

Maryland Commission on Public Health

January 4, 2023 | 2:00 PM - 5:00 PM

Baltimore County Dept of Health
Google Meet joining info
Video call link: <https://meet.google.com/whc-wzpa-osc>
Or dial: (US) +1 314-474-3289 PIN: 228 226 804#
More phone numbers: <https://tel.meet/whc-wzpa-osc?pin=9675008149300>

AGENDA

- I. Call to Order
- II. Adoption of the Agenda
- III. Minutes Review
- IV. Presentation (virtual): Indiana's Process
Judith Monroe, MD, FAAFP
President and CEO, CDC Foundation
Co-Chair, Indiana Governor's Commission on Public Health
- V. Welcome Remarks
John Olszewski, Jr.
Baltimore County Executive
President, Maryland Association of Counties (MACo)
- VI. Break
- VII. Presentation: Overview of Maryland's Local Public Health Infrastructure
Bob Stephens, MS
Health Officer, Garrett County
President, Maryland Association of County Health Officers (MACHO)
- VIII. New Business
 - a. Workgroup Co-Chairs and Members
 - b. 2024 Timeline of analysis and recommendations
 - c. Public meeting regions
- IX. Announcements
 - a. Support from MACHO and CDC Foundation
 - b. Next meeting: February 1, 2024, 2-5PM at Baltimore County Dept of Health with virtual option
 - c. Indiana site visit: Feb 22-23, 2024
- X. Adjournment

Commission on Public Health: Kick-Off Meeting

Meeting Minutes

Virtual | December 14, 2023, 3:00pm

Present:

Gregory Branch, Local Health Officer Urban
Chris Brandt, Public w/Exp. Information Technology
Meenakshi Brewster, Co-Chair/Local Health Officer Rural
Ariana Kelly, Senate Representative
Boris Lushniak, Co-Chair/State Academic Institution w/ Exp. Public Health Systems
Oluwatosin Olateju, Co-Chair/Faculty - HBCU
Fran Phillips, Public w/Exp. Population Health
Nicole Rochester, Public
Michelle Spencer, State Academic Institution w/ Exp. Public Health Systems
Allen Twigg, Public w/Exp. Workforce
Heather Bagnall, House Representative
Nilesh Kalyanaraman, MDH Deputy Secretary of Public Health Services or designee
Alyssa Lord, MDH Deputy Secretary of Behavioral Health or designee

Absent:

Jean Drummond, Public w/Exp. Health Equity
Maura Rossman, Local Health Officer Suburban
Camille Blake-Fall, MDH Director of Office of Minority Health and Disparities or designee

- I. Call to Order
 - a. Called to order at 3:02pm by Boris Lushniak (presiding co-chair of meeting)
 - b. Meetings are recorded, all consent to recording current meeting
- II. Welcome and Introductions
 - a. Commission tasked with assessing and recommending improvements to the delivery of foundational public health services in Maryland
 - i. Division into 5 workgroups: Funding, governance and organizational capabilities, workforce, information technology, communications and public engagement
 - ii. Main task of commission is reporting. Final report required by Dec 1, 2024. Interim report submitted Dec 1, 2023
 - b. Public meeting, chat not monitored, however public comments encouraged via email: md.coph@maryland.gov
 - c. Members subject to Maryland public ethics laws
 - d. Attendance: members must attend half the meetings. Ex officios exempt from requirement
 - e. Roll call
- III. Approval of Agenda
 - a. Agenda accepted unanimously
- IV. Overview – Commission on Public Health (CoPH)

- a. Current website: smchd.org/commissiononpublichealth
 - i. Bios, agendas, minutes
- b. Introductions by present members
- c. Presentation on Commission by Oluwatosin Olateju (available on website)
 - i. Establishment – established under House Bill 214, effective June 1, 2023 to June 30, 2025; make recommendations to improve delivery of foundational public health services in the state
 - 1. Assessment
 - a. Assess foundational PH capabilities of the MDH and LHDs as specified
 - 2. Recommendations
 - a. Based on assessment, commission makes recs for reform in specified areas
 - ii. Report Timeline
 - 1. Interim report due Dec 1, 2023
 - 2. Final report due Dec 1, 2024
 - iii. Foundational Public Health Services
 - 1. FPHS part of a framework that defines minimum set of capabilities and areas that must be available in every community
 - a. Foundational areas
 - i. Communicable disease control; chronic disease and injury prevention; environmental public health; maternal, child, and family health; access to and linkage with clinical care
 - b. Foundational capabilities
 - i. Assessment and surveillance; community partnership development; equity; organizational competencies; policy development and support; accountability and performance mgmt.; emergency preparedness and response; communications
 - iv. Commission Membership
 - v. Gubernatorial Appointees
 - vi. Commission Co-chairs
 - vii. Workgroups
 - 1. 5 workgroups: funding, governance and organizational capabilities, workforce, data and IT, communication and public engagement
 - 2. Each workgroup must include two members of the commission and members of the public with relevant experience in the subject matter of the workgroup, as specified
 - viii. Subject Matter of Workgroups
 - ix. Consults
 - x. Compensation
 - 1. None, but are entitled to reimbursement

- V. Commission ideally would have begun in June, but members not appointed until October. With shortened timeline, commission will ask Board to review current timeline and if it's still appropriate with the late start.
- VI. Commission requirement of at least 3 public meetings. These meetings are in addition to the monthly commission meetings.
- VII. Workgroups Presentation by Meenakshi Brewster
 - a. CoPH member assignment
 - i. Listed on webpage in Bios section
 - b. Members of the public with relevant experience
 - i. Applications due Dec 15, 2023 by 5pm EST
 - ii. Timeline for application review and member selection
 - 1. Co-chairs will review and assign members
 - c. Workgroup Co-chairs
 - i. 2 co-chairs per workgroup, will serve as conveners and will communicate directly with the members of the workgroup
 - d. Workgroup communication guidance
 - i. Workgroups will likely need to meet on regular basis, once or twice a month based on progress
- VIII. Progress Updates
 - a. Because interim report was due before kick-off meeting, it was submitted on behalf of the co-chairs and to be presented to and adopted by the commission at first meeting.
 - i. Commission needs
 - 1. No money put into commission. Needs funding; Co-chairs have reached out to some potential partners
 - 2. Need support on technology front
 - ii. Update to report to be approved by commission
 - 1. "Recommendations" section updated to "Recommendations and Comments."
 - 2. Remove provision #4 and renumber the rest of provisions accordingly.
 - 3. Formerly provision #5, now #4, reword so it does not include exchange of funding from the state level.
 - 4. Provision #2 reworded to broaden funding opportunities
- IX. Action Items
 - a. Interim Report – Updated version approved unanimously
 - b. 2024 CoPH meeting schedule – Approved unanimously
 - c. Expert Collaboration – Approved unanimously
 - i. Give co-chairs ability to reach out to collaborative parties who have expertise in analyzing public health data and infrastructures.
- X. Adjournment
 - a. Meeting adjourned at 4:28pm by Boris Lushniak.
 - b. Next meeting will be January 4, 2024, 2pm-5pm at Baltimore County Dept of Health with virtual option



Judith Monroe, MD

President and CEO

Dr. Judith Monroe, president and CEO of the CDC Foundation, has dedicated her career to protecting people and saving lives. She joined the CDC Foundation in February 2016 as president and CEO, following her role as a deputy director of the U.S. Centers for Disease Control and Prevention (CDC) and director of CDC's Office of State, Tribal, Local and Territorial Support.

In her work at the CDC Foundation, Dr. Monroe advances priority programs that improve the health of people across America and around the world. The CDC Foundation mobilizes philanthropic and private-sector resources to support CDC's critical health protection work, managing hundreds of programs in the United States

and in more than 90 countries.

During the COVID-19 pandemic, the CDC Foundation supported the work of CDC, U.S. public health departments and low- and middle-income countries. Under Dr. Monroe's leadership, the CDC Foundation provided support to disproportionately affected populations; procured personal protection equipment for frontline health workers; supported critical research, hired more than 4,000 surge staff; and provided technical assistance and grants to more than 350 community-based organizations.

The CDC Foundation under Dr. Monroe's leadership also responded to the Zika epidemic as an implementing partner in addition to mobilizing resources; supported the response and recovery from the 2017 hurricane season; and serves as a strategic partner to CDC for global health security.

Prior to the CDC Foundation, Dr. Monroe oversaw key activities and technical assistance at CDC supporting the nation's health departments and the public health system. Throughout the 2014–15 Ebola epidemic she served as senior advisor for the domestic response. During her tenure as the state health commissioner for Indiana she served as president of the Association of State and Territorial Health Officials through the H1N1 pandemic. She envisioned and founded the ASTHO president's challenge in 2008. This leadership platform resulted in initiatives with significant health improvements and focus of ASTHO annual meetings.

Dr. Monroe is a member of the Milken Institute's Public Health Advisory Board and Executive Circle, the COVID Collaborative, the Advisory Council of the Pandemic Action Network and the APHA Alliance for Disease Prevention and Response. She serves as a member of the World Health Organization Foundation's Strategic Advisory Group, WHAMglobal Board, Advancing a Healthier Wisconsin Endowment Advisory Committee, Woman of Impact, Texas Biomedical Research Institute's Strategic Advisory Council and is a member of the Atlanta Rotary Club and International Women's Forum. Additionally, she co-chaired Gov. Holcomb's public health commission aimed at modernizing the public health system in Indiana.

