MARYLAND COMMISSION ON PUBLIC HEALTH

May 2, 2024 | 2:00 – 5:00 PM EDT
Baltimore County Department of Health (Hybrid) | 6401 York Rd, Baltimore, MD 21212

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. April Minutes Review and Approval

IV. Commission Updates
   a. Southern Maryland Public Listening Session & LHD Site Visit (St. Mary's County)
   b. Progress Report and Look Ahead
   c. HB 1333-2024 and timeline changes
   d. Upcoming LHD Site Visits and Regional Public Listening Sessions

V. Presentation: MDH Office of Minority Health and Health Disparities (MHHD), MDH Population Health Transformation Advisory Committee, & 2023 MHHD Annual Report Findings
   Camille Blake Fall, JD
   Director, Office of Minority Health and Health Disparities
   Maryland Department of Health

VI. Presentation: Collaboration Between Public Health and Healthcare Delivery
   Chelsea Cipriano
   Managing Director of the Common Health Coalition

VII. Break

VIII. Discussion: Vision for Maryland's Public Health System

IX. Workgroup Updates
   a. Workforce
   b. Governance and Organizational Capabilities
   c. Data and Information Technology
   d. Funding

e. Communications and Public Engagement

X. Announcements
   a. Western Maryland Public Listening Session at Washington County on May 23, 2024. Details to be confirmed and published.

XI. Adjournment
   a. Next meeting: June 6, 2024, 2:00 – 5:00 PM EDT, at Baltimore County LHD with a virtual option

MARYLAND COMMISSION ON PUBLIC HEALTH

Thursday, April 4, 2024 | 2:00 PM - 5:00 PM
Baltimore County Dept of Health | Virtual

Meeting Minutes

Commissioners present in person or virtually:
Meenakshi Brewster
Boris Lushniak
Oluwatosin Olateju
Fran Phillips
Nicole Rochester
Maura Rossman
Michelle Spencer
Allen Twigg
Jean Drummond
Nilesh Kalyanaraman
Camille Blake Fall

Not present:
Heather Bagnall
Ariana Kelly
Christopher Brandt
Alysa Lord

I. **Call To Order**
   a. Presiding Co-Chair Oluwatosin Olateju called meeting to order at 2:15 PM
   b. Agenda was summarized and a brief overview of the Commission on Public Health (CoPH) was given
   c. Public comments are encouraged via email: md.coph@maryland.gov
   d. Roll call, quorum met

II. **Adoption of the Agenda**
   a. Agenda approval moved by Nicole Rochester, seconded by Nilesh Kalyanaraman

III. **Minutes Review and Approval**
   a. Motion to approve by Meenakshi Brewster, seconded by Michelle Spencer

IV. **Special Guests**
   a. Shane Hatchett
   b. Dr. Joshua M. Sharfstein

V. **Presentation: Overview of Health Services Cost Review Commission (HSCRC)**

Dr. Joshua M. Sharfstein, Chairman, HSCRC, Vice Dean for Public Health Practice and Community Engagement, Johns Hopkins Bloomberg School of Public Health Presenter introduced by Boris Lushniak.

a. History
    i. Since 1977, the HSCRC has set all-payer rates for all of Maryland's private, acute care hospitals. This system guarantees that:
        1. All payers pay a fair share of hospital financing.
        2. Payers do not negotiate charges with hospitals.
        3. Uncompensated Care is funded equitably via a rate adjustment for all payers.
        4. Charges within each hospital are the same for all payers.

b. Overview
    i. What is global hospital budgeting?
        1. Rather than let volumes control revenue, HSCRC sets an annual revenue target (GBR) that each hospital must meet.
            a. This approach removes incentives for hospitals to increase revenue by growing volume under fee for services systems.
    ii. How does the HSCRC incentivize innovative models of care?
        1. A Care Transformation Initiative (CTI) is any initiative undertaken by a hospital or group of hospitals to reduce the total cost of care (TCOC) of a defined population. CTI have three components:
            a. A clinical intervention
            b. A population definition
            c. A target price.
    iii. How does the HSCRC support population health?
        1. Fees assessed by the HSCRC help to fund important healthcare infrastructure that advances the entire healthcare system.
    iv. How does the HSCRC work towards health equity?
        1. HSCRC addresses health equity through the following initiatives:
            a. Statewide Integrated Health Improvement Strategy
            b. Hospital Quality Programs
            c. Special Funding Programs
            d. Data and Hospital Reporting
            e. Financial Assistance and UCC Funding
            f. State Agency Collaboration
            g. Internal Diversity Taskforce
    v. What is AHEAD?

1. Vision: Empower all Marylanders to achieve health and well being
2. Model is a state total cost of care (TCOC) model designed to
    a. Ensure high value care.
    b. Improve access to care.
    c. Promote health equity.

vi. What are opportunities for convergence between the Maryland Model and public health?
1. Data and analytics
    a. CRISP tools applied at geographic level to support public health.
    b. Examples: falls, asthma, diabetes
2. Discrete population health initiatives
    a. Example: Multi-visit patients, asthma home visits
3. System level engagement
    a. State health equity plan.
    b. Structure of state primary care model
4. Alignment of public health system to state health outcomes.

