**August 01, 2024**
**2:00 PM – 5:00 PM EDT**

Prince George's County Government Building (Hybrid)
**In-person**: 1801 McCormick Dr (Rm 140), Upper Marlboro, MD 20774
**Online**: **https://meet.google.com/whc-wzpa-osc**
or dial: (US) + 1 314 474-3289 Pin: 228 226804#
More phone numbers: **https://tel.meet/whc-wzpa-osc?pin=9675008149300**

# AGENDA

I. Call to Order

II. Adoption of the Agenda

III. July 11 Minutes Review and Approval

VI. Guest Presentation: Dr. Georges C. Benjamin, Executive Director, American Public Health Association

VII. Commission Updates
  a. Update on LHD Site Visits and Regional Public Listening Sessions
  b. Staffing updates
  c. Discussion on deep dive presentations by workgroups

VIII. Short Recess

IX. Public Health System Assessment Overview
  a. Introduction of partners, review of timeline, and overview of protocols
  b. Commissioner feedback and discussion

X. Announcements
  a. Next meeting: September 05, 2024, 2:00 – 5:00 PM at Prince George's County Government Building with virtual option
  b. Upcoming Eastern Shore Listening Session in Easton on August 07, 2024.
  c. Other deadlines/announcements

XI. Adjournment

**MARYLAND COMMISSION ON PUBLIC HEALTH**

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

# MEETING MINUTES

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

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

**Commission vacancies**
Urban Local Health Officer
Senate Representative

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

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

**III. June 6, 2024 Minutes Review and Approval**
Dr. Lushniak introduced the meeting minutes from June for review and approval. Hearing no objections, he requested a motion to approve. Commissioner Jean Drummond made the motion to approve the minutes and Co-chair Oluwatosin Olateju seconded the motion. The meeting minutes were unanimously approved.

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

Executive Director Mark Luckner from the Maryland Community Health Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**VI. Break**

The Commission briefly recessed before continuing with the agenda.

**VII. Commission Updates**

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

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

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

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

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

would be reaching out with additional details.

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

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

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

## VIII. Announcements

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

## IX. Adjournment

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

# Georges C. Benjamin, MD

Executive Director, American Public Health Association

Georges C. Benjamin, MD is known as one of the nation's most influential physician leaders because he speaks passionately and eloquently about the health issues having the most impact on our nation today. From his firsthand experience as a physician, he knows what happens when preventive care is not available and when the healthy choice is not the easy choice. As executive director of APHA since 2002, he is leading the Association's push to make America the healthiest nation.

He came to APHA from his position as secretary of the Maryland Department of Health and Mental Hygiene. Benjamin became secretary of health in Maryland in April 1999, following four years as its deputy secretary for public health services. As secretary, Benjamin oversaw the expansion and improvement of the state's Medicaid program.

Benjamin, of Gaithersburg, Maryland, is a graduate of the Illinois Institute of Technology and the University of Illinois College of Medicine. He is board-certified in internal medicine and a master of the American College of Physicians, a fellow of the National Academy of Public Administration, a fellow emeritus of the American College of Emergency Physicians, an honorary fellow of the Faculty of Public Health and an honorary fellow of the Royal Society of Public Health.

An established administrator, author and orator, Benjamin started his medical career as a military physician in 1978 when he trained in internal medicine at the Brooke Army Medical Center. In 1981, he was assigned to the Madigan Army Medical Center in Tacoma, Washington, where he managed a 72,000-patient visit ambulatory care service as chief of the Acute Illness Clinic and was faculty and an attending physician within the Department of Emergency Medicine. A few years later, he was reassigned to the Walter Reed Army Medical Center in Washington, D.C., where he served as chief of emergency medicine. After leaving the Army, he chaired the Department of Community Health and Ambulatory Care at the District of Columbia General Hospital. He was promoted to acting commissioner for public health for the District of Columbia and later directed one of the busiest ambulance services in the nation as interim director of the Emergency Ambulance Bureau of the District of Columbia Fire Department.

In 2008, 2014 and 2016, he was named one of the top 25 minority executives in health care by Modern Healthcare Magazine, in addition to being voted among the 100 most influential people in health care for 14 years (2007-2018 and 2021-2023). In 2023, Washingtonian Magazine voted Dr. Benjamin one of the 500 most influential people shaping health policy.

# Academic Assessment Partner Leads

## University of Maryland, School of Public Health

### Amelia Arria, Ph.D.

Professor, Director, and Associate Dean for Strategic Initiatives

Dr. Amelia Arria's research focuses on substance use and untreated mental health problems among adolescents and young adults, with a special focus on the connection between behavioral health and human capital. She values translating scientific findings for parents, policymakers and community stakeholders. As a first-generation college student, she is dedicated to making sure that higher education fulfills its promise as a place and a pathway to personal and professional success. She is Director of the Center on Young Adult Health and Development and the Associate Dean for Strategic Initiatives.