Among her many awards, Dr. Monroe was recognized as one of Atlanta's Most Admired CEOs for 2021 by the Atlanta Business Chronicle; awarded the United Way of Greater Atlanta Woman of Excellence Award; received the Metro Atlanta Chamber of Commerce MAC Heroes of Global Health award; the Indiana Commission on Women Torchbearer Award and APHL Presidential Award. Dr. Monroe received the American Public Health Association's (APHA) Presidential Citation for her work to improve the health and well-being of people around the world, and for her commitment to the future of public health as a mentor to young physicians and public health students.

Dr. Monroe received her doctor of medicine from the University of Maryland and a bachelor of science degree from Eastern Kentucky University. She completed her residency in family medicine at the University of Cincinnati, a rural faculty development fellowship through East Tennessee State University, and a mini-fellowship in obstetrics through the University of Wisconsin. She also participated in the State Health Leadership Initiative at Harvard University's Kennedy School of Government and received an honorary doctorate from Purdue University in Health and Human Services.



●● Revitalizing Public Health: The Indiana Story







Indiana Public Health System Review

IU RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH

December 2020

STATE OF INDIANA

EXECUTIVE DEPARTMENT INDIANAPOLIS

EXECUTIVE ORDER 21-21

FOR: ESTABLISHING THE GOVERNOR'S PUBLIC HEALTH COMMISSION

- iii) identifying the following:
 - a) ways to improve the delivery of public health services throughout the State;
 - b) the funding challenges for the State's public health system and ways to address those challenges;
 - c) ways to promote health equity;
 - d) ways to ensure the sustainability of our local health departments; and
 - e) ways to improve responses to future public health emergencies;
- iv) identifying potential legislative proposals to address the Commission's findings and recommendations; and
- v) issuing a written report of the Commission's findings and recommendations.



INDIANA GOVERNOR'S PUBLIC HEALTH COMMISSION



Transforming Public Health



Indiana
Department
of
Health



INDIANA
**GOVERNOR'S PUBLIC HEALTH
COMMISSION**



Report to the Governor in fulfillment of Executive Order 21-21
Submitted by the Staff of the Indiana Department of Health

*"An ounce of prevention is worth a pound of cure."
- Benjamin Franklin*



Commission established by executive order
from Governor Holcomb on August 2021

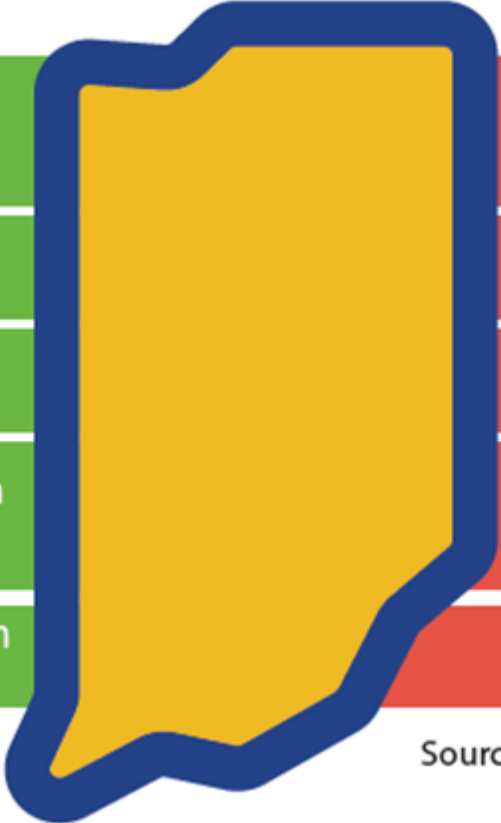
Co-chairs: Former Senator Luke Kenley and
Judy Monroe, MD

Commission tasked with advising the Office
of the Governor and the Indiana Department
of Health on the functioning of Indiana's
public health system.

How Indiana Ranks Nationally

Affordability	6 th
Opportunity	7 th
Pre-K through 12 th grade	9 th
Growth of the economy	19 th
Public safety	25 th

Source: U.S. News and World Report, 2021



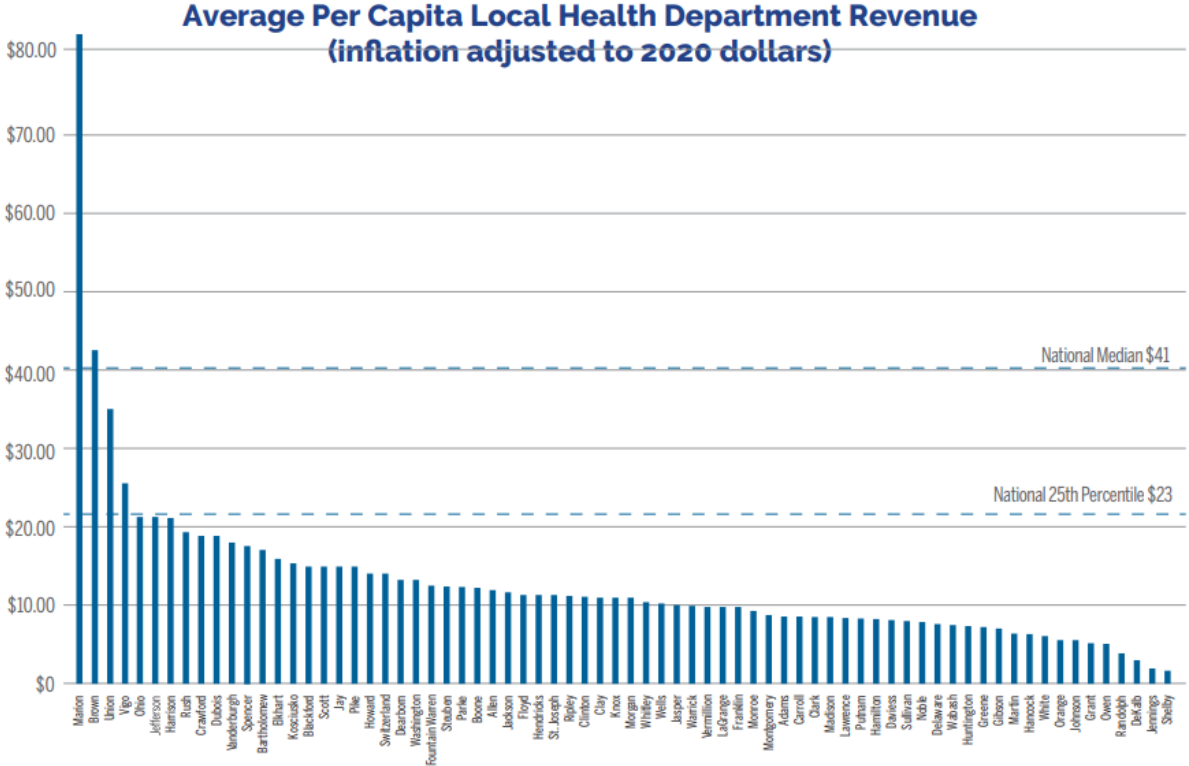
Smoking and tobacco use	45 th
Obesity	46 th
Mental Health	43 rd
Childhood Immunizations (by age 35 months)	41 st
Public Health Funding	45 th

Source: America's Health Rankings 2021

GPHC Reviewed Six Public Health Areas

1. Governance, Infrastructure and Services
 - Define core public health services available in every jurisdiction, regional support team model, credentials for local health officers and representatives to local health boards
2. Public Health Funding
 - Increase public health funding, sustainable public health investments, and maximize all funding sources
3. Workforce
 - Establish State Health Workforce Council and develop public health and healthcare workforce plan
4. Data Information Integration
 - Maintain the IDOH Office of Data and Analytics to securely analyze public health data for quality improvement and disease prevention and support local health departments
5. Emergency Preparedness
 - Invest in a State Strategic Stockpile, State Trauma System and trauma care, EMS training and readiness, access to emergency medical services
6. Child and Adolescent Health
 - Support current school health screenings and support oral health programs

Public Health Funding Findings



- Most of our local public health funding comes from the local government, ~70% , many times from property taxes.
- Across the nation this is reversed in many states, where the State government is a larger percentage of the funding for a local public health department.
- The revenue of **90 of our 94** local health departments **is below the national 25th percentile**
- Funding per capita ranges from \$1.25 to \$83 (Marion Co) across our state

Source: Fairbanks School of Public Health IndianaPublic Health System review, December 2020
Marion County Health and Hospital Corporation (MCHHC)
 MCHHC is the only county-based LHD organized, by statute, as a municipal corporation. In addition to operating an LHD, MCHHC operates inpatient and outpatient facilities, long term care facilities, and Indianapolis Emergency Medical Services. (EMS).



Public Health Funding Recommendations

- Provide stable, recurring and accessible funding
- Local elected officials decide whether to opt-in to additional funding and agree would agree to provide core public health services
 - Vote to opt in every five years and maintain at least 20% local cost sharing
- Local officials who opt-out the first year will continue to receive state funding at their current (legacy) amount and have the option to opt-in in year two
- IDOH to provide technical assistance to local health departments
 - Grants writing, insurance billing, clinical consultation, and more.