c. J. Drummond: Thought around utilizing health equity plans to drive action not just reporting it?
    i. J. Sharfstein: suggested state having direction on equity and everything aligning to it.
d. M. Brewster: Regional population health hub and how they will collaborate with other established infrastructure?
    i. Still on developing phase and models not fully built out yet but is important to note that the hub might lean towards patient populations sense instead of geographical population sense.
    ii. There are things that might make sense to be done regionally than on county level.
e. F.Philips: Talked about instances hospitals and public health can work together to better improve health
    i. Proposed that public health should think about how they can structurally embed themselves in the planning and implementation phase of projects.
f. J. Drummond: Suggested that community health workers should be utilized because they speak the language better.
g. J. Sharfstein: Health department innovatively working with hospitals to seek to address specific issues. We need to start showing up on each other's door.

h. O. Tosin: Commented on health departments taking up issues like diabetes and opioid overdose and looking at how they can work together with hospitals to address it.
i. N. Rochester: Sometimes measures used to diagnose most times don't reflect where the outcomes is coming from.
j. J. Drummond: Measures not always telling the full story.
k. B. Lushniak: Commented on making sure that healthcare and public health are same room together figuring out how to address issues.
l. Dushanka: Are there opportunities to align the primary aim of AHEAD and public health.

VI. **Old Business**
a. M. Brewster: Five regional site visits with regional public listening sessions
i. St. Mary's County (SoMD): April 16th
ii. Washington County (Western MD)
iii. Montgomery County (Central MD)
iv. Howard County (Central MD)
v. Talbot County (Eastern Shore)

VII. **New Business**
a. B.Lushniak: House bill 133. Gives us an extension to get final report ready by October 1, 2025. December 1, 2024, Interim report

VIII. **Workgroup Updates**

O. Tosin introduced the speakers: Questions we should be thinking about for surveys, key informant interviews, and focus groups.

a. <u>Communications and Public Engagement</u>
i. Public health agencies
1. Maryland Department of Health
2. Local Health Departments
3. Roles to include
a. Communications & Marketing Staff
b. If there are none, determine who contributes to communications and marketing related work at the health department.
4. Questions
a. What sources do you get your information from when preparing public facing health communications?
b. Include a range of places that staff would find health information (ie. Health department website, CDC website, etc.)
c. What communication tools and/or channels do you have available to reach audiences?

i. Include a list of social media tools and communications channels with any 'other' option where staff could input additional tools/channels not listed

d. Do you have staff formally trained in communications?

e. Do you have dedicated staff solely focused on any of the following areas?

i. Include a list of the following: social media, web design, health education materials, community engagement, and marketing.

ii. Public

1. Do you have reliable internet access that you can use to access digital health information resources?
2. Other than talking with your healthcare provider, where would you most likely go to find health-related information?
    a. Include a range of places where people find health information (ie. Social Media, Health department website, friends and family, etc.)
3. When reading health information, how important do you find the following qualities?
    a. Include a range of options to see what qualities are important (ie. is it evidence-based, do others find it important, that it is CDC approved, etc.)
4. Do you have any social media accounts? Please check all that apply.
    a. Include a range of options to choose from and include an 'other' field for open answers.
5. Do you know whether your health department has social media accounts?
    a. Include responses such as 'yes, and I follow it', 'yes, but I do not follow it', and 'No, I don't know"
6. Would you get your health information from the health department? Why or why not?
7. Where (or who) else do you trust to get your information from? What makes you consider these sources as trustworthy?
8. How would you prefer to engage with the health department?

a. Include a range of options (text message alerts, website, social media, etc.) and an 'other' field for open answers.

9. Have you engaged with the health department in the past? Why or why not?
    a. Include a yes or no option and a place to include free text.

b. Data and Information Technology
    i. Resources at our Disposal
        1. Indiana Surveys
        2. CDC Surveys
        3. NACCHO Evaluations
        4. MDH PHS Resources
        5. HOT-FIT Tool*
        6. Surveys*
        7. PHII Self-Assessment Tools
    ii. Targets: Leadership, Frontline Data users (epidemiologists and data analysts), and Technologists (Database administrators etc.) and State agencies (MDH, DoIT, etc.) and all local health departments.
    iii. Humans
        1. I fulfill data requests as part of my job responsibilities?
        2. I share data or create data-related content as part of my job?
        3. I want to or need to use data for analysis as part of my job but I am unable to do so.
        4. What are the barriers keeping you from using data for Access issues or lack of access analysis in your job?
    iv. Organizational
        1. Does your LHD have access to all the data which would be useful to your jurisdiction?
        2. Identify data categories your LHD finds useful and would like to access/obtain
        3. Are there existing barriers to accessing/obtaining the data you have identified as useful for you LHD?
        4. Does your LHD leverage basic data analytics in using data/information?
        5. Do you use data visualization dashboards to display data?
    v. Technological
        1. What is your biggest IT challenge?
        2. How would you describe your cybersecurity preparedness?
        3. Would you have an interest in migrating to a centralized data system?

