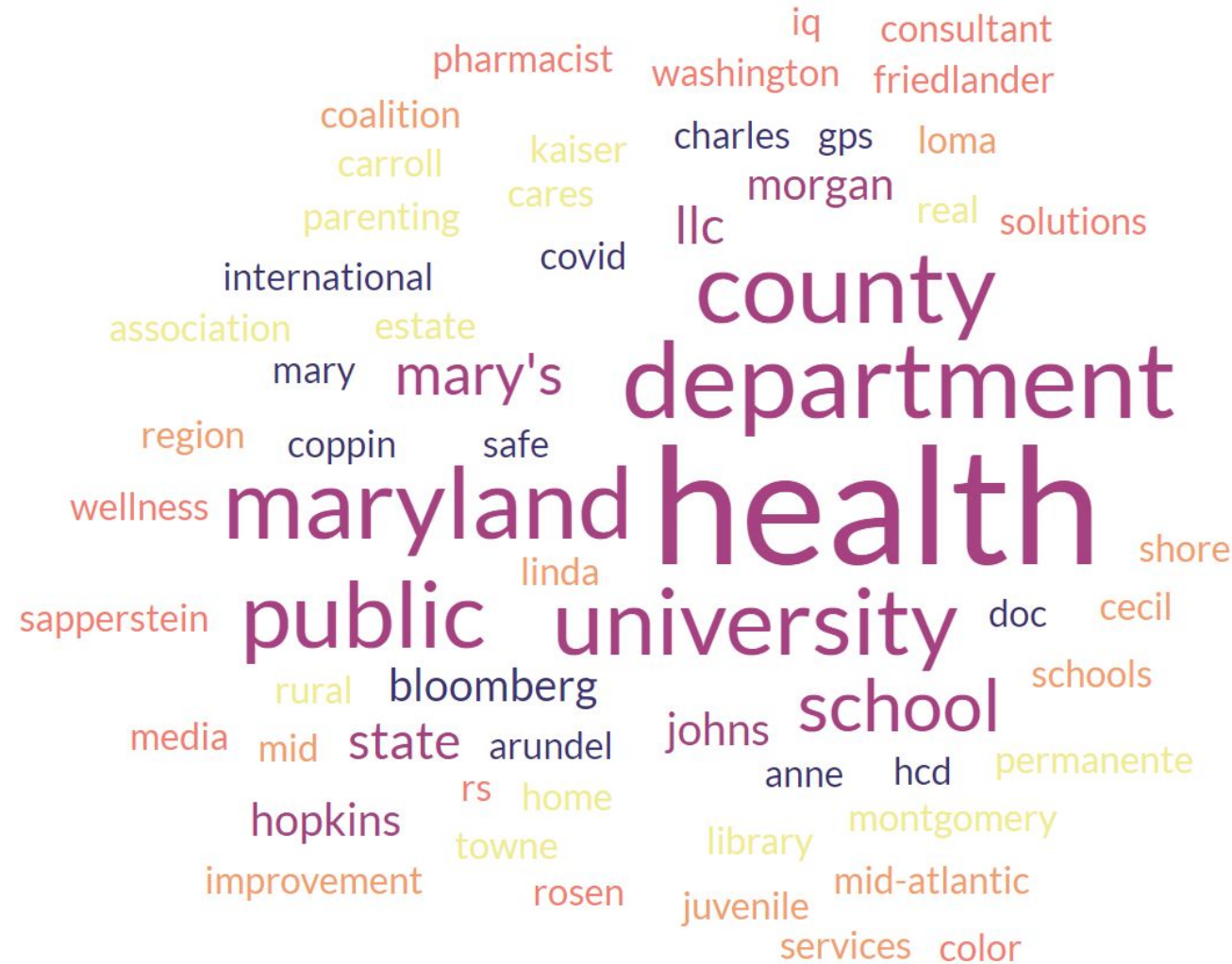


Experts Consulted

Month	Name	Credentials/Affiliations
April	Maggie Kunz	Health Planner, Carroll County Health Department <i>Topic: "The Composition, Role and Challenges of Communications Within Local Health Departments"</i>
April	Melissa Stoker	Digital Media Manager, Maryland Department of Health <i>Topic: "The Composition, Role and Challenges of Communications Within State Health Departments"</i>
July	Shane Hatchett	Senior Advisor and Manager <i>Topic: The CoPH Workgroup Charters and Timeline"</i>