Economic Case for Public Health

- Investing in prevention creates healthier communities
- GlobalData and Eli Lilly Study:
 - Obesity carries the weight of \$9.3 billion in economic costs in Indiana, or about 2% of the state's gross domestic product
 - 69,400 fewer adults were in the workforce in Indiana due to obesity-related unemployment or premature death.
 - \$901 million in higher costs for health-related absenteeism and disability as well as an extra \$1.2 million in medical expenditures for health complications attributed to obesity.
 - Obesity caused an estimated \$239.6 million increase in Indiana's Medicaid costs and \$2.2 billion more in federal spending for Medicaid and Medicare recipients in Indiana
 - It cost Indiana \$511 million in tax revenue due to reduced economic activity.
- Makes Indiana a healthier state, physically and fiscally

Transforming Public Health

Key pillar of Governor Holcomb's Next Level Agenda

PUBLIC HEALTH COMMISSION

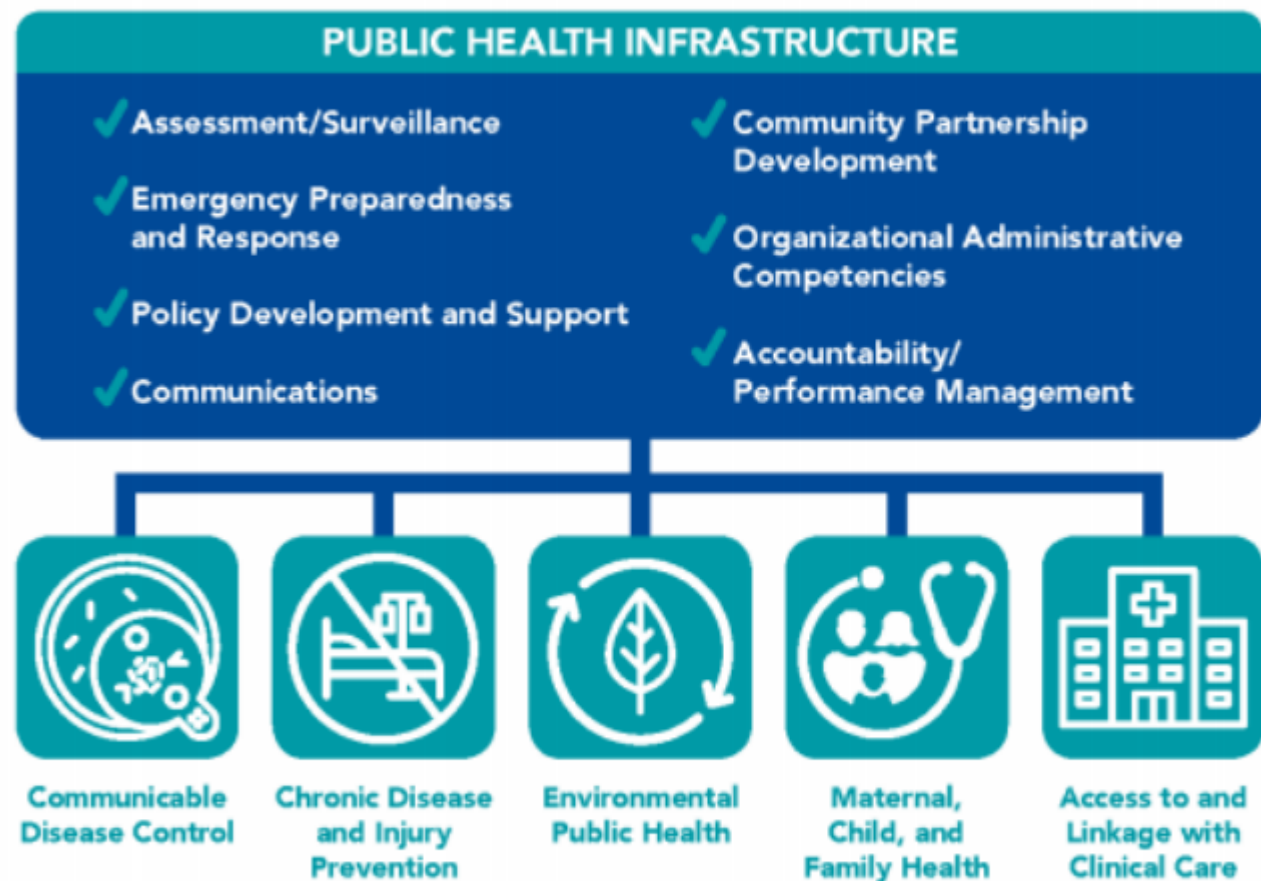
GOAL: Ensure all Hoosiers have access to foundational health services by increasing the state investment and providing stable, recurring, and accessible funding. Improve Indiana's life expectancy and public health funding ranking among states through increased local access to core services.

- Increase annual state public health appropriation **+\$120M/yr in FY23** and **+\$227M in FY24**
 - Out of these increases, \$100M in 1st year and \$200M in 2nd year will be solely dedicated to locals who opt-in for public health funding (up from \$6.9M/yr)
 - Remainder of state level public health funding will assist in areas such as healthcare workforce planning, data analytics, emergency preparedness, and promoting child screenings & oral health programs

Approach for defining “what good is:” Foundational Public Health Services

Foundational capabilities (Public Health Infrastructure): Cross-cutting skills and capacities needed to support basic public health protections

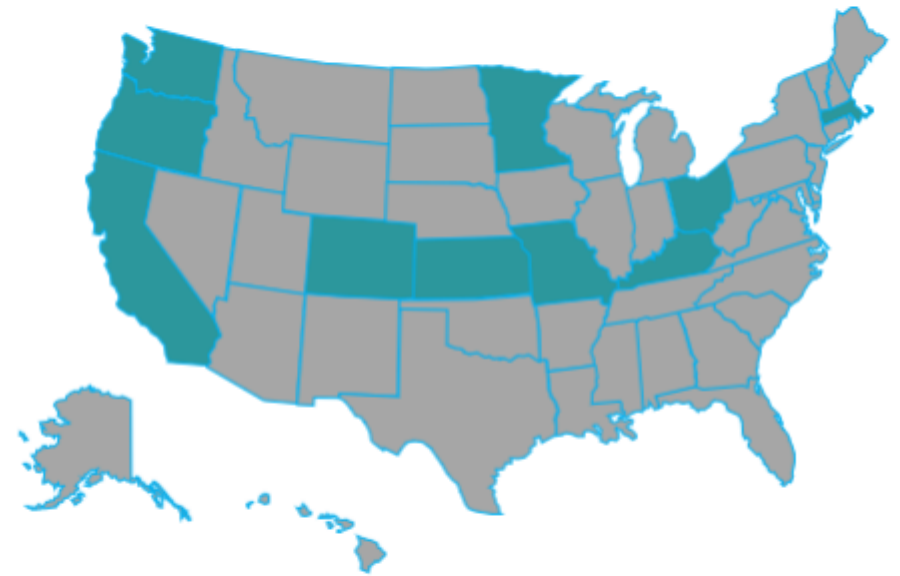
Foundational areas (Public Health Programs): Those basic public health, topic-specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats



Growing interest in FPHS model because:

- **Communicates the minimum package of services needed everywhere** while leaving room for individual communities to decide how to deliver them.
- **Provides a common language**
- **Can be assessed** to determine and quantify service and funding gaps
- **Can be used as an organizing tool for strategic planning**
- **Connects clearly to national initiatives**, such as public health accreditation.

21st Century (21C) Learning Community



Group of states in various stages of adopting the FPHS framework

Supported by the Public Health National Center for Innovations, a division of the Public Health Accreditation Board





SEA 4 and HEA 1001 - What Passed

- HEA 1001 – state budget bill
 - GPHC funding for LHDs: \$75 million in year 1, \$150 million in year 2
 - Trauma system quality improvement: \$3.92 million in year 1, \$5.79 million in year 2
 - EMS readiness: \$6.45 million in year 1, \$8.2 million in year 2
 - State strategic stockpile: \$4 million per year
- SEA 4 – GPHC legislation
 - Between House and Senate, 63 legislators signed on to sponsor bill!
 - Established process for counties to opt-in to enhance local public health funding and maintained local control throughout
 - Defined core public health services and parameters for use of funding
 - Made changes to Local Health Board appointments

Accountability & Transparency

- Counties will be required to submit an annual financial report before funding is approved and dispersed each year
 - County required to set up local funds that include DLGF & SBOA oversight
- Local health department will be required to submit an annual report demonstrating how dollars were spent
- Semi-annual reporting of key performance indicators to measure delivery of core public health service

Core Services



Communicable disease prevention and control



Vital statistics



Tobacco prevention and cessation



Student health (IC 16-18-2-79.5 (14))



Fatality review (child, suicide, overdose)



Maternal and child health



Testing/counseling for HIV, HCV, STI



TB control and case management



Emergency preparedness



Referrals to clinical care (IC-18-2-79.5 (22))



Chronic disease prevention and reduction



Childhood lead screening and case management



Trauma and injury prevention and education



Child and adult immunizations

At least **60%** of funding must be spent on these core services

Core Services



Food protection



Pest/vector control and abatement



Public/semipublic pool inspection and testing



Residential onsite sewage system permitting and inspections



Orders for decontamination of property used to illegally manufacture controlled substance



Sanitary inspection and surveys of public buildings



Sanitary operation of tattoo parlors and body piercing facilities



Sanitary operation of facilities where eyelash extensions are performed

No more than **40%** of funding may be spent on these core services



Indiana
Department
of
Health

Health First Indiana

- Historic, FIRST of its kind investment in public health
- Investment in prevention leads to healthier communities and workforce, which attracts businesses and benefits economy
- Brings together local elected officials, public health, clinical health and community partners
- Partnerships allow us to organize care as a community, reduce duplication of services, be more efficient
- Benefits rural communities that often have fewer resources