4. What IT equipment's needs or updates do you need to modernize your systems
5. Do you have an IT strategy?
6. What are your top 5 IT needs by priority?
7. What are your data entry, sharing and reporting concerns or needs?

vi. Next steps

1. Monthly breakout sessions to identify objectives/KPIs
2. Survey Design Subcommittee
3. Draft survey questions
4. Finalize survey and targets
5. Conduct assessments
6. Analyze data
7. Draft assessment findings
8. Draft recommendations

c. Funding

i. Potential survey questions

1. What traditional public health funding sources (CDC, SAMHSA, EPA, CHRC, etc.) have grants or other resources that are currently underutilized or not being utilized by public health agencies in Maryland?
    a. Can you give specific examples of funding sources that are not being used to their maximum extent?
2. Do you know of any non-traditional funding sources (private grant organizations, schools of public health endowments, or other funders) that can be used for Maryland's public health efforts at either the state (MDH/MDE/DHR/MSDE) or local levels (local health departments, EMS, or other community organizations)?
    a. Please give specific examples of sources and the funds they have available.
3. Questions for Whom?
    a. MDH and MDE staff
    b. LHD staff
    c. Philanthropic organizations in Maryland
    d. Schools of Public Health in Maryland

d. Governance and Organizational Capabilities

i. Sources for key informant interview

1. Maryland Health Care Commission*
2. Health Services Cost Review Commission*
3. Maryland Community Health Resources Commission*
4. MD Department of Budget and Management*

5. MD Department of General Services*
6. MD Department of Disabilities*
7. CRISP (state-designated health data utility)*
8. MDH Secretary of Health
9. MDH Deputy Secretary of Health Care Financing and Medicaid Director, etc.

ii. Survey Questions
1. For selected County Executives and Chairs of County Commissions/Councils
    a. View of local health department as state agency or a local agency
    b. Involvement in the selection and/or evaluation of county health officers
    c. Familiarity with the laws and procedures pertaining to the local boards of health
2. For selected health system population health executives
    a. Frequency and nature of engagement with local health officers in jurisdictions where your system operates
    b. View of governmental public health roles and responsibilities compared and contrasted to health system population health roles and responsibilities
3. For selected public, community, business, and academic voices
    a. How varying organization of local health departments affects potential partnerships
    b. Leaders or organizations in your community that are trusted sources of health information
4. Articles Discussed
    a. The water of system change
    b. Public health 3.0 and beyond: Incorporating systemic racism

e. <u>Workforce</u>
i. The Workforce workgroup will be using NACCHO Profile data and 2024 PHWINS data to put together a full picture of the Maryland Workforce
ii. The de Beaumont Foundation is working with contacts at NACCHO to access the data, we hope this will happen by early summer
iii. The de Beaumont Foundation is deploying PH WINS in September of this year and will be working with local contacts to push and monitor the survey

1. The de Beaumont team will check with the Research, Evaluation, and Learning team to see if it is possible to share the instrument ahead of deployment time to increase the quality of responses

iv. The de Beaumont team will be working closely with Ruth and Vanessa to prep all staff members (talking points, one-pagers, optional webinars, accurate time requirements, etc.)
    1. This will be a place of increased workgroup involvement to encourage participation, do some message testing, and send reminders to their colleagues

v. Parallel to data collection, the de Beaumont Foundation, the workgroup, and the interns will create table shells for a draft report. While the data will not be available until January 2025, once cleaned, we will simply plug and play. The results will be the basis of the recommendations the working group will put forth into the larger commission report

vi. M. Brewster: Will the survey include non-LHD workforce like MDE, etc that is also paramount to what LHDs do
    1. Extra addition will be outside PHWINS survey. More like Maryland supplement. Will still be deployed same time

IX. **Announcements**

a. Next Meeting: May 2, 2024 (2-5pm) at Baltimore County Dept of Health with virtual option
b. Upcoming Southern Maryland Regional Public Listening Session, April 16, 2024, 5:15PM at St. Mary's County Government Center
    i. Been published via press release, social media, through our partner networks, and the 3 health departments in southern Maryland.

X. **Adjourn**

a. Motion to adjourn by N. Rochester, M. Spencer seconded – Unanimously approved
b. Meeting ended at 4:42pm

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This meeting will be video recorded and posted on the public website for the Commission on Public Health

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ROLL CALL

Workgroup Members (non-commissioners):

please post your name and workgroup in the chat box

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Site Visits and Listening Sessions

- Coordinating with local health officers and staff on logistics for upcoming visits
  - Emphasizing ways to promote online and with fliers
- Finalizing locations and times to publish well in advance
- Feedback from sessions and site visits shared with workgroups
- Online form for comments and working on other accessibility tools

