



**MARYLAND
COMMISSION
ON PUBLIC HEALTH**

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

Meeting Minutes

Commissioners present in person or virtually:

Heather Bagnall
Camille Blake-Fall
W. Gregory Branch
Christopher Brandt
Meenakshi Brewster
Jean Drummond
Nilesh Kalyanaraman
Ariana Kelly
Boris Lushniak
Oluwatosin Olateju
Fran Phillips
Nicole Rochester
Maura Rossman
Michelle Spencer
Allen Twigg

Commissioners absent:

Alyssa Lord

I. Call to Order

- A. Presiding Co-Chair O.Olateju called meeting to order at 2:05pm. Quorum met and all consented to be recorded. The agenda was summarized and a brief overview of the Commission on Public Health (CoPH) was given. All materials available on website. Due process for meeting announcements was followed. Attendees were reminded that it was a public meeting and chat was not monitored; however public comments are encouraged via email: md.coph@maryland.gov
- B. Roll call

II. Adoption of the Agenda

- A. F.Phillips made motion to adopt the January agenda. Seconded by C.Brandt
- B. Agenda unanimously adopted

III. Minutes Review and Approval

- A. C.Brandt moved to approve the December 14, 2023 minutes of the CoPH virtual public meeting. Seconded by N.Rochester
 - 1. 1 abstention by C.Blake-Fall (absent from that meeting)
 - 2. The motion was carried

IV. Presentation (virtual): Indiana's Process (available on website)

*Judith Monroe, MD, FAAFP, President and CEO, CDC Foundation
Co-Chair, Indiana Governor's Commission on Public Health*

*Presenter was introduced by M.Brewster

- A. Indiana Public Health System Review

1. Published Dec 2020
2. Completed by Fairbanks School of Public Health
3. Funded by Fairbanks Foundation
 - a. Philanthropy important in Indiana's ability to do this review and carry out the commission's tasks
4. Five sections
 - a. Introduction, background, recent national frameworks
 - b. Indiana's public health system and comparative states
 - c. Literature review
 - d. Qualitative data (stakeholder interviews)
 - e. Recommendations
- B. Executive Order 21-21: Established Governor's Public Health Commission (GPHC) in Aug 2021
 1. Charged with transforming public health
 2. Began Sep 2021 (last meeting June 2022)
 - a. Had Fairbank Public Health System Report as a starting point
- C. Two themes why commissioners joined
 1. Public health investments undergird vibrant communities
 2. Wanted Indiana to excel
- D. Indiana public health ranked very low nationally
- E. GPHC Reviewed Six Public Health Areas
 1. Workgroup/Policy leads designated for each of the six areas
 2. Policy leads conducted research and drafted recommendations for GPHC to review
- F. State concretely supported Commission
 1. Indiana Department of Health (IDoH) charged by the governor to be support for Commission
 - a. 4 key staff provided
 2. Provided project and admin support through Health Management Associates
 3. GPHC's Funding was almost even between state funding and Fairbanks Foundation
- G. Commission established engagement plan
 1. Conducted over 30 stakeholder meetings over the course of a year
 2. Included online and social media
 3. Legislated engagement plan
 4. Press releases as part of communication plan and after each Commission meeting
 5. Fairbanks SPH conducted bootcamp for media to better understand public health
 6. 7 listening tours, each was summarized and reported out on
 7. IDoH had internal message plan to update staff and listening tours of those working in public health
 8. Slide decks for road shows
 9. Website that allowed public comments
 - a. Over 480 collected and brought forward at Commission meetings
 10. ***Listen with intention***
- H. Commission reviewed the many emerging public health reports in addition the initial Fairbanks report
- I. Public Health Funding Findings
- J. Public Health Funding Recommendations
- K. Economic Case for Public Health