Challenges and Opportunities

- Huge new opportunity—exciting and challenging
- Implementation of GPHC recommendations and core public health service delivery
 - Establishing new community partnerships
 - Supporting local health departments—building regional support teams, providing technical assistance, coordination
 - Showing return on investment

Summer Activities

Communities are:

- Convening local partners (County Commissioners, LHB members, healthcare providers, not-for-profit entities, community-based organizations, etc.)
- Establishing county health plan and budget (financial report) for the new state funds and delivery of core public health services
- County Commissioners must vote to opt in before Sept. 1, 2023
- State funds will be distributed to counties on Jan. 1, 2024

Funding Status

- 86 counties have opted-in (Covering 96% of Indiana Hoosiers)
- Examples from counties on planning/budgeting
 - Staffing: PHN, school health liaison, preparedness coordinator
 - Capital outlays: staff vehicles, office space expansion
 - Equipment: clinical and environmental inspection supplies, lead testing analyzers
 - Other: training, continuing education, partner contracts



Final Thoughts

- Indiana's success is the result of a strong communications strategy, ongoing engagement with supporters and opponents, and a willingness to listen to the needs of communities
- Understanding who will support you and who will oppose you from the beginning is vital to informing any public health transformation effort
- Public health can't do this alone—look for partners along the way
- Know your audience and the issues that will resonate with them. Is it a healthy, robust workforce? Safer communities?
- Reset the narrative about public health and take the conversation beyond what people remember about the pandemic response
- There is no one-size-fits-all approach
- Remember that better physical and mental health make communities more attractive for families, businesses



CDC Foundation
Together our impact is greater

www.cdcfoundation.org

Robert (Bob) Stephens
Garrett County Health Officer
President, Maryland Association of County Health Officers (MACHO)

Bob began his duties as the Garrett County Health Officer on July 2, 2017. In addition to directing all activities of the Garrett County Health Department, he is responsible for assessing the health needs of Garrett County; providing leadership for public health programs; coordinating programmatic activities with local and state agencies; enforcing laws and regulations; providing surveillance, investigation, and control of disease outbreaks; informing the public about disease prevention; and promotion of healthy behaviors. Additionally, he is actively engaged in Garrett County and Maryland's public health community through leadership roles in the Garrett County Health Planning Council, STEPS for Better Health, the Maryland Rural Health Association, various Maryland Department of Health workgroups, and the Maryland Association of County Health Officers (MACHO), where he assumed the duties of MACHO president in March 2023. While he began his career in the social services field, he has held various leadership positions at the Garrett County Health Department for the past twenty years.

Local Public Health in Maryland: *On our communities' frontlines 24/7*

Bob Stephens, MS
Garrett County Health Officer
& MACHO President

MACHO

Maryland Association of
County Health Officers



mdhealthofficers.org

MACHO

Maryland Association of County Health Officers

- 501 (c) (6) private non-profit
- Members: 24 local Health Officers/Chief Health Strategists for the State's 24 local public health departments (1 Health Officer/Commissioner (City), 1 LHD per jurisdiction)
- *Mission: to promote, protect, and improve the health and well-being of all Maryland residents through an effective statewide system of local public health departments*
- Collective voice for local public health in Maryland
- Affiliations: National Association of County and City Health Officials (NACCHO), the Maryland Association of Counties (MACo), and Johns Hopkins University
- Coordinate with the Maryland Department of Health, the Maryland Department of the Environment, county governments, community groups, business community, schools, faith based groups, and others to address distinct public health needs in each community

What is Public Health?

Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.

(The Future of Public Health, IOM, 1988)

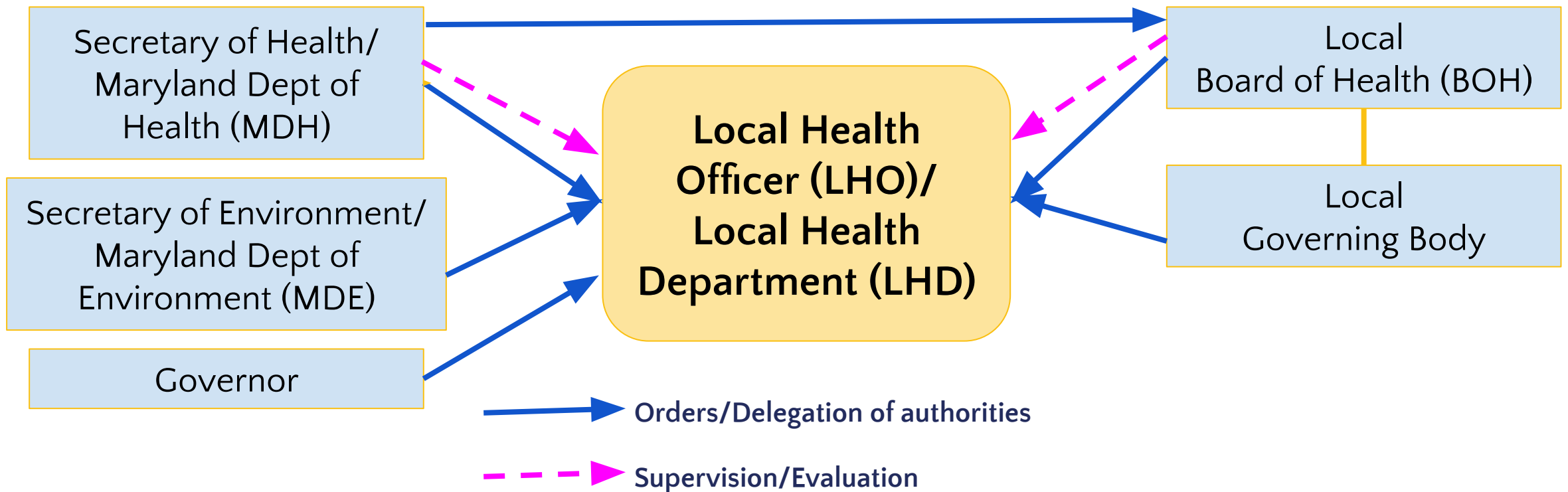
Governance & Organizational Capabilities

What does a Maryland local health department look like?

1 LHD = 1 LHD
2,459 LHDs in US (as of 2019)

Governance - Hybrid (State/Local)

*Form of local government influences governance structure;
Baltimore City Health Commissioner authorities are unique to City*



Local Boards of Health (BOH)

Depends on form of local government

County governing body is the ex-officio Board of Health unless otherwise designated

Maryland Code, Health-General § 3-201

Commissioner System (6)

BOH=County Commissioners

- Calvert
- Carroll
- Garrett
- St. Mary's
- Somerset
- Washington

Code Home Rule (6)

BOH=County Commissioners
or Designated BOH

- Allegany
- Caroline
- Charles
- Kent
- Queen Anne's
- Worcester

Charter Home Rule (11)

BOH=Council +/- County
Exec or Designated BOH

- Anne Arundel
- Baltimore County
- Cecil
- Dorchester
- Frederick
- Harford
- Howard
- Montgomery
- Prince George's
- Talbot
- Wicomico

Baltimore City Charter (1)

Health Commissioner

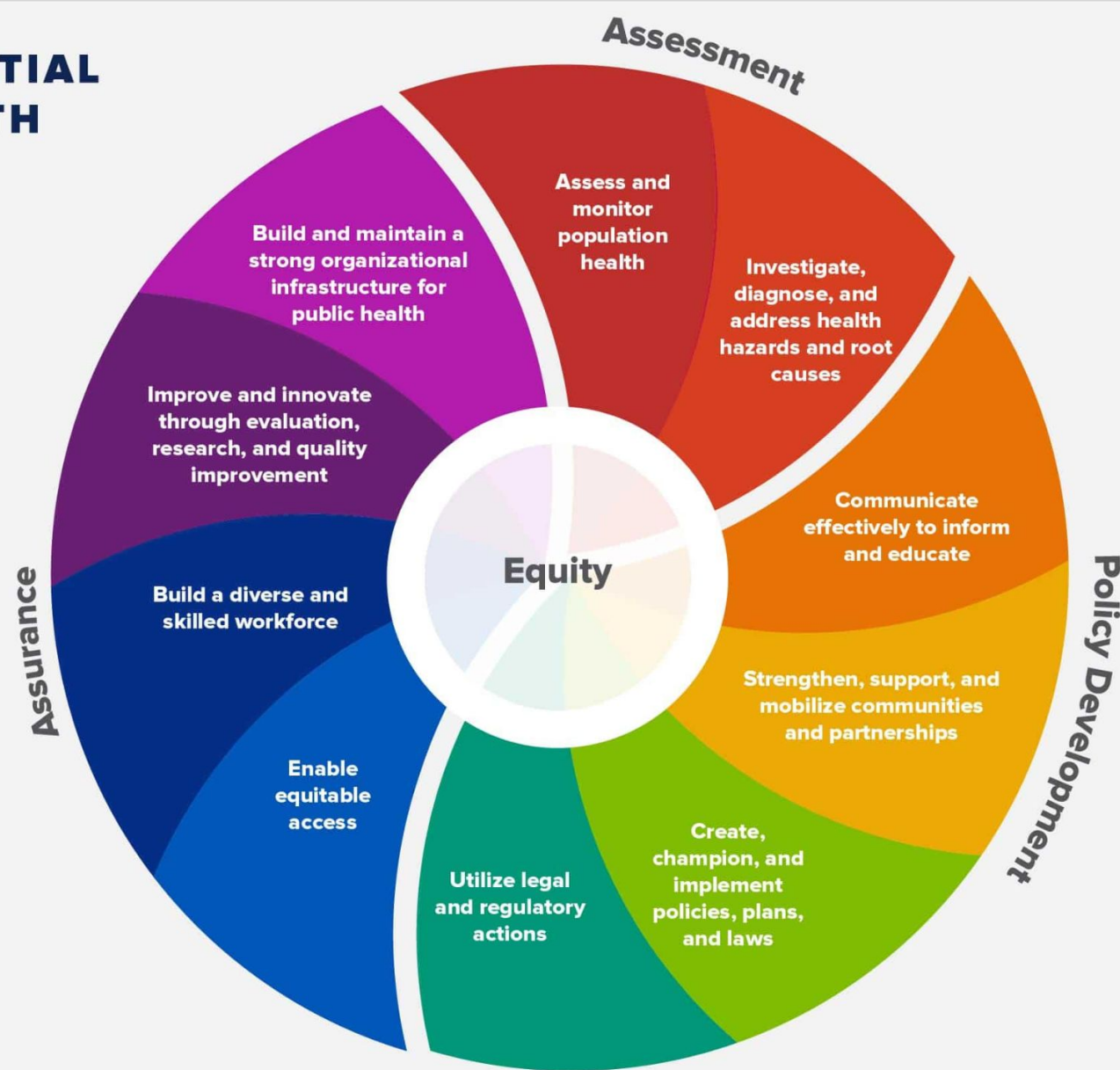
What Do LHDs Do?