SCAN ME

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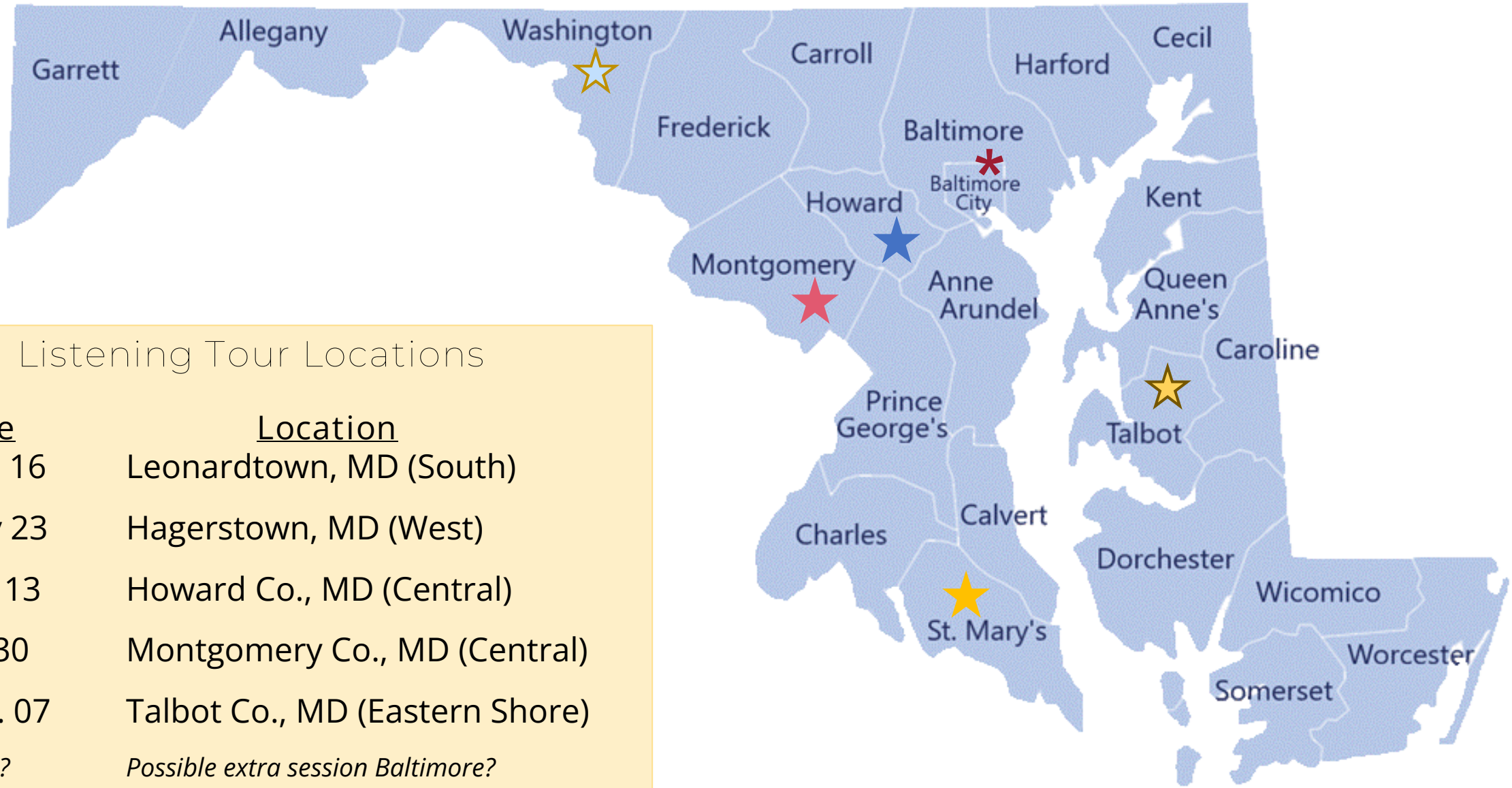
Western MD Details

- Thurs., May 23 at Wash. CHD Division of Behavioral Health (925 N. Burhans Blvd., Hagerstown, MD; ~1.75 hours from Annapolis)
  - Site visit details to follow (by invitiation)
  - 5p – 6p public listening session (open to public)
- Focus on behavioral health delivery, SUD/harm reduction programs, community corrections partnership, and more
- More details to follow; please look for RSVP forms soon



Listening Tour Locations

Date	Location
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)
Sep. ??	*Possible extra session Baltimore?*

Current as of 02 May 2024. Check website for updates.

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Timeline Changes

- Living document that will be at a higher level; focus on setting strategy and aligned to vision
- Updated to reflect additional time from legislation
  - Mostly being added to assessment phase
  - Not decreasing level of activity or cadence
- Meetings are only through Sep. 2025
  - Sunset June 2026 allows for post-submission work, but does not require it

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2024 (Apr. – Dec.)

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Date, Chair	*04 Apr, Tosin*	*02 May, Meena*	*06 Jun, Tosin*	*11 Jul, Boris*	*01 Aug, Meena*	*05 Sep, Tosin*	*03 Oct, Boris*	*07 Nov, Meena*	*05 Dec, Tosin*
Focus:	Preparation and status updates	Future state visioning	Defining models and frameworks	Assessment and information gathering	Reviewing preliminary results	Deep dive into Gov. / Org Capabilities	Deep dive into Comms/PE	Deep dive into Data & IT; prep for interim report	Submission of interim report; review progress
Assessment	• Collecting questions and existing sources	• Collecting questions, defining approach	• Finalize scope of work, review questions	• Continue assessment calibration, protocols	• Assessment activities underway	• Assessment activities underway	• Assessment activities underway	• Assessment activities winding down by holiday • Review and analysis	• Review and analysis
System Engagement	• Dr. Joshua Sharfstein, HSCRC • 16 Apr, St. Mary's Co HD site visit	• Camille Blake Fall, MH & Health Disparities • Chelsea Cipriano, Common Health Coalition • 23 May, Washington Co HD Site Visit	• MDH Secretary Laura Herrera Scott • 13 Jun, Howard Co HD Site Visit	• 30 Jul, Montgomery Co HD Site Visit	• *(Tentative: Dr. Georges Benjamin)* • 07 Aug, Talbot Co HD Site Visit	• TBD	• TBD	• TBD	• TBD
Public Engagement	• 16 Apr, So. MD Listening Sess.; online form	• 23 May, West MD Listening Session	• 13 Jun, Central MD 1 Listening Session	• 30 Jul, Central MD 2 Listening Session	• 07 Aug, Eastern Shore Listening Session	• *Possible extra listening session in Baltimore?*	• TBD	• TBD	• TBD

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2025 (Jan. – Jun.)