1. GlobalData and Eli Lilly - Study using local data and local material, reviewed cost of obesity to the state, presented to Commission and public
- L. Transforming Public Health
1. Commission and Governor recommendations
 2. Too much money too fast is not a good plan. Adjustment is needed for increased funding
- M. Defining “good”: Foundational Public Health Services
- N. Growing interest in FPHS model
1. Very important model and commission used as part of recommendations in Indiana
- O. What passed
1. 1500% increase in funding for Local Health Departments (LHDs)
 2. Super important for Indiana to maintain local control
- P. Accountability and transparency
1. Everything recorded, everything public, public engagement. All available on website
 2. Reporting requirements by counties and LHDs
- Q. Core Services: Spending requirements and caps
- R. Health First Indiana
1. Actual implementation
 2. Active July 1
- S. Challenges and Opportunities
1. Novel opportunity: Regional support teams embraced by local health departments
 2. Need to show return on investment to legislators (challenge)
- T. Summer Activities
1. Counties that opted in have received their funding (1/1/24)
 2. CDC Foundation provided technical assistance to local health departments and assisted in hiring staff
- U. Funding Status
- V. Final Thoughts and Lessons from Indiana
1. Strong communication and engagement strategy and ongoing engagement, listening with intent, and willing to make changes along the way
 2. Listen to and help partners
 3. Be responsible with language used, be mindful of community
 4. Paper publications underway and will be shared
- W. Questions
1. Matching Funds
 - a. Prior to commission – State funding to LHDs small, no match required
 - b. After commission, matching had worked elsewhere in Indiana. Matching got buy-in
 - i. For most counties, this increased funding, others did not
 2. Workforce and actions being implemented at state and local levels for public health
 - a. Fairbanks School of Public Health and national experts provided expertise in public health workforce
 - b. GPHC's workforce made recommendations for:
 - i. Loan repayment
 - ii. Also looked at workforce in healthcare not just public health

- iii. Recommendations for pay raises and equalizing pay (some public health workers had not received raises in a decade)
 - c. Fairbanks put out detailed report on Indiana workforce that will serve as a tool
- 3. Getting consensus for recs from Commission
 - a. A process. Lots of back and forth and gathering of more information
 - b. In the end, the recs that were signed were the ones that everyone agreed on
- 4. Racial and socioeconomic breakdown in Indiana
 - a. Dr. Monroe will get this information and share
- 5. Highest ROI spent on public health in Indiana and key public health metrics moved following investment
 - a. KPIs from report
 - b. Key topical areas:
 - i. Opioid crisis
 - ii. HIV from needle sharing
 - iii. Infant mortality and childhood diseases; infant and maternal health issues
 - iv. Mental health
 - c. Dr. Monroe can come back with specific answer
- 6. What could hospital/payers be doing differently?
 - a. Indiana Hospital Association adamant about supporting public health and prevention
 - b. Important for healthcare and public health to work together
 - i. Kaiser Permanent put together a group like this
 - c. Supporting more of the team model of care; look closely where community benefit dollars are invested and are they being effectively used
 - d. Cost-saving opportunities from hospitals teaming up with public health to get primary care out of the emergency rooms
- 7. Analysis of governance and infrastructure In Indiana vs smaller states; ideal size of LHDs; reporting mechanisms, who's holding accountable?
 - a. LHD report to IDoH on KPIs twice a year
 - b. No ideal size, home rule: counties want LHDs
 - c. County was looking more at shared services and that's why regional support from IDoH has become a model because really small health departments are not able to provide all the services
 - d. Goal of Indiana was for every resident to have access to core public health services
- 8. What to do with this information, how to apply to Maryland public health?
 - a. Indiana model is not prescriptive. Maryland has its own needs and our experts will be figuring out what those are. When we figure that out, what can we take from Indiana's model which has been successful in their state?

V. Welcome Remarks - *John Olszewski, Jr., Baltimore County Executive; President, Maryland Association of Counties (MACo)*