## Morgan State University, Department of Public and Allied Health

### Anita Hawkins, Ph.D., M.H.S.

Dr. Hawkins has over thirty years of experience with public agencies, health care organizations, institutes of higher education and community-based organizations. Currently recently retired as the Associate Dean for the School of Community Health and Policy, Director of the Graduate Public Health Program and Co-Director of the Center for Urban Health Equity at Morgan State University. She also established the "Equity in Health Professions Education (EHPE)" initiative to organize multiple efforts aimed at diminishing barriers and facilitating success in pursuing health careers for underrepresented minorities. With the emergence of the current pandemic, Dr. Hawkins additionally assumed responsibility for monitoring the campus COVID19 response plan, advising university leadership, and coordinating with local and state public health agencies.

Prior to her academic appointments, Dr. Hawkins held positions as a health policy analyst, deputy director of a non-profit organization, and as the principal in a consulting firm providing evaluation services to organizations implementing health related services. Her early field work and research explored the manner in which intersectionality impacts the health and well-being of the African American community. Returning to her foundation in health policy, Dr. Hawkins more recent work has focused on systemic issues impacting health with an emphasis on health equity.

## Kim Sydnor, Ph.D.

Kim Dobson Sydnor, PhD is currently Dean of the School of Community Health and Policy at Morgan State University and serves as Associate Professor for the Department of Behavioral Health Sciences. In addition, Dr. Sydnor is the Site Director for the W.K. Kellogg Health Scholars program - the Community-Based Participatory Research track.

Her current research efforts are focused on program evaluation in two key areas: child development and the Maryland courts. For the child development projects, her research applies a life course framework that examines the key contexts of school and family utilizing a community based participatory approach. While the research projects noted reflect specific topic areas, Dr. Sydnor is more broadly interested in the social determinants of health which are those conditions and circumstances that shape both behavior and health status of individuals and communities. In addition to her teaching, research, and administrative roles, Dr. Sydnor helps to build the next generation of public health leaders through mentoring and as an active member of the Phi Beta Kappa Honor Society.

# Welcome

## August 01, 2024

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

MARYLAND COMMISSION ON PUBLIC HEALTH

# Roll Call

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

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

**MARYLAND COMMISSION ON PUBLIC HEALTH**

# Adoption of Agenda

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

MARYLAND COMMISSION ON PUBLIC HEALTH

# Approval of Minutes

## July 11

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

MARYLAND
COMMISSION
ON PUBLIC HEALTH

# Georges C. Benjamin

*Executive Director, Maryland Community Health Resources Commission*

# Building The Next Generation Public Health System

## Maryland Commission on Public Health
## August 1, 2024

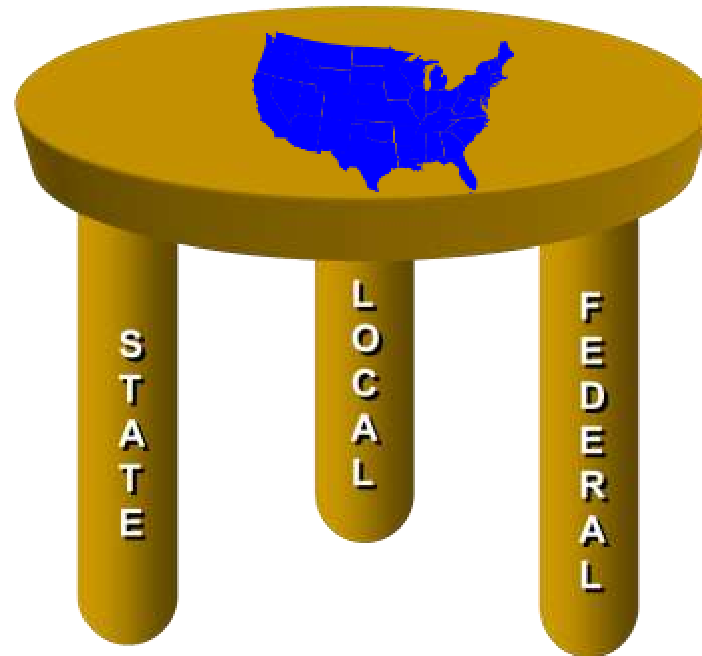
Georges C. Benjamin, MD, MACP, FACEP(E), FNAPA
Executive Director

# I have no financial disclosures or conflicts of interest with today's presented information

# The National Public Health System Developed Over Time

- The current system is not designed or resourced to meet strategic national needs
- Patchwork of programs and funding streams to address health promotion, disease prevention and health protection
- Emergency preparedness capacities also developed over time through a series of episodic funding streams & programs that were not sustained