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Date, Chair	*23 Jan, Tosin*	*20 Feb, Meena*	*13 Mar, Boris*	*03 Apr, Tosin*	*01 May, Meena*	*05 Jun, Boris*
Focus:	Deep dive into Funding	Deep dive into Workforce	Status update and transition to change	Recommendations: Gov. and Org Cap.; Comms & Public Eng.	Recommendations: Funding; Workforce	Recommendations: Data and IT; Procurement and Systems Integration)
Assessment	• Review and analysis	• Review and analysis	• Review and analysis, PH WINS avail	• Discuss recs., review options, provide input; workgroups iterate	• Discuss recs., review options, provide input; workgroups iterate	• Discuss recs., review options, provide input; workgroups iterate
System Engagement	• TBD	• TBD	• TBD	• TBD	• TBD	• TBD
Public Engagement	• TBD	• TBD	• TBD	• TBD	• TBD	• TBD

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2025 (Jul. – Oct.)

	Jul-25	Aug-25	Sep-25	Oct-25	Post-Oct 2024
Date, Chair	***10 Jul, Tosin***	***21 Aug, Meena***	***18 Sep, Boris - final mtg***	*No meeting*	
Focus:	Draft report	Respond to feedback, refine	Final adoption	Focus: Submit report by 01 Oct; decommission	Outreach and build coalition support for the work
Assessment	• Review broad substance of report and sections; iterate	• Reviewing comments, coordinating with workgroups	• Houeskeeping items, no new activities.	• No activities; submit report.	• Consider implementation strategy
System Engagement	• Outreach to key informants, mandated stakeholders with draft	• Update to key informants, mandated stakeholders	• TBD	• Ensure key informants, mandated stakeholders get final copy (incl. legislators, etc.)	• TBD
Public Engagement	• Draft posted 11 Jul - 11 Aug	• 2nd draft with response to substantive comments posted	• TBD	• Final report posted, communications events	• Social media activity, coordination

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Progress Report and Look Ahead

- Co-chairs working to set focus for meetings in advance, give Commissioners a chance to deeply engage and set strategy
- Sending a few RSVP requests for summer dates and events
- Reminder to workgroups – must include questions and recommendations for these areas:
  - Behavioral health integration
  - Response capabilities to COVID-19, overdoses, maternal and infant mortality, and other major public health challenges
  - Procurement and contractor oversight

Assessment Framework

- Surveys
  - Organizational surveys
  - Individual staff surveys
- Key informant interviews
  - Local Health Officer / Deputy LHO*
  - Select stakeholder organizations (mandated and recommended)
- Focus groups
  - System staff by function, interest, or role
- Site visits
  - 5* local health departments
- Public input
  - 5* listening sessions
  - Online comment form (and other accessible options)

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Progress Report: Assessment

- University of Maryland, Morgan State, and CDC Foundation coordinating on assessment scope of work (protocols)
  - Calibrating survey questions and reviewing methods
  - Analysis of national surveys and data (e.g., PH WINS, NACCHO FoC, LHD Profiles, PHAB capacity & cost assessment)
  - Thematic review of listening sessions feedback
  - Interview protocols and training for key informants and focus groups
- **Next**: Convening a steering group to refine the details and push forward

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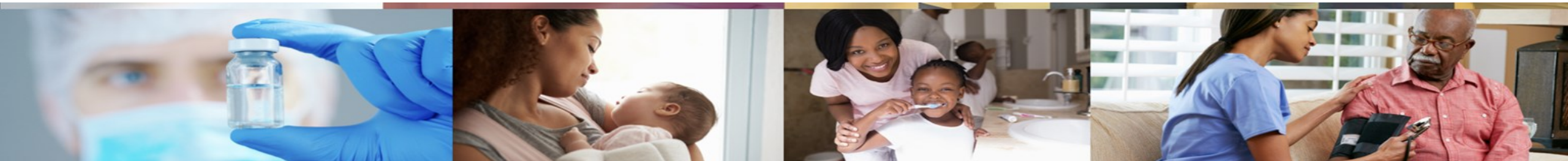
Office of Minority Health and Health Disparities
&
AHEAD Population Health Transformation Advisory Committee Overview

Camille Blake Fall, Director, Office of Minority Health and Disparities, MDH

May 2, 2024



MHHD Statute

The office was established in statute in 2004 (Health-General § 20-1001-1007).

There are currently 22 areas of focus to direct MHHD activities in this section of statute.

Key activities include:

- Collection and publication of race and ethnicity data through a "health care disparities policy report card," respond to data requests, and serve as a resource for information on effective data collection
- Advocate to improve minority health outcomes by establishing educational forums, programs (including grants to community-based organizations), and health awareness campaigns
- Identify and review health promotion and disease prevention strategies related to high mortality and morbidity rates among marginalized and underserved communities
- Foster public/private partnerships
- Assist Health Secretary in setting health equity priorities and advise on policies affecting the delivery of equitable health care and the creation of a strategic plan to address social determinants of health

Mission and Vision

Mission

The mission of the Office of Minority Health and Health Disparities (MHHD) is to address social determinants of health, reduce health disparities and advance health equity by leveraging the resources of the Maryland Department of Health (MDH); collect, compile and analyze race and ethnicity data to improve health outcomes; foster robust community public/private partnerships to advance health equity advocacy and education; guide policy, practice, and program decisions within MDH, and influence the overall strategic direction the department on behalf of the Secretary of Health.

Vision

MHHD's vision is to achieve health equity where all individuals and communities in Maryland have a fair and just opportunity to attain their optimal health regardless of race, ethnicity, sexual orientation, disability, gender identify or socioeconomic status

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MHHD Today – Leveraging MHHD Resources to Amplify Impact

Recent/Current Data Initiatives

The National Academy for State Health Policy's (NASHP) Learning Lab: Healthy People, Health States – Addressing Health Disparities

- MHHD leads the Maryland cohort in this multi-state technical assistance opportunity that supports states in data-driven policymaking approaches to address health disparities.