*Guest was introduced by O.Olateju

VI. Break

VII. Presentation: Overview of Maryland's Local Public Health Infrastructure (available on website)

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

*Presenter was introduced by B.Lushniak

- A. Governance – Hybrid
 - 1. How did Garret County become hybrid? How did they evolve?
 - a. Some Local Boards of Health work on a Commissioner System, others use Code Home Rule, and others combine them, Garrett County included
 - b. Seems to be the best model as cooperation btwn state and local and in both the state and local's best interest to have optimal public health
- B. What do LHDs do?
- C. 10 essential public health services
 - 1. 3 main categories: Assessment, Policy Development, Assurance → Equity
- D. Common Local Public Health Focus Areas
- E. Infectious Disease Control and Response
- F. Environmental Health
 - 1. Secretary of Health (MDH), Secretary of Environment (MDE)
- G. Access to Care
- H. Advancing Health Equity: Address Social Determinants of Health
- I. The Social Determinants of Health
 - 1. Work of commission: Informing the state what policies and programs need to be put in place to affect health factors and health outcomes
 - a. Health outcomes is length of life and quality of life
- J. Local health departments impact our lives every day
- K. Communication and Public Engagement
- L. Data and Information Technology
- M. Funding
- N. Workforce
 - 1. Maryland personnel system vs local personnel system
 - a. Maryland – less admin burden
 - b. Local – more flexible
- O. Workforce – Staffing
- P. Health Officers as Chief Health Strategists
- Q. Garrett County Health Department FY 2023 Annual Report
- R. Questions
 - 1. Do LHDs have partnerships with nonprofit groups?
 - a. Garrett County works very closely with Community Action Agency
 - b. Partnerships with agencies like Habitat for Humanity, local department of social services; every county probably has a different mix of the nonprofit they are working with who may have better opportunities to reach out to the community than the LHDs
 - 2. Are any community health workers employed in permanent positions and what percentage are employed vs funded by grants?
 - a. Budgets heavily dependent on grant funding which supports workforce
 - b. Challenge is getting sustainable funding to continue initiatives
 - i. When relying on short term grants, that becomes a challenge
 - c. Challenges when there's not enough money for everything (e.g. salaries but not research)

VIII. New Business

- A. **Workgroup Co-Chairs and Members:** M.Brewster commended all workgroup members and co-chairs on the commission, referred them to the electronic membership roster previously emailed, and gave a brief on the Workgroup Co-Chair and Members Slate.
- c. F.Phillips moved to approve that the commission adopts the workgroup co-chair and membership slate as presented. Seconded by W.Branch.
 - d. Questions and Discussions:
 - i. What is the plan for workgroups? Are there specific questions that will be developed for the workgroups?
Workgroups meet separately. Background research (data gathering and analysis), look at what is already being done, workgroup members use their expertise to devise questions based on Maryland's actual needs since there isn't any one solution that will work for all. It would be more of a partnership btwn the CoPH co-chairs and workgroup co-chairs so we are not being too prescriptive. We will need to think outside the box.
 - i. Is there a list of the current challenges to help the co-chairs know what to focus on?
Each workgroup will need to begin focusing on exploring:
 - i. What information is needed and what tools will be used for data gathering?
 - ii. What are the challenges?
 - iii. How do we rectify those challenges?
 - e. Unanimously approved
- B. **2024 Timeline of analysis and recommendations** – Presented by M.Brewster
- 1. Based on the deadline of the final report (Dec 1, 2024) per legislation, there is quite a bit at hand for us as a commission. Deadlines are tight and so we have developed a timeline for the next 11 months.
 - a. H.Bagnall moved to adopt the timeline based upon the final report deadline of December 1, 2024. M.Rossman seconded the motion.
 - b. Questions and Discussions:
 - i. Indiana's GPHC had funding and initial assessment conducted, what funding does our commission currently have? Maryland CoPH didn't kick off until early November; so there were concerns that the Indiana model cannot be replicated within current timeline and with limited resources
 - c. Instead of pushing back deadline, friendly amendment proposed by W.Branch to approve current timeline but simultaneously ask to extend timeline. Seconded by F.Phillips.
 - d. A.Kelly and H.Bagnall agreed with proposed amendment and will work with their colleagues to ensure an extension is well received
 - e. Unanimously approved with friendly amendment
- C. **Public meeting regions** – Presented by M.Brewster
- 1. Required: 3 public meetings held in different regions in state March through June
 - a. Western Maryland, Central Maryland, Eastern Shore, Southern Maryland
 - i. Locations chosen based on LHDs that had ability to do hybrid options and host a certain number of people
 - ii. Hosted by one LHD