# Federal, State & Local Partnership




Nongovernmental Partners

# Governance & Management

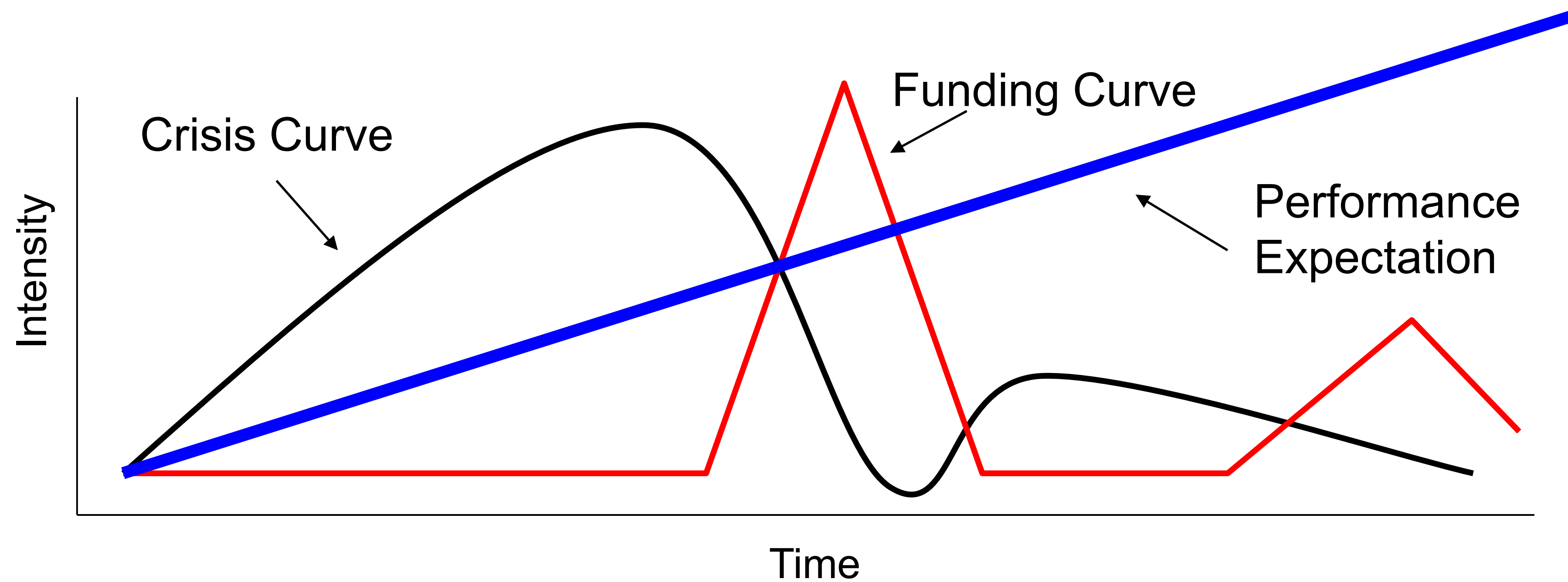
- Governmental public health - Has the legal responsibility for the health of the community
- Governed locally & managed as a partnership
- Relies on some nonprofit organizations to expand its operational & early warning capacities:
  - ASTHO
  - NACCHO
  - APHL
  - CSTE
  - CDC Foundation
  - APHA

# Civil Society Capacity Building & Support

- Education & advocacy
  - Policy makers
  - Media
  - Public
- Policy development
- Workforce skills development
  - CEPH
  - Scientific meetings
- Research
- Networking
- Accountability
  - NBPHE
  - PHAB

APHA

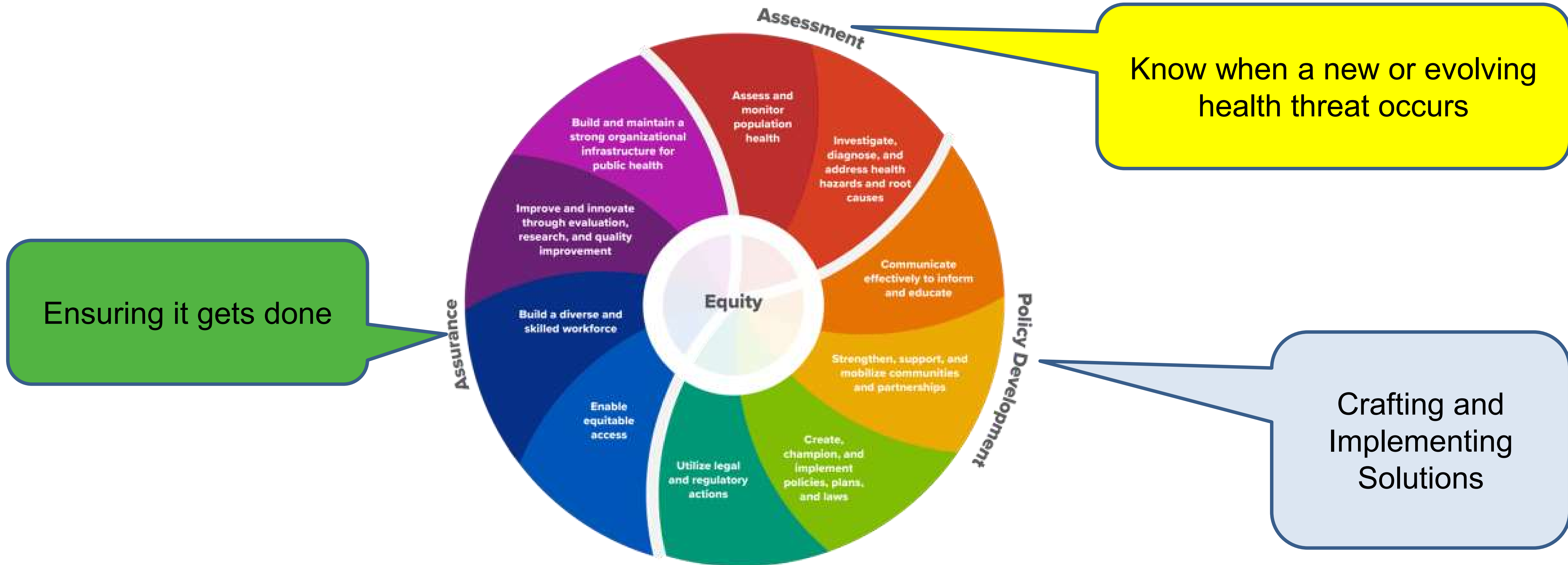
# Public Health Operates In An Incongruent Fiscal Environment