Maryland Commission on Health Equity (MCHE)

- Provides data support to MCHE Policy Committee tasked with developing a Health Equity Framework
- The MHHD Director serves as the Chair of the MCHE Data Advisory Committee (DAC) & MHHD epidemiologist sits on DAC
- 2023 report (initial draft and data analysis provided by MHHD staff) contains race/ethnic by jurisdiction rates of five social factors (potential causes), five health outcomes (effects), and health uninsurance (both cause and effect)

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Data Initiatives Cont.

Root Causes of Health Initiative Quality Assurance Initiative (RoCHI)

- MHHD provides data support for this program within the Public Health Services Administration
  - The RoCHI project is a co-venture of the Institute for Healthcare Improvement and the National Association of Chronic Disease Directors.
  - Purpose of the initiative is to assess the racial/ethnic equity of reach and equity of impact of various public health programs within MDH.

Grant Programs

Minority Outreach and Technical Assistance Program (MOTA)

- Improve the health outcomes of racial and ethnic minority communities through community engagement, partnerships, outreach, preventive intervention strategies, and technical assistance.

Social Determinants of Health Program (SDOH)

- Reduce health inequity among Maryland's racial and ethnic minorities by providing community-based interventions to address social determinants of health (SDOH).

Epidemiology and Laboratory Capacity (ELC) - COVID Program

- Provides community-based services including outreach, education, and other COVID-response-related support. (Funded by CDC)

Sickle Cell Program

- Fiscal steward of funding to support the Maryland Statewide Steering Committee on Sickle Cell Disease

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Upcoming MHHD Activities

In order to better meet the requirements of MHHD laid out in statute, MHHD has focused on these areas:

- Collecting and disseminating up-to-date race and ethnicity disparities data, responding to data requests, and serving as a resource for information on effective data collection
  - This includes engagement with MHCE and their data efforts
- Engaging in a department-wide health equity inventory of MDH's current health equity portfolio for the purpose of identifying ongoing health equity initiatives, programs, policies and practices embedded throughout the agency.
- Developing and promoting internal and external practices to address structural racism and reduce the impact of the social determinants of health on communities, including understanding the most effective means of providing outreach to communities
- Strengthening community capacity by partnering with Community Health Workers and community-based organizations
- Identifying effective and feasible systems-level interventions that can help reduce health disparities

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Improving Coordination on Current Activities

Aligning the work of MHHD into the priorities of MDH

- Provide funding opportunities to community partners through grants
- Support the department's legislative and policy development effort, including in the areas of population health, Medicaid engagement, behavioral health system of care
- Collaborate with and advise MDH colleagues on health equity/disparities initiatives
- Serve as a resource for cultural competency training, including implicit bias training, language access training, and programmatic technical assistance
- Expand and deepen partnerships with local health departments, healthcare and community-based organizations to identify and address health equity challenges at the grassroots level

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Areas of Future Focus

MHHD is beginning to address the areas under the statute that require further development and alignment with current work

Including:

- Creation of a state plan to increase the number of racial and ethnic minority healthcare professionals in the state
  - MHHD Director is involved with various commissions on Maryland's healthcare workforce
- Partnership opportunities that include research grants to HBCUs
- Identify federal and private funds to enhance work
- Serve as central MDH office receiving federal funds specified for health disparities

Improving Coordination on Current Activities

Aligning the work of MHHD into the priorities of MDH

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Future of MHHD

Driving MDH Health Equity Objectives:

1. Collaborate with MDH colleagues and external partners to develop a health equity framework
2. Designate equity officers in MDH administrations
3. Build the agency's capacity to understand and embed anti-racism equity practices into MDH's operations (i.e. systems design, vendor and provider contracts), budgets, internal and external communications, workforce development) through training and opportunities for accountability

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Population Health Transformation Advisory Committee

Camille Blake Fall, Director, Office of Minority Health and Disparities, MDH

Elizabeth Kromm, Director, Prevention and Health Promotion Administration, MDH

Meetings held on February 5, 2024 and March 4, 2024

P-TAC Members

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- Suzanne Schlattman, MPH, MSW (HealthCare for All)

Maryland DEPARTMENT OF HEALTH

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- Advise the State on the approach to equity-centered population health improvement.

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Maryland DEPARTMENT OF HEALTH

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Maryland DEPARTMENT OF HEALTH

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- Specialty Care
- Hospital Care
- Post Acute Care
- Palliative Care
- End of Life Care

Equity, Community, & Population Health

Maryland DEPARTMENT OF HEALTH

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  - Behavioral Health
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P-TAC Summary of Comments

Topic	Comment
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	Data and need to address subsets of populations (age, chronic condition, ethnicity, neighborhood vs. zip codes; hidden communities with different access points)
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Maryland
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Implications for Public Health Policy Development

In order to accelerate health equity and maximize impact, what factors matter most (and in what order)?

- Improved access to care? Care coordination?
- Workforce development and training?
- Time or timing?
- Funding?
- Social, environmental or political dynamics?
- Vision shared across multiple sectors (public, private, academic, philanthropic) with a demonstrable commitment?

Maryland
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Thank you.

Happy to take questions.