- 1) Western - Washington County
 - 2) Eastern Shore – Talbot County
 - 3) Central – Howard County
 - 4) Southern – St. Mary’s County
- b. F.Phillips moved to adopt the specified regions for public meetings.
W.Branch seconded the motion.
2. Questions and Discussions:
 - a. Concern expressed about representation for central Maryland. Consider PG, Baltimore City, or Montgomery County
 3. C.Blake-Fall proposed an amended motion that we include a fifth site in central Maryland to be either (dependent upon technical capabilities): Prince George's Co, Baltimore City or Montgomery County. Seconded by M.Spencer
 4. Unanimously approved with amendment

IX. Announcements

- A. Support from MACHO and CDC Foundation
 1. MACHO entered a collaborative agreement with CDC Foundation to provide staffing support to the local health officers co-chairing commission and co-chairing the 5 workgroups, and to assist with technical expertise
- B. Indiana site visit: Feb 22-23, 2024
 1. Co-chairs visiting
 - a. Interviews with those who served on commission
 - b. Virtual interviews will also be conducted

X. Adjournment

- A. Meeting was adjourned at 5:09pm upon motion of C.Blake-Fall, which was seconded by F.Phillips
- B. Next meeting: February 1, 2024, 2-5PM at Baltimore County Dept of Health with virtual option

Commission on Public Health Timeline - Final Report Due June 30, 2025

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 • Outreach to sponsoring legislators • Identify staffing and expert support 	<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"> • Begin developing report (background) • Review established tools for assessments • Identify quantitative and qualitative data needed 	<ul style="list-style-type: none"> • February 1, 2024 - CoPH: Overview of Maryland state public health infrastructure; PHAB tools of assessment and overview of other state public health transformation efforts; workgroups describe launch 	<ul style="list-style-type: none"> • February 22-23, 2024 - Site visit to Indiana
March 2024	<ul style="list-style-type: none"> • Announce schedule of regional public meetings • Request quantitative data from established sources • Develop survey assessments and materials for key informant interviews/focus groups/case studies • Continue developing report (background) 	<ul style="list-style-type: none"> • March 7, 2024 - CoPH: Workgroups describe data needs to Commission 	
April 2024	<ul style="list-style-type: none"> • Schedule key informant interviews • Schedule focus groups • Regional public meeting #1 	<ul style="list-style-type: none"> • April 4, 2024 - CoPH: Workgroups describe assessment strategies to Commission 	

	<ul style="list-style-type: none"> • Continue developing report (assessment methods) • Begin implementing survey tools 		
May 2024	<ul style="list-style-type: none"> • Conduct key informant interviews • Conduct focus groups • Surveys open • Review/analyze requested data • Regional public meeting #2 • Continue developing report (assessment methods) 	<ul style="list-style-type: none"> • May 2, 2024 - CoPH: Workgroups describe assessment strategies to Commission 	
June 2024	<ul style="list-style-type: none"> • Conduct key informant interviews • Conduct focus groups • Continue collecting survey responses • Regional public meeting #3 • Regional public meeting #4 • Continue developing report (assessment findings) 	<ul style="list-style-type: none"> • June 6, 2024 - CoPH: Workgroups present early assessment findings/themes 	
July 2024	<ul style="list-style-type: none"> • Regional public meeting #5 • Analyze survey data • Continue developing report (assessment findings) 	<ul style="list-style-type: none"> • July 11, 2024 - CoPH: Summary of feedback from public meetings 	
August 2024	<ul style="list-style-type: none"> • Workgroups analyze assessment findings, conduct additional assessment as needed, and develop recommendations for reform • Continue developing report (assessment findings) 	<ul style="list-style-type: none"> • August 1, 2024 - CoPH: Workgroup assessment findings - <ol style="list-style-type: none"> 1. Data and Information Technology 2. Communications and Public Engagement 	
September 2024	<ul style="list-style-type: none"> • Workgroups analyze assessment findings, conduct additional assessment as needed, and develop recommendations for reform • Continue developing report (assessment findings) 	<ul style="list-style-type: none"> • September 5, 2024 - CoPH: Workgroup assessment findings - <ol style="list-style-type: none"> 1. Governance and Organizational Capabilities 2. Workforce 	
October 2024	<ul style="list-style-type: none"> • Workgroups develop recommendations for reform • Continue developing report (assessment findings, recommendations for reform) 	<ul style="list-style-type: none"> • October 3, 2024 - CoPH: Workgroup assessment findings - <ol style="list-style-type: none"> 1. Funding 2. Procurement 	