- **ASSESS** data to determine and monitor community health priorities
- **Build PARTNERSHIPS** across a community to address public health issues
- **Implement PROGRAMS** to address community health problems
- **Recommend or administer POLICIES** that have an impact on public health
- **Monitor or improve the SYSTEM** (the way things are done)
- **Improve and protect the ENVIRONMENT** that affects health
- **COMMUNICATE** information to empower healthier decisions
- **PREPARE** for and **RESPOND** to health-related emergencies
- **Advance HEALTH EQUITY** by addressing social determinants of health

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



<https://debeaumont.org/10-essential-services/>

Common Local Public Health Focus Areas

- Chronic Disease Prevention & Control
- Infectious Disease Prevention & Outbreak Control
- Emergency Preparedness & Response
- Environmental Health
- Access to Health Care
- Vital Records
- Behavioral Health (mental health & substance use prevention/control)
- Maternal Child Health
- Violence, Injury & Trauma Prevention

Advance Health Equity

Infectious Disease Control and Response

- 24/7 on-call system for mandatory-reportable infections/threats
- Guidance to local health care providers on cases/treatment
- Infection control & response guidance to facilities, schools, etc.
- Disease detectives
- Investigate cases, trace contacts, ensure appropriate care
- Directly observed therapy (e.g., TB)
- Monitor and supplement vaccine supply
- Coordinate local testing for the State lab

Environmental Health

Secretary of Health (MDH)

- Food Safety (licensing, inspections, complaint response, training)
- Public pool inspections and permitting
- Rabies prevention and control
- Vector management (e.g., mosquitos)
- Campground/Mobile home park inspections
- Public complaints about potential environmental health issues
- Response to emergencies with environmental health component (e.g., nuclear radiation event, climate change)

Secretary of Environment (MDE)

- Wastewater - onsite septic systems
- Drinking Water - well certification
- Recreational Water - beaches
- Air Quality - outdoor



Access to Care

System Oversight

- Monitor access to health care challenges
- Work with clinical partners to resolve local gaps in health care services
- Facilitate/approve referrals for specific clinical services (e.g., behavioral health)
- Support community emergency response capabilities of local health care providers/institutions

Direct Clinical Services

- Reproductive health & family planning
- Vaccines
- Primary care
- Infectious disease (e.g., TB, hepatitis, HIV)
- School-based health centers
- Behavioral health crisis walk-in and mobile response
- Outpatient, crisis and residential behavioral health treatment
- Oral health/dentistry
- Home health care
- Wound care
- Tobacco cessation counseling
- Mobile clinics

Remove Barriers to Healthcare Access

- Transportation to medical appointments
- Health insurance eligibility and enrollment
- Community health workers
- Care coordination & patient navigators
- Support/administer school health services
- Support/administer health services in jails
- Home visiting programs (e.g., MCH)
- Community-clinical linkages

Advancing Health Equity: Address SDoH

LHDs collaborate with partners to provide:

- Youth mentoring
- Health literacy
- Financial coaching
- Policies supporting economic stability
- Housing supports (education, assistance, financial relief)
- Legal support (e.g., expungement)
- Employment support services
- Jail diversion programs
- Built environment policies
- Violence prevention and interruption
- Education supports

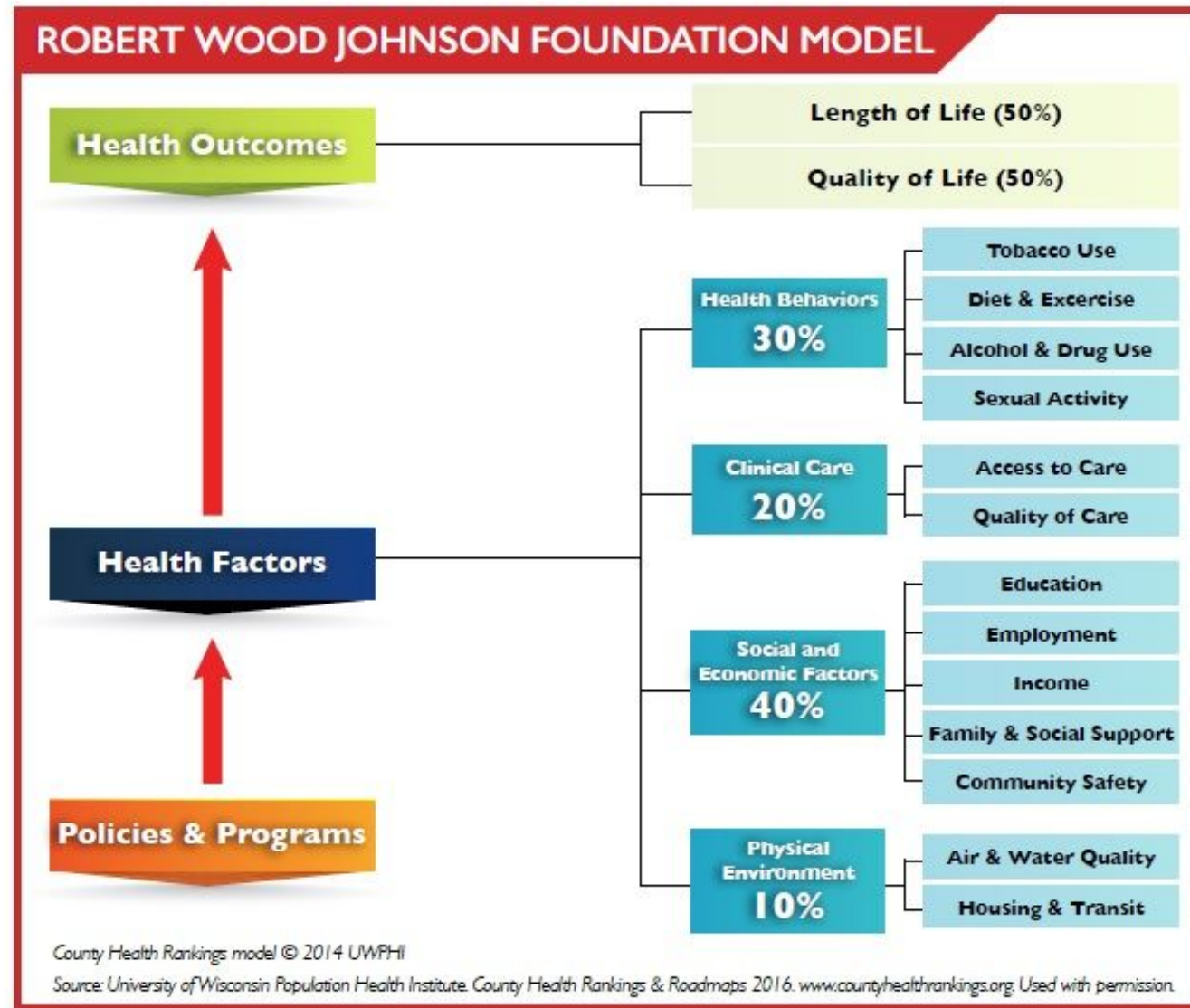
Social Determinants of Health



Social Determinants of Health
Copyright-free

 Healthy People 2030

The Social Determinants of Health



Local health departments impact our lives every day



Image source: NACCHO.org/about

Sample of Services Provided by MD LHDs

ALL	NEARLY ALL	SOME
Chief Health Strategist for Community	Family Planning Clinics	Early Care Programs
Immunizations	Environmental Health - MDE	Dental Clinics
Communicable Disease Surveillance	Oral Health Outreach	Residential Services
Adult Evaluation Services	Behavioral Health Care System Oversight (LBHA)	Behavioral Health Treatment
Cancer Control Programs	Medical Transportation	Home Health
Tobacco Control and Prevention	Birth and Death Certificates	School Based Health Centers
Emergency Preparedness	Violence and Injury Prevention	Laboratory Services
Drug and Alcohol Prevention	Fatality Reviews	Harm Reduction Programs (syringe services, naloxone distribution, etc.)
Rabies Control	Medicaid Enrollment	Child Safety Seats
Environmental Health - MDH	Chronic Disease Education	After School Programs

Communication and Public Engagement

- Provide information on public health issues and public health functions through multiple methods to a variety of audiences.
 - Communicate what public health is, what the health department does, and why it matters.
 - Provide ongoing, non-emergency communication.
 - Provide emergency communications as necessary.
 - Use a variety of methods to make information available to the public
- Use health communication strategies to support prevention of poor health outcomes and the promotion of health and well-being.
 - Design and implement communication strategies to encourage actions to promote health.
- Serve as an information resource for health care providers.
- Promote health equity in all activities and policies.