Needs Sustainable funding

APHA

# Basic work has not changed

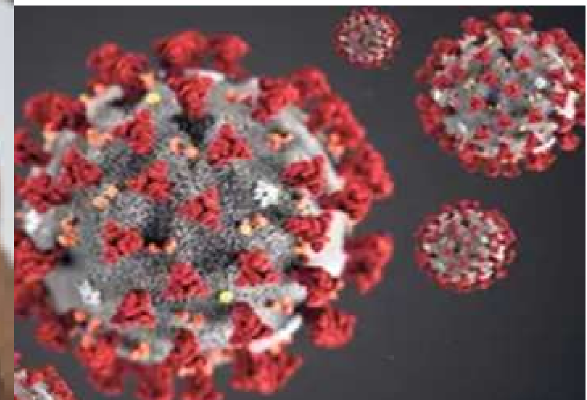



10 Essential Public Health Services

APHA

# The Practice Environment For Public Health Has Changed

- Multiple epidemics
  - Covid
  - Monkeypox
  - Obesity
  - STDs
  - Firearms
- Fast science
- Fast research with evolving knowledge
- Rapid application
  - MRNA vaccines
  - Antivirals



APHA

# The Practice Environment For Public Health Has Changed

- More at risk populations (Aged, disease disparities, immune status)
- Fast communication - Social media, the Internet & infodemics now drive health behavior
- Disruptive technologies
- Public health is now visible
- Growing distrust of expert advice & science
- Health policy now **<u>OVERTLY VERY</u>** political

**Why do many reasonable people doubt science?**

—National Geographic Magazine, March 2015

# Central Challenge For The Nation

## A Next Generation Public Health System

Structure and resource the nation's health and public health system to meet the strategic needs of the nation to perform its health security mission

# The Ideal System - Is Robust and Sustainable

- Public health leader serves as **Chief Health Strategist**
- Agency structured to deliver 10 essential services
- Timely actionable data systems
- Harmonize statutory authorities across jurisdictions
- Adequate & sustainable funding
- Vibrant, cross-sector partnerships
- Accountable accredited systems

# The Next Generation Public Health System

- Fully integrates U.S. public health & health care system data infrastructures
- Have the comprehensive capacity to **rapidly** track & evaluate pathogenic organisms using **next generation** genetic tools
- Have a **robust system to forecast disease** as a tool for prevention and early intervention
- A workforce with an enhanced skillset
- Enable public trust in science and government with improved public science literacy
- Operationalize health equity throughout the public health & healthcare enterprise

# Such An Integrated System Can Address Any Health Threat

- Emerging or reemerging infectious diseases
- Chronic diseases
- Severe weather from climate change
- Product contamination
- Injury epidemics - Intentional & unintentional
- Terrorism
- Toxic exposures

# One That Utilizes Enhanced Skills

- Scientific & technical
  - Molecular / genetic / forensic microbiology, diagnostic & laboratory
  - Disease modelling
  - Data Science
- Leadership
  - Political
  - Meta-leadership
  - Community & private sector engagement
  - Defusing conflict
  - Regulatory skills
- Communication
  - Risk communication
  - Social media
- Advocacy

# Maryland

## DEPARTMENT OF HEALTH

# Maryland Has An The Ideal System: Needs Tweaks

- Public health leader serves as Chief Health Strategist **- MD Secretary of Health & LHOs are Chief Health Strategist by law**
- Agency structured to deliver 10 essential / foundational services – **THE NATIONAL MODEL**
- Timely actionable data systems - **MD data systems well positioned for future**
- Harmonize statutory authorities across jurisdictions - **Authorities reasonably harmonized across jurisdictions in state; regional authorities needs work**
- Adequate & sustainable funding - **Funding can be improved & made more sustainable; All payer system is potential game changer**
- Vibrant, cross-sector partnerships – **Inconsistent partnerships, business under engaged**
- Accountable accredited systems – **PHAB: State Public Health Service - 2017 & 12 LHD**

# Potential For Transformational Change

- Strengthen core public health infrastructure
  - Incentivize workforce pipelines into governmental public health
  - Build a state of the art health information & data exchange highway
  - Link data systems across sectors to address societal drivers of poor health and wellbeing
  - Require accreditation & accountability across all **health** entities
- Maryland has the unique ability to create an all payer system across all health entities to drive toward optimal health
- Streamline health programs to achieve universal coverage


APHA

THANK
YOU!

# Questions

## About APHA

The American Public Health Association champions the health of all people and all communities. We strengthen the public health profession, promote best practices and share the latest public health research and information. We are the only organization that combines a nearly 150-year perspective, a broad-based member community and the ability to influence policy to improve the public's health. Learn more at www.apha.org.