November 2024	<ul style="list-style-type: none"> • Workgroup recommendations for reform • Incorporate revised recommendations for reform into report 	<ul style="list-style-type: none"> • November 7, 2024 - CoPH: Workgroup recommendations for reform - <ol style="list-style-type: none"> 1. Data and Information Technology 2. Communications and Public Engagement 	
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January 2025	<ul style="list-style-type: none"> • Workgroup recommendations for reform • Incorporate revised recommendations for reform into report 	<ul style="list-style-type: none"> • Date TBA (suggest January 23, 2025) - CoPH: Workgroup recommendations for reform - <ol style="list-style-type: none"> 1. Funding 2. Procurement 	
February 2025	<ul style="list-style-type: none"> • Incorporate revised recommendations for reform into report • Update draft report (visuals, executive summary) 	<ul style="list-style-type: none"> • Date TBA (suggest February 27, 2025) - CoPH: Present Report (draft, version 1 of 3) to the Commission and Move to Public Comment Period 	<ul style="list-style-type: none"> • February 17, 2025 - Distribute draft report (version 1) to Commissioners for review prior to meeting • February 28, 2025 - Post Report (draft, approved version 1) for public review and comment for 30 days
March 2025	<ul style="list-style-type: none"> • Public comment period 		<ul style="list-style-type: none"> • March 31, 2025 - Public comment period ends
April 2025	<ul style="list-style-type: none"> • Workgroups/Commission respond to public comments and incorporate into draft report • Report graphic design/formatting 	<ul style="list-style-type: none"> • Date TBA (suggest April 3, 2025) - CoPH: Present public comments to the Commission for Review 	<ul style="list-style-type: none"> • April 25, 2025 - Distribute draft (version 2) report to Commissioners for

			review prior to meeting
May 2025	<ul style="list-style-type: none"> • Workgroups incorporate Commission feedback from May CoPH mtg • Development of dissenting opinions • Preparation of public communications 	<ul style="list-style-type: none"> • Date TBA (suggest May 1, 2025) - CoPH: Present Report (draft, version 2 of 3) to the Commission for Review 	<ul style="list-style-type: none"> • May 30, 2025 - Dissenting opinions due in writing from commissioners
June 2025	<ul style="list-style-type: none"> • Updates to final report as adopted by Commission at final CoPH mtg • Public communications on report 	<ul style="list-style-type: none"> • Date TBA (suggest June 12, 2025) - CoPH: Present Report (final draft, version 3 of 3) to Commission for Adoption; Final meeting (debrief & evaluation; preparation for implementation) 	<ul style="list-style-type: none"> • June 5, 2025 - Distribute draft report (version 3) to commissioners for review prior to meeting • June 30, 2025 - Final Report Due