Data and Information Technology



- LHDs utilize dozens of *separate* state, federal, and local electronic systems for data collection/reporting; records management; electronic health records; and administrative functions (e.g., financial, human resources)
 - Lack of interoperability leads to multiple manual entries
- Local IT needs are diverse, reflect diversity of LHD services, multiple facilities, and local connectivity challenges
- Data/Epidemiology capacity varies across LHDs due to lack of financial resources
- Critical for disease surveillance and efficient clinical operations

Funding

- State and Federal pass through grants (categorical)
- State Core to support basic functions and fill gaps
- Local Core to support basic functions and fill gaps (required match in order to receive the State Core)
- Other grants (foundations, CDC, SAMHSA, MCHRC, EP, etc.)
- Fee-for-service (clinical services, permits, certificates, etc.)

While jurisdictions face different public health challenges, categorical grants and State Core funds are restricted and often cannot be used to address unique local health plans, needs, or public health infrastructure.

Workforce

- Most LHDs use the Maryland personnel system
- Some LHDs use their local personnel system
- LHD recruitment and retention challenges started well before the pandemic, became more severe during the pandemic, and continue today.

Workforce - Staffing

- Agency Leadership (Heath Officer, Deputy HO, PH Physician, Administrator, etc.)
- Nursing (RN, LPN, NP, CNA)
- Environmental Health staff (LEHS)
- Epidemiologist/Statisticians
- Health Educators
- Community Health Workers
- Nutritionists
- Communication Specialists
- Health Planners
- Public Health Emergency Planners
- Business and Finance staff (Billing, Collections, Accounting)
- Human Resources staff
- Office, Administrative, Building, and IT Support staff
- Behavioral Health staff (Psychiatry, LCSW, LCPC, LCAD, Addictions Specialists, Recovery Coaches)
- Oral Health staff (Dentist, RDH, Dental Assistants)

Health Officers as Chief Health Strategists

- Community Health Assessments (CHAs)
- Community Health Implementation Plans (CHIPs)
- Local Health Department Strategic Plans

Local Health Departments routinely assess the health of the community but there may not be funding available to address the needs identified in the assessment.



Collaboration With Garrett County Public Schools Students For Chronic Disease Prevention

Preventing Disease & Promoting the Environment

Communicable Disease Surveillance

- **64,532** Lab Reports Received
- **279** Reported Diseases (Managed)
- **239** Reported Diseases Closed w/in 30 Days

Immunizations

- **3,801** COVID-19 Vaccines Administered
- **373** Seasonal Influenza Vaccinations for Adults and Children
- **806** Adult Immunizations
- **174** Vaccines to Children

HIV & AIDS

- **96** HIV Tests Completed
- **10** Average Monthly HIV Positive Individuals Receiving Case Management

Food Service Inspections

- **659** Food Service Inspections (Cumulative Low, Moderate, & High Priority)
- **17** Food Service Investigations

Rabies Control

- **405** Animals Vaccinated
- **32** Animals Tested, and **1** Animals Confirmed Positive for Rabies

Inspections

- **407** Beach & Lake Samples Collected

Clean Air & Water

- **591** Burning Permits Issued
- **92** Septic Permits Issued
- **608** Transient Vacation Rental Units Assessed for Water Compliance



Garrett County, a Healthy Place to Live, Work, and Play!

Promoting Healthy Behaviors

Early Care Programs

- **1,615** Home Visits Completed
- **107** Families Received Services
- **12** Childbirth Classes Held
- **12** Breastfeeding Classes Held
- **12** Parent/Group Activities Held

Oral Health Outreach

- **2,638** Children Received Oral Health Education

Health Education & Outreach

- **591** Presentations, Classes, & Trainings Provided
- **12,961** Educated Through Community Presentations, Classes, or Trainings
- **398** Referrals Made to Preventive Screenings and Support Services
- **102** Compliance Checks Completed
- **127.4** Pounds of Unwanted Drugs Collected at Drop Boxes
- **609** Trained in Overdose Response



Improving Access

Adult Evaluation Services (AERS)

- **151** AERS Evaluations
- **5** Preadmission Screening & Resident Review Evaluations Completed

Community First Choice Program

- **206** Evaluations Completed
- **358** Nurse Monitoring Visits Completed

Behavioral Health Authority

- **247** Homeless or At-Risk Assisted in Obtaining Permanent Housing

Maryland Health Connection

- **691** Child Insurance Applications Processed
- **709** Adult Insurance Applications Processed
- **24,042** Eligibility Verification Tasks Processed

Medbank

- **7** Referrals Served
- **7** Prescription Medications for Chronic Diseases Distributed (Diabetes, Depression, and Asthma)

Medical Transportation

- **2,481** Medical Appointments Kept by Offering Medical Assistance Transportation

Mission

Promote, Protect, and Improve the Health of Citizens and Visitors to Garrett County

Providing Community Health Services

Behavioral Health

- **252** Mental Health Diagnostic Assessments
- **25** Medication Evaluations
- **9,829** Behavioral Health Treatment Sessions
- **348** Crisis Services
- **193** Telepsych Services
- **27** Forensic Case Management Services
- **3,765** School Counseling Sessions
- **8** Served by Medication Assisted Treatment
- **253** Intake Assessments
- **2,458** Peer Recovery Services

Cancer Control Programs

- **14** Patients Screened for Colorectal Cancer
- **4** Patients Screened for Skin Cancer

Home Health

- **2,909** Skilled Nursing Visits
- **5,918** Physical and Occupational Therapy Visits

Dental Care

- **868** Medical Assistance and Uninsured Children Served
- **87** Child Dental Emergencies Treated
- **1,565** Medical Assistance and Uninsured Adults Served
- **378** Adult Dental Emergencies Treated
- **197** Children Receiving Dental Sealants

Women, Infants, & Children

- **953** Unduplicated Clients
- **\$322,127** in Supplemental Foods Redeemed

Family Planning

- **432** Family Planning Visits



Questions? Discuss this data transparently on mygarrettcounty.com!



Administration & Planning

Administration & Core Public Health

- **3,026** Vital Records Issued (Birth & Death)
- Maintain 24/7 on Call for Local Public Health Issues
- Emergency Planning and Response
- Advise on Policy and Health Improvement
- Convene and Coordinate Local Public-Private Partnerships

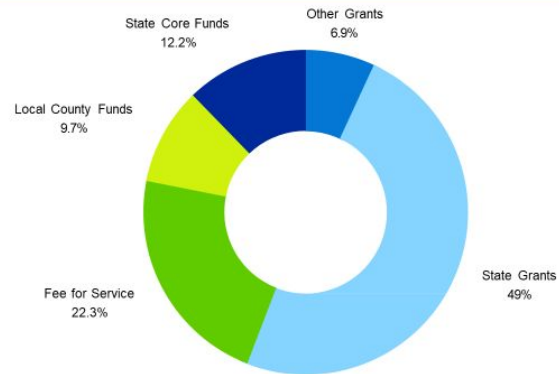
Local Management Board (LMB)

- Facilitates Changes in the Community Care System for Children and Families
- **13** Partnership Agreements Negotiated

Population Health & Planning

- **22,787** Individuals Reached Through MyGarrettCounty.com Planning Tool
- **206** Local Action Groups Managed on MyGarrettCounty.com Planning Tool
- **513** Email Marketing Campaigns
- **156** Funding Opportunities Curated
- **142** Data Sources Indexed
- **592** Local Resources Managed w/ LMB
- **133** Physical Fitness Events Held
- **594** People Participating in Physical Fitness Events
- **903** People Participating In Physical Activity Pass Programs
- **238** Well-Being and Chronic Disease Prevention/Management Resources Published
- **42,193,887** Steps Submitted in Challenges

Fiscal Reporting



Total Funding:
\$19,669,270

Funding Breakdown:

- Fee for Service: 22.25%
- State Core: 12.2%
- State Grants: 48.95%
- County Funds: 9.7%
- Other Grants: 6.9%

Updated October 2023 - All Data Subject to Revision - All Numbers Reported by Unit / Retrieved via MyGarrettCounty.com

14.78% (\$2,906,500) of Garrett County Health Department's Budget is Contracted to Local Businesses and Individuals

Open Discussion/Questions?