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MARYLAND
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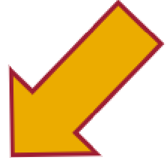
# Commission Updates

*Shane Hatchett*

# Timeline



## 2024

| | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 |
|---|---|---|---|---|---|---|
| *Meeting Date, Chair* | *01 Aug, Meena* | *05 Sep, Tosin* | *03 Oct, Boris* | *07 Nov, Meena* | *05 Dec, Tosin* | *23 Jan, Boris* |
| Focus | Reviewing preliminary findings and reflecting | Deep dive into Gov. / Org Capabilities | Deep dive into Comms/PE | Deep dive into Funding; adopt interim report | Submission of interim report; review progress | Deep dive into Data & IT |
| Assessment | • Assessment activities underway, outreach | • Assessment activities underway, outreach | • Assessment activities underway/released; guides developed | • Assessment shift to KII/focus groups<br>• Review preliminary trends | • KII/focus groups continue<br>• Review and analysis | • Surveys and assessments completed<br>• Analysis underway *(except PH WINS)* |
| System Engagement | • Dr. Georges Benjamin; UMD/MSU Speakers)<br>• 07 Aug, Talbot Co HD Site Visit | • Chad Perman, MDH | • TBD: workforce panel<br>• TBD: Baltimore City Site Visit<br>• Focus groups/KII meetings begin | • TBD: DBM Secretary/Designee<br>• Summarize site visit findings<br>• Focus groups/KII meetings continue | • Focus groups/KII meetings continue with system partners<br>• Submit final interim report (1 Dec) | • TBD |
| Public Engagement | • 07 Aug, Eastern Shore Listening Session | • *Public comment form and phone line still open* | • TBD: Baltimore City Listening Session<br>• Public comment form and phone line close | • Summarize public comments | • Issue press release and social media campaign highlighting CoPH work | • TBD |

# Commission Updates

- Finalize charters and begin implementation to facilitate Deep Dives
- Deep Dives
  - Templates shared with workgroups
  - Will continue to refine; meant to promote dialogue
  - Particularly important to review recommendations from workgroups and ensure alignment across workgroups

# Final Interim Report

- Due December 1
  - Will adopt Nov. 7 with guidance to support staff on any items to remediate
  - Will be substantive and reflect the work to-date
- Will require input from workgroups
  - Summarize early findings/themes
  - Will address health equity as part of work, based on input

# Listening sessions

## Listening Tour Locations

| | Date | Location |
|---|---|---|
| ★ (teal) | Apr. 16 | Leonardtown, MD (South) |
| ★ (dark blue) | May 23 | Hagerstown, MD (West) |
| ★ (purple) | Jun. 13 | Howard Co., MD (Central) |
| ★ (pink) | Jul. 30 | Montgomery Co., MD (Central) |
| ☆ (yellow) | Aug. 07 | Talbot Co., MD (Eastern Shore) |
| ☆ (light green) | *Oct. TBD* | *Baltimore City, MD (North Central)* |

Garrett, Allegany, Washington, Carroll, Harford, Cecil, Frederick, Baltimore, Baltimore City, Howard, Kent, Montgomery, Anne Arundel, Queen Anne's, Caroline, Prince George's, Talbot, Calvert, Charles, Dorchester, Wicomico, St. Mary's, Worcester, Somerset