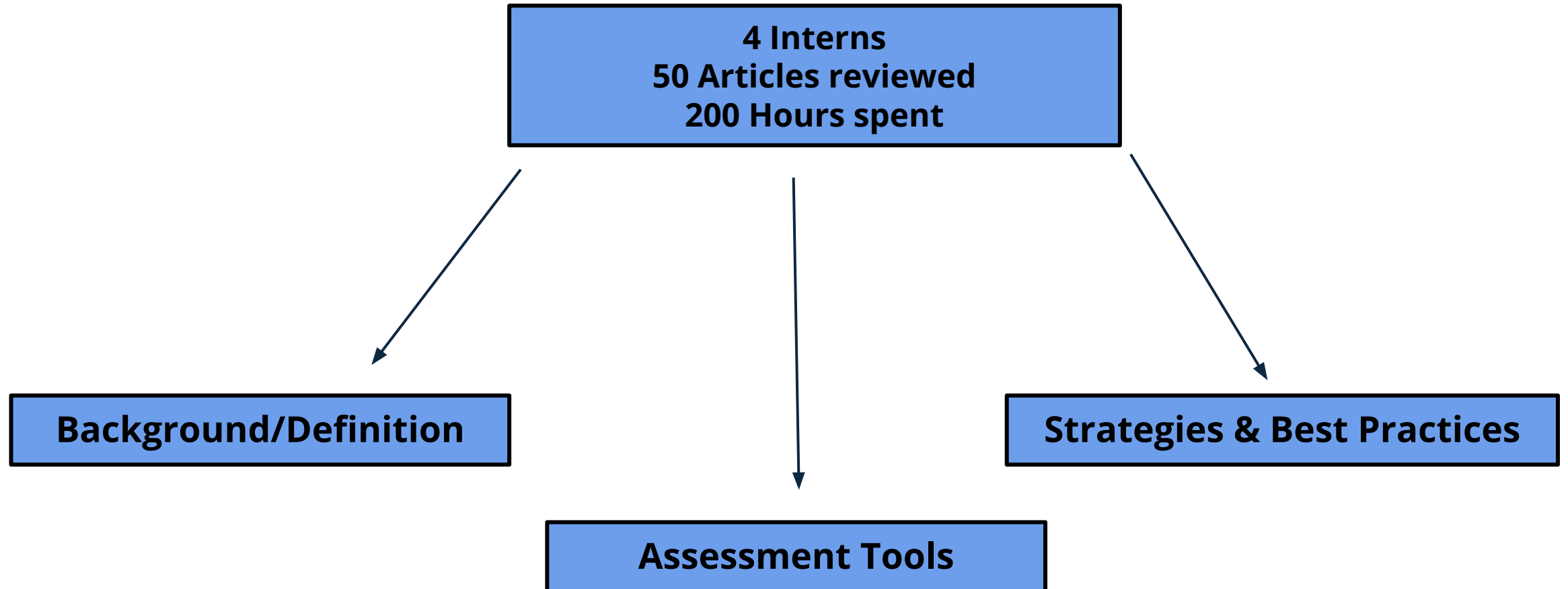


Experts Consulted





Resources Examined





Resources Examined

Lit Review data extraction spreadsheet-Communication/Engagement

Reviewer	Link to literature	Reference (APA 7) APA 7 Style Guide-Purdue OWL	Title	Purpose of Study/Aims of study	Significance	Research Questions	Sample/Population
Agnes	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3771196/	Ann King, Ruth B. Hoppe. "Best Practice" for Patient-Centered Communication: A Narrative Review. <i>J Grad Med Educ</i> 1 September 2013; 5 (3): 385-393. doi:	"Best Practice" for Patient-Centered Communication: A Narrative Review	This narrative review aims to summarize the work that has been conducted in physician-patient communication that supports the efficacy of good communications skills. This	The significance shows the importance of communication skills as a dimension of physician competence.	1) what constitutes "best practice" for physician communication in medical encounters? 2) What is patient-centered communication?	Patients and Physicians
Agnes	https://onlinelibrary.wiley.com/doi/10.1111/jcp.12686	Vermest, P., Vandick, D., Degroote, S., Peleman, R., Verhaeghe, R., Mortier, E., Halaert, G., Van Daele, S., Buylaert, W. and Vogelaers, D. (2015). Communication in healthcare: a	Communication in healthcare: a narrative review of the literature and practical recommendations	The aim of this paper is reviewing the literature on the quality of written communication, and the impact of communication inefficiencies and recommendations to improve written.	The significance of this article show how the practical recommendations provided serve as valuable guidelines for healthcare professionals to enhance their communication skills and	What are the key challenges in communication between healthcare providers and patients when it comes to written communication?	A total of 69 articles
Agnes	https://www.researchgate.net/publication/264157660_Health_Literacy_and_eHealth_Challenges_and_Strategies	Hasanajedat H, Roumen G, Smit Y, Desker A, Fijten R. Health Literacy and eHealth: Challenges and Strategies. <i>JCO Clin Cancer Inform</i> 2022 Sep 6:e220005. doi:	Health Literacy and eHealth: Challenges and Strategies	To assess the current status quo on digital health literacy (HL) in oncology and which interventions could improve HL in the short term	The significance here is the intersection between health literacy and eHealth (electronic health). This article addresses the challenges individuals face in navigating and	What are the key challenges individuals face in navigating and comprehending health information online, and how do these challenges vary across different populations?	People with Limited health li
Agnes	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7417023/	Mendoza-Herrera, K., Valero-Morales, I., Ocampo-Granados, M. E., Reyes-Morales, H., Arce-Amare, F. (2020). An Overview of Social Media Use in the Field of Public Health: Nutrition, Benefits, Scope, Limitations, and a Latin American Experience.	An Overview of Social Media Use in the Field of Public Health: Nutrition, Benefits, Scope, Limitations, and a Latin American Experience.	The objective of this study was to highlight the documented advantages of employing social media for health promotion.	The significance lies in the fact that social media extends its benefits beyond controlled interventions. It serves to heighten citizens' awareness of public issues, enabling them to	Can the use of social media focus translate into best practices for policy recommendations?	Facebook and Twitter users