MACHO

Maryland Association of
County Health Officers



mdhealthofficers.org

Maryland Commission on Public Health Membership

Commission on Public Health Appointed Membership

Co-Chairs

<p>Meenakshi Brewster, MD, MPH, FAAFP St. Mary's County Health Officer</p>	<p>Boris Lushniak, MD, MPH Dean and Professor University of Maryland School of Public Health</p>	<p>Oluwatosin Olateju, DrPH, MSN-CPHN, RN Assistant Professor of Nursing Coppin State University</p>
---	---	---

Commission Members

<p>Heather Bagnall Delegate District 33C - Anne Arundel County</p>	<p>Camille Blake Fall, JD Director, Office of Minority Health and Health Disparities Maryland Department of Health</p>
<p>Gregory Branch, MD, MBA, CPE, FACP Baltimore County Health Officer</p>	<p>Christopher Brandt, MBA Managing Director Audacious Capital</p>
<p>Jean Drummond, MPA President and CEO HCD International</p>	<p>Nilesh Kalyanaraman, MD, FACP Deputy Secretary of Public Health Services Maryland Department of Health</p>
<p>Ariana Kelly Senator D16 – Montgomery County</p>	<p>Alyssa Lord, MA, MSc Deputy Secretary for Behavioral Health Maryland Department of Health</p>
<p>Fran Philips, RN, MHA Former Maryland Dept of Health Deputy Secretary of Public Health Services Former Anne Arundel County Health Officer</p>	<p>Nicole Rochester, MD Founder & CEO Your GPS Doc, LLC</p>
<p>Maura Rossman, MD Howard County Health Officer</p>	<p>Michelle Spencer, MS Practice Professor Deputy Director, Bloomberg American Health Initiative Johns Hopkins Bloomberg School of Public Health</p>
<p>Allen Twigg, LCPC, MBA Executive Director Behavioral & Community Health Meritus Health</p>	

Communication and Public Engagement Workgroup

(* = Appointed Member of Commission on Public Health)

Co-Chairs

<p>Tonii Gedin, RN, DNP Anne Arundel County Health Officer</p>	<p>Sylvette La Touche-Howard, PhD, NCC, CHES Assistant Dean, Office of Public Health Practice and Community Engagement Associate Clinical Professor Univ. of Maryland School of Public Health</p>
---	--

Workgroup Members

<p>Dianna Abney, MD Charles County Health Officer</p>	<p>Cynthia Baur, PhD Director, Horowitz Center for Health Literacy Univ. of Maryland School of Public Health</p>
<p>Ashley Bennett, LBSW, MHA, CCM Local Health Improvement Plan Program Manager Coalition for a Healthier Frederick County</p>	<p>Camille Blake Fall, JD* Director, Office of Minority Health and Health Disparities Maryland Department of Health</p>
<p>Roselie Bright, ScD, MS Volunteer Epidemiologist COVID Safe Maryland</p>	<p>Stacy Cary-Thompson, MD Pediatrician Cary Cares Parenting LLC</p>
<p>Saniya Chaudhry, PharmD Pharmacist</p>	<p>Susanna Cooper, MPH Health Communications Consultant IQ Solutions</p>
<p>Kasenia Coulson, MPH Tobacco Control Coordinator St. Mary's County Health Department</p>	<p>Kisha Davis, MD, MPH Montgomery County Health Officer</p>
<p>Jonathan Dayton, DrPH(c), MS, NREMT, CNE Executive Director Maryland Rural Health Association</p>	<p>Jennifer Dixon Cravens, Master in Nutrition & Dietetics Faculty University of Maryland</p>
<p>Jean Drummond, MPA* President and CEO HCD International</p>	<p>Amy Ford, BA, MLIS Branch Manager St. Mary's County Library</p>
<p>Negin Fouladi, PhD, MPH, MS Associate Clinical Professor and Director of online Graduate Studies Chair, Universitas21 Health Research Exchange (U21HREx) Community of Practice Univ of Maryland School of Public Health</p>	<p>Susan Giordano, RN, BSN, MBA, FACHE, NE-BC Chief Nurse Executive Kaiser Permanente Mid-Atlantic Region</p>
<p>Maggie Kunz, MPH Health Planner Carroll County Health Department</p>	<p>Laurie Lancaster, BSN School Nurse St. Mary's County Public Schools</p>

<p>Lauren Levy, JD, MPH Cecil County Health Officer</p>	<p>Jennifer Loring, MEd Assistant Regional Director The Department of Juvenile Services</p>
<p>Chidalu Mbonu, MPH Doctoral (DrPH) Student Loma Linda University School of Public Health</p>	<p>Nicole Morris, MSN, RN Director Mid Shore Health Improvement Coalition</p>
<p>Paulani Mui, MPH Associate Director, Office of Public Health Practice and Training Assistant Practice Professor Johns Hopkins Bloomberg School of Public Health</p>	<p>Alicia Nelson, RN, MHA Director of Nursing Division Director, Clinical Services St. Mary's County Health Department</p>
<p>Oluwatosin Olateju, DrPH, MSN-CPHN, RN* Assist. Professor of Nursing Coppin State University</p>	<p>Michelle Rhodes, MHS, RN CEO The Color of Wellness Media</p>
<p>Nicole Rochester, MD* Founder & CEO Your GPS Doc, LLC</p>	<p>Chloe Scott Public Affairs Specialist Frederick County Government</p>
<p>Earl Stoner, MPH Washington County Health Officer</p>	<p>Denise Thomas Realtor Home Towne Real Estate</p>
<p>Sara Whaley, MPH, MSW, MA Senior Research Associate Johns Hopkins Bloomberg School of Public Health</p>	

Data and Information Technology Workgroup

(* = Appointed Member of Commission on Public Health)

Co-Chairs

<p>Jay Atanda, DMD, DrPH Policy Advisor U.S. Department of Homeland Security</p>	<p>William Webb, MS Kent County Health Officer</p>
---	--

Workgroup Members

<p>Craig Behm, MBA CEO Chesapeake Regional Information System for our Patients, Inc. (CRISP)</p>	<p>Hassanatu Blake, PhD, MPH, MBA Director, Health Equity and Social Justice National Association of County and City Health Officials (NACCHO)</p>
<p>Christopher Brandt, MBA* Managing Director Audacious Capital</p>	<p>Janet Brown, MSc Senior Research and Evaluation Specialist National Association of County and City Health Officials (NACCHO)</p>
<p>Myles Davenport, MPH Epidemiologist DC Office of the Chief Medical Examiner Cofounder/President Brothers in Public Health Inc.</p>	<p>Morad Elmi, MBA Cofounder, Chief Strategy Officer Scene Health (formerly emocha Health)</p>
<p>Stephanie Harper, MD, MPP Deputy Health Officer St. Mary's County Health Department</p>	<p>Matthew Levy, MD, MPH Prince George's County Health Officer</p>
<p>Alyssa Lord, MA, MSc* Deputy Secretary for Behavioral Health Maryland Department of Health</p>	<p>Chris Nickerson, BSBA CEO WellCheck, LLC</p>
<p>Marie Thoma, PhD Associate Professor Univ. of Maryland School of Public Health</p>	<p>Xuanzi Qin, PhD, MSPH Assistant Professor Univ. of Maryland School of Public Health</p>

Funding Workgroup

(* = Appointed Member of Commission on Public Health)

Co-Chairs

Gregory Branch, MD, MBA, CPE, FACP* Baltimore County Health Officer	Laurence Polsky, MD, MPH Calvert County Health Officer
---	--

Workgroup Members

Eryn Greaney, MPA Immunization, Project Manager National Association of County and City Health Officials (NACCHO)	Sonia Gupta, MPH, MBA Founder/CEO Women's Health Technologies
Roger Harrell, MHA Dorchester County Health Officer	Rebecca Jones, RN, BSN, MSN Worcester County Health Officer
Nilesh Kalyanaraman, MD, FACP* Deputy Secretary of Public Health Services Maryland Department of Health	Ariana Kelly* Senator D16 – Montgomery County
Ruth Maiorana, BS Executive Director Maryland Association of County Health Officers (MACHO)	Sadiya Muqueeth, DrPH, MPH Chief Health Policy Officer Baltimore City Health Department Assistant Scientist Johns Hopkins Bloomberg School of Public Health
Gena Spear, BS Allegany County Acting Health Officer	Allen Twigg, LCPC, MBA* Executive Director Behavioral & Community Health Meritus Health

Governance and Organizational Capabilities Workgroup

(* = Appointed Member of Commission on Public Health)

Co-Chairs

<p>Barbara Brookmyer, MD, MPH Frederick County Health Officer</p>	<p>Fran Philips, RN, MHA* Former Maryland Dept of Health Deputy Secretary of Public Health Services Former Anne Arundel County Health Officer</p>
--	--

Workgroup Members

<p>Meenakshi Brewster, MD, MPH, FAAFP* St. Mary's County Health Officer</p>	<p>Julie Cady-Reh, MS, MBA, DrPH 2025 Professor, Health Policy and Management Johns Hopkins Bloomberg School of Public Health Johns Hopkins Carey Business School</p>
<p>Angela Cochran, MS Division Director, Health Promotion & Community Services St. Mary's County Health Department</p>	<p>Erica Drohan, CFA CFO Scene Health</p>
<p>Isis Gomes, MPA MPH Candidate Johns Hopkins Bloomberg School of Public Health</p>	<p>Kathleen Hoke, JD Professor University of Maryland Carey School of Law</p>
<p>Maria Maguire, MD, MPP Talbot County Health Officer</p>	<p>Matthew McConaughey, MPH Wicomico County Health Officer</p>
<p>Maura Rossman, MD* Howard County Health Officer</p>	<p>Michelle Spencer, MS* Practice Professor Deputy Director, Bloomberg American Health Initiative Johns Hopkins Bloomberg School of Public Health</p>
<p>Wendy Wolff, MPH Director of Strategic Engagement Maryland Nonprofits</p>	<p>Sarah Kolk, AB Workgroup Staff Support MPH Candidate Johns Hopkins Bloomberg School of Public Health</p>