*Current as of 31 July 2024. Check website for updates.*

**MARYLAND COMMISSION ON PUBLIC HEALTH**

# Break

## August 01, 2024

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

# Assessment Academic Partners

*UMD: Brittany Bugbee, Melinda Kennedy*

*MSU: Anita Hawkins*

# Assessment Overview

August 1, 2024

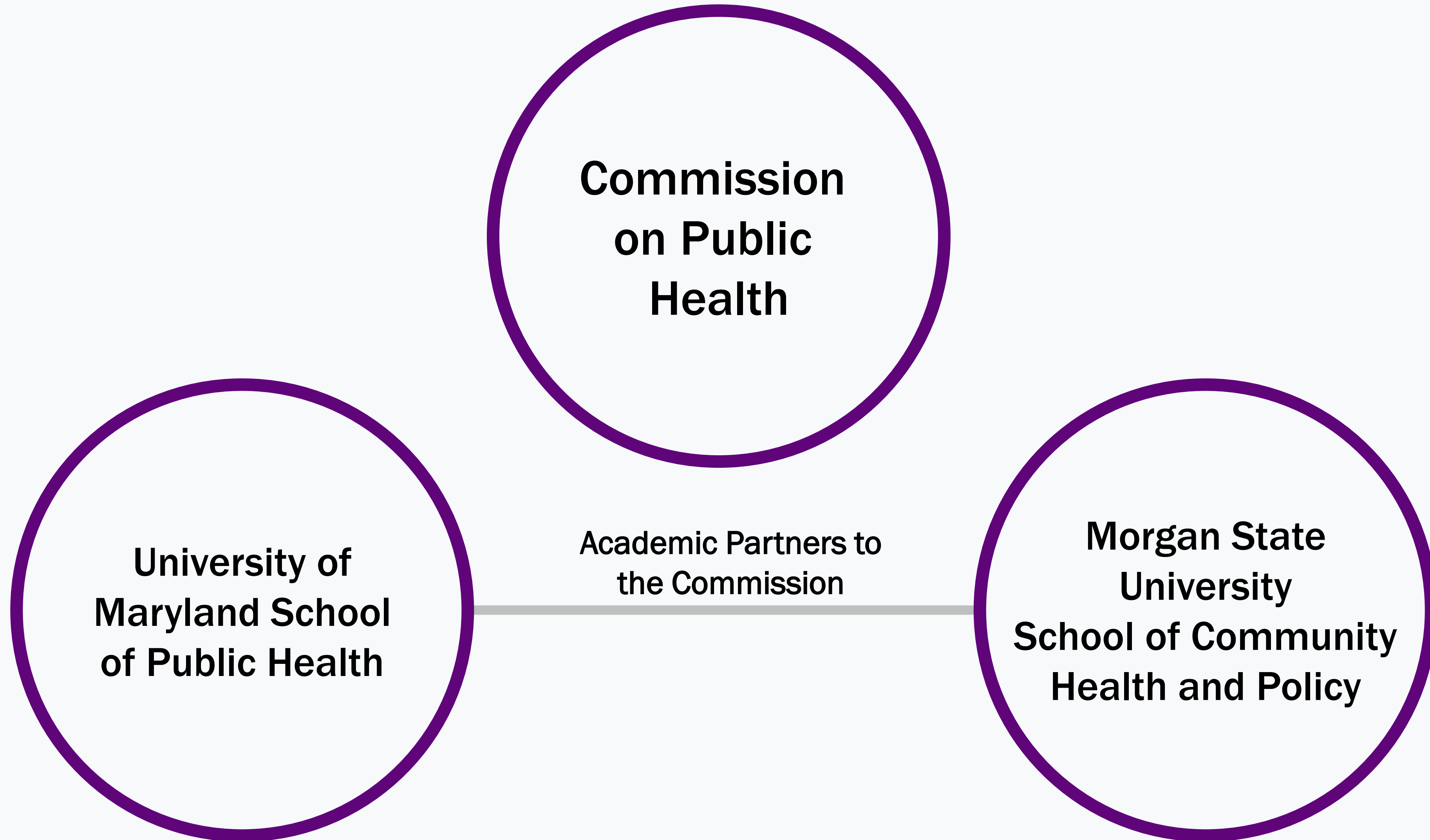
**Amelia M. Arria, PhD**
*Professor & Associate Dean for Strategic Initiatives*
*University of Maryland School of Public Health*

**Anita Hawkins, PhD**
*Associate Dean & Associate Professor*
*School of Community Health & Policy*
*Morgan State University*

**Brittany A. Bugbee, MPH**
*Senior Faculty Specialist*
*University of Maryland School of Public Health*

**Malinda Kennedy, ScD**
*Assistant Research Professor*
*University of Maryland School of Public Health*

# Assessment Team



# Assessment Methods

# Assessment Overview

Perspectives from the Public

- Online Public Comments
- Listening Sessions
- Public Survey

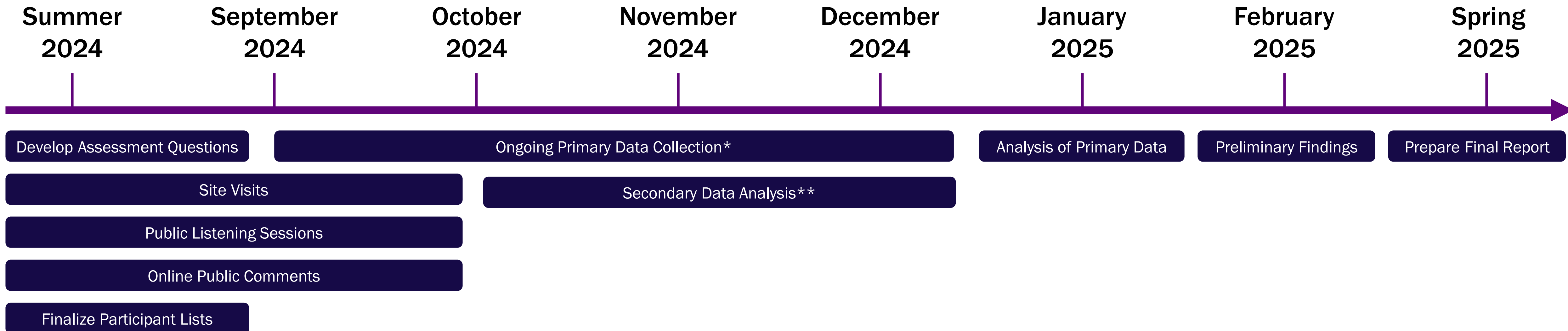
“On the Ground” Perspectives

- Stakeholder Interviews
- Key Informant Interviews
- Focus Groups
- LHD Site Visit Field Notes

- Organizational Survey
- Existing Survey Data (NACCHO, PHAB, PHWINS)