Maryland
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COMMON HEALTH
Coalition
Together For Public Health

Maryland Commission on Public Health

May 2, 2024

Chelsea Balch Cipriano, MPH
Managing Director

What we're doing and how

Our Vision:
We act as a bridge between health care and public health leaders to ensure the health system uses lessons learned from past crises to better prevent and respond to health emergencies of today and tomorrow.

How we'll get it done:
The CHC is here to identify, amplify, and replicate the innovations already happening across the country and to create a movement of organizations committed to doing away with existing siloes that hinder progress and expanding effective work happening at the intersection of health care and public health.

Our approach: CARE

C **Coordination** between health care and public health with clearly delineated goals, roles, and responsibilities.

A **Always-on emergency preparedness,** meaning the creation of shared, well-maintained emergency preparedness plans between health care institutions and public health entities so there will be a reliable infrastructure that can be scaled up quickly during a crisis.

R **Real-time disease detection** so that threats are assessed and response can be mobilized more swiftly.

E **Exchange of data** in a way that is swift, consistent, and actionable, particularly for identifying and addressing health inequities.

Our Commitments

- **Establish and codify collaboration:** Create and support formal mechanisms for strategic collaboration and communication between health care and public health agencies, building on existing efforts whenever possible.

- **More easily get staff where and when they are needed:** Establish and enhance systems for rapidly deploying licensed and trained health care staff during times of need.

- **Share data in real time to advance equitable outcomes:** Invest in data infrastructure to facilitate real-time data sharing and analysis with public health, particularly to improve health equity.

- **Expand electronic disease reporting:** Implement electronic data exchange mechanisms – such as electronic case reporting (eCR) – to improve completeness and consistency of reported health data.

- **Standardize readiness across the health care system:** Actively participate in efforts to implement peer-reviewed national standards for health care emergency management programs.

- **Advance existing federal efforts:** Support the implementation of key federal actions focused on improving coordination between public health and health care.

The Commitments in action (ex)

New York City:
Health department partnership with insurers increased vaccine uptake

Minnesota:
Electronic case reporting implementation helped share critical data

Indiana:
Health First + State hospital association pledge

Maryland:
CRISP advances the secure, electronic exchange of health info between systems and public health

Dallas:
MOU paved the way for novel partnership between the County and Parkland Health

Join us!

WHO:
Health care and public health organizations across the country

WHY:
Connection to a network of organizations committed to this important work at the intersection of health care and public health, access to webinars and tools to advance the work, and a space through which you can amplify your existing work to a broad and diverse audience. And, importantly, it’s free to join!

HOW:
Fill out the form on our website, and tell us what you plan to do (or are doing) to advance this work at the intersection of health care and public health

THANK YOU!

CommonHealthCoalition.org

info@commonhealthcoalition.org

MARYLAND
COMMISSION
ON PUBLIC HEALTH

Meeting on Break
Video recording is continuing

MARYLAND COMMISSION ON PUBLIC HEALTH

Vision for Maryland

- What do we leverage that is already strong or unique to Maryland?
  - What should be bolstered and scaled?
  - What is a hindrance?
  - What does excellence look like?

MARYLAND COMMISSION ON PUBLIC HEALTH

Vision for Maryland Future State

- What characteristics would you use to identify an equitable public health system?
- What are 2 or 3 of the top challenge sor concerns that you would like to see address by CoPH's work?
- Describe in a few sentences what you want the Maryland Public Health System to look like in five* years time?
- What are the features of a fully integrated behavioral health system?

Camille Blake Fall, JD

Director, Office of Minority Health and Health Disparities

Maryland Department of Health

Central Maryland

Communication & Public Engagement Workgroup

Camille Blake Fall is the Director of the MDH, Office of Minority Health and Health Disparities. Camille brings to the role more than 20 years of government service leading policy, programmatic, and legislative advocacy efforts in healthcare and an unwavering commitment to improving communities, advancing equity and driving transformational change.

In a prior role, Camille spent 17 years as an attorney at the U.S. Department of Health and Human Services, Office of the General Counsel (OGC), Centers for Medicare & Medicaid Services (CMS) Division. In addition to providing legal, legislative, regulatory and communication services for several grant and public benefits programs, Camille served as lead legal counsel advising CMS' Division of Tribal Affairs and the CMS Tribal Technical Advisory Group on policies affecting American Indian and Alaskan Native communities to ensure access to culturally competent healthcare in Indian Country. Camille also functioned as lead attorney and subject matter expert on Emergency Medical Treatment and Labor Act (EMTALA) implementation and the related obligations on Medicare-participating acute care hospitals. As one of the department's chief EMTALA experts, Camille represented the agency at various healthcare conferences and trainings nationwide.

Chelsea Cipriano, MPH
Managing Director of the Common Health Coalition

Chelsea Cipriano, MPH serves as Managing Director of the Common Health Coalition. Prior to this role, she served as Executive Director of Government Affairs and Deputy Public Information Officer (for the COVID, mpox responses) for the New York City Department of Health and Mental Hygiene. Chelsea also served within the NYC Mayor's Office - first as a Senior Health Policy Advisor and then as Deputy Chief of Staff for the Office of Management and Budget. She has held additional roles in public health at multiple levels of government, including with the US Centers for Disease Control and Prevention and the US Department of Health and Human Services.



Maryland
DEPARTMENT OF HEALTH

Office of Minority Health and Health Disparities
&
AHEAD Population Health Transformation Advisory Committee Overview

Camille Blake Fall, Director, Office of Minority Health and Disparities, MDH

May 2, 2024




MHHD Statute

The office was established in statute in 2004 (Health-General § 20-1001-1007).