Workforce Workgroup

(* = Appointed Member of Commission on Public Health)

Co-Chairs

<p>Brian Castrucci, DrPH, MA President and CEO de Beaumont Foundation</p>	<p>Robert Stephens, MS Garrett County Health Officer</p>
--	---

Workgroup Members

<p>Sanmi Areola, PhD Deputy Chief Administrative Officer for Health, Human Services, and Education Prince George's County</p>	<p>Marcy Austin, BA Harford County Health Officer</p>
<p>Heather Bagnall* Delegate District 33C - Anne Arundel County</p>	<p>Lawrence Baird, MBA Founder/Consultant Baird Consulting Group</p>
<p>Julie Campbell, MBA Director of Human Resources Talbot County Health Department</p>	<p>Joseph Ciotola, Jr., MD Queen Anne's County Health Officer</p>
<p>Susan Doyle, RN Carroll County Health Officer</p>	<p>Amber D'Souza, PhD Professor Johns Hopkins Bloomberg School of Public Health</p>
<p>Shannon Edward, MA Experiential Learning Manager, Faculty Univ of Maryland School of Public Health</p>	<p>Deya Greer, MAT Lead Analyst for Workforce and Leadership Development National Association of County and City Health Officials (NACCHO)</p>
<p>Lisa Laschalt, MPH, BA, REHS/RS, LEHS Environmental Health Director Charles County Department of Health</p>	<p>Boris Lushniak, MD, MPH* Dean and Professor Univ of Maryland School of Public Health</p>
<p>Mona Mittal, PhD Associate Professor Univ of Maryland School of Public Health</p>	<p>Katie Nelson, PhD, MSN, RN Assistant Scientist Johns Hopkins Center for Indigenous Health</p>
<p>Ahmad Ozair, MD Sommer Scholar Johns Hopkins Bloomberg School of Public Health</p>	<p>Beth Resnick, DrPH, MPH Assistant Dean for Public Health Practice Johns Hopkins Bloomberg School of Public Health</p>
<p>Michael Rhein, MPA President & CEO Institute for Public Health Innovation</p>	<p>Elvis Safary, PhD Scientist and Project Lead FIND</p>
<p>Danielle Weber, MS, RN Somerset County Health Officer</p>	<p>Randi Woods, MS, MBA, RN CEO Sisters Together and Reaching, Inc dba STAR Community Health Solutions</p>

Tracy Zeeger, MPH, PhD

Assistant Dean of Public Health Practice and
Community Engagement, Director of
Undergraduate Studies, Clinical Assoc. Professor
Univ of Maryland School of Public Health

Commission on Public Health Timeline

Month	Monthly Activities/Purpose	Commission Meeting Dates & Goals	Additional Deadlines & Important Dates
November/December 2023	<ul style="list-style-type: none"> ● Co-chairs meet ● Establish CoPH communication methods ● Launch Commission ● Collect applications for workgroups ● Finalize workgroup co-chairs and members ● Identify staffing and expert support 	<ul style="list-style-type: none"> ● December 14, 2023 - CoPH: Overview work of Commission; present Interim Report to the Commission for adoption 	<ul style="list-style-type: none"> ● December 1, 2023 - Submit interim report on behalf of co-chairs ● December 16, 2023 - Submit revised interim report adopted by Commission
January 2024	<ul style="list-style-type: none"> ● Launch workgroups and assign staff/expert guidance ● Review tools for assessments ● Identify quantitative and qualitative data needed ● Co-chair outreach to legislature 	<ul style="list-style-type: none"> ● January 4, 2024 - CoPH: Review Indiana process; overview of Maryland local public health infrastructure 	
February 2024	<ul style="list-style-type: none"> ● Request quantitative data from established sources ● Develop survey assessments ● Schedule key informant interviews ● Schedule focus groups ● Announce schedule of regional public meetings ● Begin developing report (background, assessment strategies) ● Co-chair outreach to legislative members 	<ul style="list-style-type: none"> ● February 1, 2024 - CoPH: Overview of Maryland state public health infrastructure; workgroups describe data needs to Commission 	<ul style="list-style-type: none"> ● February 22-23, 2024 - Site visit to Indiana
March/April 2024	<ul style="list-style-type: none"> ● Workgroups conduct survey assessments, interviews, focus groups and research/review quantitative data 	<ul style="list-style-type: none"> ● March 7, 2024 - CoPH: Workgroups describe assessment strategies to Commission ● April 4, 2024 - CoPH: Workgroups describe interim 	

	<ul style="list-style-type: none"> • Continue developing report (assessment strategies and interim findings) 	assessment findings to Commission	
May/June 2024	<ul style="list-style-type: none"> • Workgroups develop draft recommendations and report 	<ul style="list-style-type: none"> • May 2, 2024 - CoPH: Workgroups describe updated and new assessment findings to Commission • June 6, 2024 - CoPH: Workgroups describe interim recommendations to Commission 	
July 2024	<ul style="list-style-type: none"> • Update draft report (visuals, executive summary) 	<ul style="list-style-type: none"> • July 11, 2024 - CoPH: Workgroups describe updated and new recommendations to the Commission for adoption 	<ul style="list-style-type: none"> • July 18, 2024 - Distribute draft report to Commission members for review prior to meeting
August 2024	<ul style="list-style-type: none"> • Public comment period 	<ul style="list-style-type: none"> • August 1, 2024 - CoPH: Present Report (draft, version 1 of 3) to the Commission and Move to Public Comment Period 	<ul style="list-style-type: none"> • August 2, 2024 - Post Report (draft, version 1 of 3) for public review and comment for 30 days
September 2024	<ul style="list-style-type: none"> • Workgroups/Commission respond to public comments and incorporate feedback into draft report 	<ul style="list-style-type: none"> • September 5, 2024 - CoPH: Present public comments to the Commission for Review 	<ul style="list-style-type: none"> • September 2, 2024 - Public comment period ends • September 20, 2024 - Distribute draft report to Commission members for review prior to meeting
October 2024	<ul style="list-style-type: none"> • Workgroups incorporate Commission feedback • Development of dissenting opinions 	<ul style="list-style-type: none"> • October 3, 2024 - CoPH: Present Report (draft, version 2 of 3) to the Commission for Review 	<ul style="list-style-type: none"> • October 21, 2024 - Dissenting opinions due in writing from Commission members • October 25, 2024 - Distribute draft report to Commission members for review prior to meeting

November 2024	<ul style="list-style-type: none"> • Updates to final report as adopted by Commission • Preparation of public communications 	<ul style="list-style-type: none"> • November 7, 2024 - CoPH: Present Report (final draft, version 3 of 3) to Commission for Adoption 	
December 2024	<ul style="list-style-type: none"> • Public communications on report 	<ul style="list-style-type: none"> • December 5, 2024 - CoPH: Final meeting (debrief & evaluation; preparation for implementation) 	<ul style="list-style-type: none"> • December 1, 2024 - Final Report Due

Important Dates and Deadlines (Bold = Public Health Commission Meeting)
December 1, 2023 - Submit interim report on behalf of co-chairs
December 14, 2023 - CoPH: Present Interim Report to the Commission for Adoption
December 16, 2023 - Submit revised interim report adopted by Commission
January 4, 2024 - CoPH: Review Indiana process; overview of Maryland local public health infrastructure
February 1, 2024 - CoPH: Overview of Maryland state public health infrastructure; Workgroups describe data needs to Commission
February 22-23, 2024 – Site visit to Indiana
March 7, 2024 - CoPH: Workgroups describe assessment strategies to Commission
April 4, 2024 - CoPH: Workgroups describe interim assessment findings to Commission
May 2, 2024 - CoPH: Workgroups describe updated and new assessment findings to Commission
June 6, 2024 - CoPH: Workgroups describe interim recommendations to Commission
July 11, 2024 - CoPH: Workgroups describe updated and new recommendations to the Commission for adoption
July 18, 2024 - Distribute draft report to Commission members for review prior to meeting
August 1, 2024 - CoPH: Present Report (draft, version 1 of 3) to the Commission and Move to Public Comment Period
August 2, 2024 - Post Report (draft, version 1 of 3) for public review and comment for 30 days
September 2, 2024 - Public comment period ends
September 5, 2024 - CoPH: Present public comments to the Commission for Review
September 20, 2024 - Distribute draft report to Commission members for review prior to meeting
October 3, 2024 - CoPH: Present Report (draft, version 2 of 3) to the Commission for Review
October 21, 2024 - Dissenting opinions due in writing from Commission members
October 25, 2024 - Distribute draft report to Commission members for review prior to meeting
November 7, 2024 - CoPH: Present Report (final draft, version 3 of 3) to Commission for Adoption
December 1, 2024 - Final Report Due
December 5, 2024 - CoPH: Final meeting (debrief & evaluation; preparation for implementation)