# Timeline

## *Key Activities by Month*




**Activities include:*

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

***Includes NACCHO surveys*

# Themes Generated from Workgroup Feedback

**Organizational Structure**
*Internal Governance, Defining Roles, Relationship to State*

**Funding**
*Allocation, Decision Making, Funding Sources*

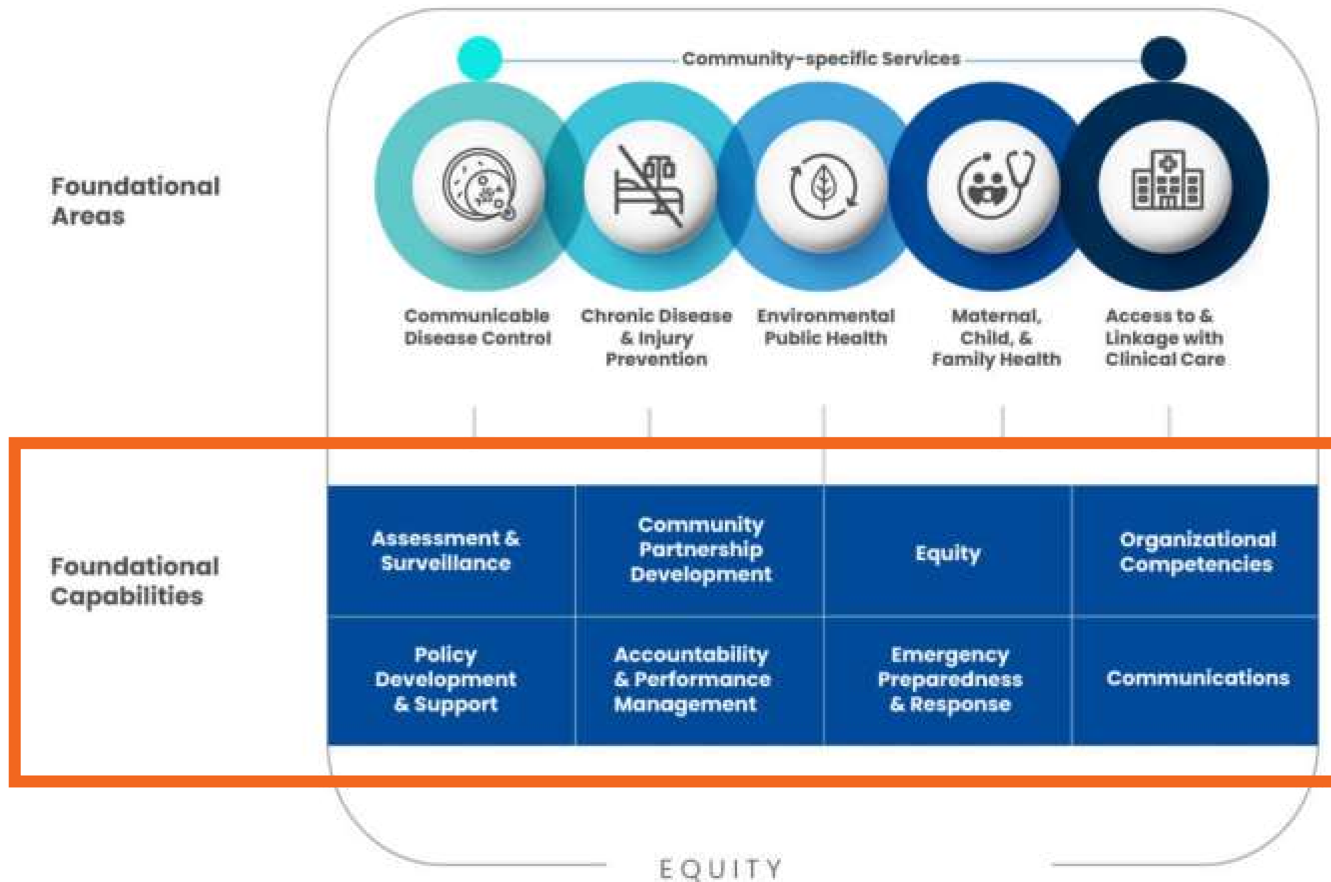
**Communicating Health Information**
*Tools/Methods, Communication about Specific Issues*

**Technology and Data Systems**
*Accessibility, AI, Tracking Health Metrics, Financial Systems, EHRs*

**Workforce**
*Recruitment & Retention, Training and Continuing Education, Preparedness, Medical Reserve Corps*

**Partner & Public Engagement**
*Identifying Key Partners, Communication Strategies, Community Engagement*

★ *Challenges/needs and equity considerations were cross-cutting topics*


Foundational Public Health Services
Community-specific Services
Foundational Areas
Communicable Disease Control
Chronic Disease & Injury Prevention
Environmental Public Health
Maternal, Child, & Family Health
Access to & Linkage with Clinical Care
Foundational Capabilities
Assessment & Surveillance
Community Partnership Development
Equity
Organizational Competencies
Policy Development & Support
Accountability & Performance Management
Emergency Preparedness & Response
Communications
EQUITY
PHAB
February 2022

# Interviews

# Stakeholder Interviews

- Goal: (1) Understand the health departments' present foundational public health capabilities, and (2) describe their vision for the future.