There are currently 22 areas of focus to direct MHHD activities in this section of statute.

Key activities include:

- Collection and publication of race and ethnicity data through a “health care disparities policy report card,” respond to data requests, and serve as a resource for information on effective data collection
- Advocate to improve minority health outcomes by establishing educational forums, programs (including grants to community-based organizations), and health awareness campaigns
- Identify and review health promotion and disease prevention strategies related to high mortality and morbidity rates among marginalized and underserved communities
- Foster public/private partnerships
- Assist Health Secretary in setting health equity priorities and advise on policies affecting the delivery of equitable health care and the creation of a strategic plan to address social determinants of health

Mission and Vision

Mission

The mission of the Office of Minority Health and Health Disparities (MHHD) is to address social determinants of health, reduce health disparities and advance health equity by leveraging the resources of the Maryland Department of Health (MDH); collect, compile and analyze race and ethnicity data to improve health outcomes; foster robust community public/private partnerships to advance health equity advocacy and education; guide policy, practice, and program decisions within MDH, and influence the overall strategic direction the department on behalf of the Secretary of Health.

Vision

MHHD's vision is to achieve health equity where all individuals and communities in Maryland have a fair and just opportunity to attain their optimal health regardless of race, ethnicity, sexual orientation, disability, gender identify or socioeconomic status

Maryland
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MHHD Today – Leveraging MHHD Resources to Amplify Impact

Recent/Current Data Initiatives

The National Academy for State Health Policy's (NASHP) Learning Lab: Healthy People, Health States – Addressing Health Disparities

- MHHD leads the Maryland cohort in this multi-state technical assistance opportunity that supports states in data-driven policymaking approaches to address health disparities.

Maryland Commission on Health Equity (MCHE)

- Provides data support to MCHE Policy Committee tasked with developing a Health Equity Framework
- The MHHD Director serves as the Chair of the MCHE Data Advisory Committee (DAC) & MHHD epidemiologist sits on DAC
- 2023 report (initial draft and data analysis provided by MHHD staff) contains race/ethnic by jurisdiction rates of five social factors (potential causes), five health outcomes (effects), and health uninsurance (both cause and effect)

Maryland DEPARTMENT OF HEALTH

Data Initiatives Cont.

Root Causes of Health Initiative Quality Assurance Initiative (RoCHI)

- MHHD provides data support for this program within the Public Health Services Administration
  - The RoCHI project is a co-venture of the Institute for Healthcare Improvement and the National Association of Chronic Disease Directors.
  - Purpose of the initiative is to assess the racial/ethnic equity of reach and equity of impact of various public health programs within MDH.

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Grant Programs

Minority Outreach and Technical Assistance Program (MOTA)

- Improve the health outcomes of racial and ethnic minority communities through community engagement, partnerships, outreach, preventive intervention strategies, and technical assistance.

Social Determinants of Health Program (SDOH)

- Reduce health inequity among Maryland's racial and ethnic minorities by providing community-based interventions to address social determinants of health (SDOH).

Epidemiology and Laboratory Capacity (ELC) - COVID Program

- Provides community-based services including outreach, education, and other COVID-response-related support. (Funded by CDC)

Sickle Cell Program

- Fiscal steward of funding to support the Maryland Statewide Steering Committee on Sickle Cell Disease

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Upcoming MHHD Activities

In order to better meet the requirements of MHHD laid out in statute, MHHD has focused on these areas:

- Collecting and disseminating up-to-date race and ethnicity disparities data, responding to data requests, and serving as a resource for information on effective data collection
  - This includes engagement with MHCE and their data efforts
- Engaging in a department-wide health equity inventory of MDH's current health equity portfolio for the purpose of identifying ongoing health equity initiatives, programs, policies and practices embedded throughout the agency.
- Developing and promoting internal and external practices to address structural racism and reduce the impact of the social determinants of health on communities, including understanding the most effective means of providing outreach to communities
- Strengthening community capacity by partnering with Community Health Workers and community-based organizations
- Identifying effective and feasible systems-level interventions that can help reduce health disparities

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Improving Coordination on Current Activities

Aligning the work of MHHD into the priorities of MDH

- Provide funding opportunities to community partners through grants
- Support the department's legislative and policy development effort, including in the areas of population health, Medicaid engagement, behavioral health system of care
- Collaborate with and advise MDH colleagues on health equity/disparities initiatives
- Serve as a resource for cultural competency training, including implicit bias training, language access training, and programmatic technical assistance
- Expand and deepen partnerships with local health departments, healthcare and community-based organizations to identify and address health equity challenges at the grassroots level

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Areas of Future Focus

MHHD is beginning to address the areas under the statute that require further development and alignment with current work

Including:

- Creation of a state plan to increase the number of racial and ethnic minority healthcare professionals in the state
  - MHHD Director is involved with various commissions on Maryland's healthcare workforce
- Partnership opportunities that include research grants to HBCUs
- Identify federal and private funds to enhance work
- Serve as central MDH office receiving federal funds specified for health disparities

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Future of MHHD

Driving MDH Health Equity Objectives:

1. Collaborate with MDH colleagues and external partners to develop a health equity framework
2. Designate equity officers in MDH administrations
3. Build the agency's capacity to understand and embed anti-racism equity practices into MDH's operations (i.e. systems design, vendor and provider contracts), budgets, internal and external communications, workforce development) through training and opportunities for accountability

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