Laune (search #3)	https://muse.jhu.edu/article/720998	Brown, O. L., Elm, A., Bone, L., Stillman, F., Mbah, O., Bowles, J. V., Dobs, A. (2019). Community Engagement to Address Cancer Health Disparities: A Process EVALUATION.	Project Muse: Community Engagement to Address Cancer Health Disparities: A Process EVALUATION using the Partnership Self-Assessment	The study aims to discover the effectiveness of a community-academic partnership in addressing cancer health disparities, particularly in African American communities in Maryland. It	This article showcases the effectiveness of community-academic partnerships in addressing health disparities, particularly in African American communities in Maryland. The study's	How effective is the community-academic partnership in addressing cancer health disparities in predominantly African American jurisdictions in Maryland, and what factors	
Laune	https://www.plaintanguage.gov/guidelines/						
Laune	https://www.hhs.gov/health-literacy/patient-education/pemat.html						
Selma	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7047090/	Hokroyd, T. A., Oloko, O. K., Salmon, D. A., Omer, S. B., & Limaye, R. J. (2020). Communicating Recommendations in Public Health Emergencies: The Role of Public Health	Communicating Recommendations in Public Health Emergencies: The Role of Public Health Authorities	This study aimed to explore the importance of trust in and understanding of communication from public health authorities in improving adherence to public health recommendations.	One Communication influences public trust in government authorities. Effective, accessible, and appropriate communication is important in whether populations trust government entities.		Diverse Adults living in Balti
Selma	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5692156/	Selt, A. G., Pless, J., Mantos, A., Schumacher, C., Chauk, C. P., & Jennings, J. M. (2017). Public Health Detailing to Increase Routine HIV Screening in Baltimore, Maryland: Satisfaction, Feasibility, and Effectiveness	Public Health Detailing to Increase Routine HIV Screening in Baltimore, Maryland: Satisfaction, Feasibility, and Effectiveness	To evaluate satisfaction with feasibility of, and effectiveness of a public health detailing project that aimed to increase routine HIV screening among community primary care providers in	To increase patient's access to STD care and update laws and policies encouraging more HIV screening, primary care providers need to prioritize routine HIV screening.		Patients and Physicians with areas in Baltimore City.
Chidubem	https://www.sciencedirect.com/science/article/pii/S0033350614000316?via=ihub			Improving organizational capacity to address health literacy in public health: a rapid realist review	Improving organizational capacity to address health literacy in public health: a rapid realist review	This study aimed to connect decision makers in a public health agency with evidence of how organizational capacity may be improved for delivering health literacy services.	Will help inform recommend communication capacity of th HD would be improved more public health literacy
Chidubem	https://acrobath.adobe.com/xd/um/aaad/sc/V46C2_e4e494e-89b-4094-ac9a-7564a18b-555			Characteristics of the Measurement Tools for Assessing Health Information-Seeking Behaviors in Nationally Representative Surveys: Systematic Review	Characteristics of the Measurement Tools for Assessing Health Information-Seeking Behaviors in Nationally Representative Surveys: Systematic Review	The aim of this paper was to review and provide insight regarding methodologies and the construct of content in HHSB surveys	Will help us understand the measurement tools used for information seeking behavior our choice of question for L
Chidubem	https://acrobath.adobe.com/xd/um/aaad/sc/V46C2_g2046795-4f0e-4594-b24a-bc9a2c28d4da		Community Engagement best practices pg 55		Public Engagement Report-Principles of Community engagement report	The paper reported on the best community engagement report citing various successful multi site interventions that have adopted such strategies.	Will inform commissions rec evidence based practices Will inform the commission c