- Participants: Approximately 55 individuals
  - Local health officers and deputies
  - Sample of LHIC Chairs (if different than LHD lead)
  - MDH representatives
    - Prevention and Health Promotion Administration (PHPA)
    - Office of Population Health Improvement (OPHI)
    - Office of Minority Health and Health Disparities (MHHD)
    - Behavioral Health Administration (BHA)

# Key Informant Interviews

- Goal: Understand how the participants' organization functions within the public health infrastructure in Maryland

- Participants: Approximately 35 identified to date
  - Key informants identified in legislation: Directors of MHCC, HSCRC, MCHRC, Dept of Budget and Management, Dept of General Services, Dept of General Services, Dept of Disabilities, and the Health Data Utility
  - Other types of key informants:
    - Public health and health care association partners
    - Advocacy groups
    - Local government officials (e.g., County Executives)

# Interview Process

- Identification of stakeholders and key informants

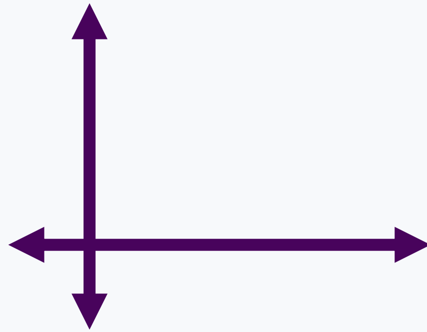
- Recruitment
  - Introductory email from Commission Co-Chairs (?)
  - Email invitation to participate from Dr. Arria
  - Three emails, one phone call –> *if no response, will discuss with Commission leadership*

- Administering interviews
  - Overview of questions will be sent prior to interview

- Interviews will be confidential and will not be recorded

# Key Considerations

40-minute
time limit



Balancing
breadth vs. depth

Semi-structured
open-ended
questions

# General Structure of Stakeholder Interviews

## Sections

- Governance & Structure
- Workforce
- Partnerships
- Funding
- Data Infrastructure
- Communication
- Perceived Readiness

## Topics Within Sections

1. Defining What the Section Is Covering
2. Description of Current Status
   - *Successes*
   - *Challenges/Perceived Barriers*
3. Opportunities for the Future

# Example Stakeholder Questions

**Workforce**

How would you describe the current ability of your department to recruit, develop, and retain the workforce needed to execute your department's strategic plan?

**Data Infrastructure**

Can you tell me about the current status of your department's data infrastructure? Specifically, I'm thinking in terms of obtaining and maintaining the necessary hardware and software to support operations, internal and external communications capability, electronic case reporting, accessing and sharing electronic health information, data analysis, and data confidentiality.

**Perceived Readiness**

To what degree do you feel your department is ready for emergency response efforts, such as activating emergency response personnel, rapid communications, emergency health orders, or using a Laboratory Response Network?

# General Structure of Key Informant Interviews

## Sections

- Partnerships (with State, LHDs)
- Workforce
- Funding
- Data Infrastructure
- Communication
- Perceived Readiness

## Topics Within Sections

Questions will vary based on the type of organization the key informant represents.

# Example Key Informant Questions

## *State Agency Director*

1. Can you describe priority public health areas for the Department of X? Put in a slightly different way, what are some of your agency's goals related to public health?

2. What kinds of partnerships or collaborative initiatives exist between the Department of X and local public health departments? What about the Maryland Department of Health?

3. Can you provide some examples of public health topic areas that you believe are important to communicate about to the general population?

4. What methods do you use to communicate with community members about those issues?

5. State legislative initiatives and local policies can influence public health, in good and not as good ways. Can you tell me about policies that are critically important in helping to achieve the Department of X’s goals?

# Example Key Informant Questions

## *Legislator/Policy-Oriented Individual*

1. How many and what kinds of opportunities exist for you to learn about the health needs facing your constituents? How regularly would you say you take advantage of those opportunities?

2. In what ways is that information communicated to you? Are you familiar with any recent community health assessments and or community health improvement plans?

3. In your position, I'm sure that you are inundated with concerns from constituents, advocacy groups, and other individuals. Can you give me a sense of how often public health issues are coming to your attention? Let's break it down even further…

   - What workforce-related issues related to public health have come to your attention?

   - What about funding issues related to public health?

# Focus Groups

# Proposed Focus Groups

1. Maternal and Child Health Leads
2. Infectious Disease Directors
3. Chronic Disease Directors
4. Public Health Emergency Leads
5. Substance Use and Behavioral Health (including harm reduction, opioid misuse, and overdoses)
6. Data Analysts/Epidemiologists
7. IT Group

# Public Perspectives

# Public Perspectives

1. Public Listening Sessions

2. Online Comments

3. Public Survey* (*focus on communication*)
   - *Primary and preferred sources of health information*
   - *Challenges/barriers to obtaining accurate information*
     - *Access to reliable sources*
     - *Understanding communication*
     - *Relatability of messaging*
     - *Countering inaccurate messaging*
   - *LDH and MDH as sources of health information*

**Structure and data collection plan under discussion with the Communication and Public Engagement Workgroup*

# What’s Needed Next

# What's Needed Next

1. Encouraging participation from stakeholders and key informants

2. Availability of MDH and other state partners to ensure comprehensive responses
   - MDH planned participation in assessment:
     - Stakeholder interviews
     - Organizational survey
     - PHWINS

3. Discussion with the Communication and Public Engagement Workgroup about data collection from the public

4. Further input on focus group content

# Questions?

MARYLAND COMMISSION ON PUBLIC HEALTH

# Adjourned

## August 01, 2024

*The next Commission meeting is September 05.*