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Health Equity and Cross-cutting Themes



Health Equity

- **Using Culturally Appropriate Language and Community Engagement:**
 - Written translation
 - On-site interpreters
 - Use of translation technology
 - Geography (rural vs urban)
 - Tone – implied/perceived arrogance
 - Building relationships
 - Differences in verbiage and vernacular based on region or culture
 - Diversifying workforce
 - Bidirectional information exchange with the public. Encourage feedback, questions, and interactions.



Health Equity

- **Incorporate health literacy training and principles into public health interventions:**
 - Effective communication skills
 - Plain language
 - Advance Language Access
 - HB 1082



Health Equity

- **Building Public Trust:**

- Feeling that governmental public health actions are not backed or based in science
- Addressing misinformation directly
- Systemic racism and historic bias in health care and government
- Not trusting of CDC or federal recommendations
- Timely information
- Community engagement – **trusted messengers**
 - o Respecting and incorporating cultural differences in delivery
- Consistency-Provide consistent messages across platforms
- Unbiased information
- Provider reassurance, support resources, and recognize the challenges people have understanding



Other Themes

- **Creating Social Connection:**

- Isolation of older adults
- Emotional support programs
- Engaging youth in community programs
- Partnerships with schools and religious organizations
- Empathy and sensitivity



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Emerging Themes



Emerging Theme #1

We don't know what the public
wants

&

We just don't know enough about
how people want to engage with
information



Emerging Theme #2

Health departments are under resourced for robust communication and marketing



Emerging Theme #3

It is difficult for health departments to keep up with emerging technology



Emerging Theme #4

The source of information about health is vast and we don't always have control over them



Emerging Theme #5

We need to think critically and creatively about how we are sharing information and engaging with communities



Emerging Theme #6

We have to address the level of mistrust that currently exists with our public health communication.



Emerging Theme #7

We don't know what we don't
know



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Continued Exploration



Public Survey



SCAN ME



We want to better share health information with YOU!

TAKE THE SURVEY



The Maryland Commission on Public Health wants to learn about the ways **you** get health info and recommendations.

Scan this QR code to tell us how we can better share info with you!



SCAN ME

bit.ly/mdpublichealthcomms



Remaining Questions

- Survey sample demographics: Who will be represented and will not?
 - What will our subsequent steps be to target those groups
- We have always wanted to know what channels are being used by the public and which channels do they trust?
 - Our hope: the information from the survey will tell us some of this information
- For the state: Where is communication on their priority list?
 - Effective social media and marketing requires funding
- Who the influencers are and who should we partner with?
- Which existing groups are already sharing the right messages and can we partner with them?



Input Requested

Main Questions:

- Where can we share the survey?
- Are there places that we haven't thought of?
- With no incentive to do the survey, how do we get a lot of touches to get enough people to take it?
- How do we ensure diversity in the people completing the survey?



Focus Next 3-6 months



- What do you foresee your activities/schedule being?
 - Promoting the survey as much as possible through our channels
 - Connecting with the other workgroups
 - Attending Commission meetings
 - Working with the Commission to engage media for survey publicity
 - Awaiting results from the stakeholder interviews
 - Incorporating more State input



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Questions?



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Thank you!

*If you have further questions or suggestions
please reach out to Sarah Borah at
sborah@cdcfoundation.org*



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Announcements



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Adjourned

October 03, 2024

The next Commission meeting is November 07.