Important Dates and Deadlines (Bold = Commission on Public Health 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; PHAB assessment tools and other states' transformation work; workgroups describe launch
February 22-23, 2024 – Site visit to Indiana
March 7, 2024 - CoPH: Workgroups describe data needs to Commission
April 4, 2024 - CoPH: Workgroups describe assessment strategies to Commission
May 2, 2024 - CoPH: Workgroups describe assessment strategies to Commission
June 6, 2024 - CoPH: Workgroups present early assessment findings/themes
July 11, 2024 - CoPH: Summary of feedback from public meetings
August 1, 2024 - CoPH: Workgroup assessment findings (Data & Info Tech; Comms and Public Engagement)
September 5, 2024 - CoPH: Workgroup assessment findings (Governance & Org Capabilities; Workforce)
October 3, 2024 - CoPH: Workgroup assessment findings (Funding; Procurement)
November 7, 2024 - CoPH: Workgroup recommendations for reform (Data & Info Tech; Comms and Public Engagement)
December 5, 2024 - CoPH: Workgroup recommendations for reform (Governance & Org Capabilities; Workforce)
January 23, 2025 - CoPH: Workgroup recommendations for reform (Funding; Procurement)
February 17, 2025 - Distribute draft report (ver 1 of 3) to commissioners for review
February 27, 2025 - CoPH: Present draft report (ver 1 of 3) to Commission; Move to public comment period
February 28, 2025 - Post draft report (approved ver 1) for public review and comment for 30 days
March 31, 2025 - Public comment period ends
April 3, 2025 - CoPH: present public comment themes to Commission for review
April 25, 2025 - Distribute draft report (ver 2 of 3) to commissioners for review
May 1, 2025 - CoPH: Present draft report (ver 2 of 3) to Commission for review
May 30, 2025 - Dissenting opinions due in writing from commissioners
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November 2024	<ul style="list-style-type: none"> ● Incorporate CoPH revised recommendations for assessment into report ● Preliminary recommendations for reform 	<ul style="list-style-type: none"> ● November 7, 2024 - CoPH: present Assessment Report to the Commission for adoption 	
December 2024	<ul style="list-style-type: none"> ● Workgroup recommendations for reform 		<ul style="list-style-type: none"> ● December 1, 2024 - Submit revised Assessment Report adopted by Commission
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April 2025	<ul style="list-style-type: none"> ● Workgroup recommendations for reform ● Incorporate revised recommendations for reform into report 	<ul style="list-style-type: none"> ● Date TBA (suggest April 3, 2025) - CoPH: Workgroup recommendations for reform <ol style="list-style-type: none"> 1. Governance and Organizational Capabilities 	
May 2025	<ul style="list-style-type: none"> ● Workgroup recommendations for reform ● Incorporate revised recommendations for reform into report 	<ul style="list-style-type: none"> ● Date TBA (suggest May 1, 2025) - CoPH: Workgroup recommendations for reform <ol style="list-style-type: none"> 1. Workforce 2. Procurement (collective) 	
June 2025	<ul style="list-style-type: none"> ● Workgroup recommendations for reform ● Incorporate revised recommendations for reform into report 	<ul style="list-style-type: none"> ● Date TBA (suggest June 5, 2025) - CoPH: Workgroup recommendations for reform <ol style="list-style-type: none"> 1. Funding 2. Other (collective) 	
July 2025	<ul style="list-style-type: none"> ● Incorporate revised recommendations for reform into report ● Update draft report (visuals, executive summary) 	<ul style="list-style-type: none"> ● Date TBA (suggest July 17, 2025) - CoPH: Present Report (draft, version 1 of 3) to the Commission 	<ul style="list-style-type: none"> ● July 3, 2025 - Distribute draft report (version 1) to Commissioners for review prior to meeting

	<ul style="list-style-type: none"> ● Incorporate changes adopted at July CoPH 	and Move to Public Comment Period	
August 2025	<ul style="list-style-type: none"> ● Public comment period 		<ul style="list-style-type: none"> ● August 1, 2025 - Post Report (draft, approved version 1) for public review and comment for 30 days ● August 31, 2025 - Public comment period ends
September 2025	<ul style="list-style-type: none"> ● Workgroups/Commission respond to public comments and incorporate into draft report ● Report graphic design/formatting 	<ul style="list-style-type: none"> ● Date TBA (suggest September 4, 2025) - CoPH: Present public comments to the Commission for Review 	<ul style="list-style-type: none"> ● September 25, 2025 - Distribute draft (version 2) report to Commissioners for review prior to meeting
October 2025	<ul style="list-style-type: none"> ● Workgroups incorporate Commission feedback from October CoPH mtg ● Development of dissenting opinions 	<ul style="list-style-type: none"> ● Date TBA (suggest October 2, 2025) - CoPH: Present Report (draft, version 2 of 3) to the Commission for Review 	<ul style="list-style-type: none"> ● October 30, 2025 - Dissenting opinions due in writing from commissioners
November 2025	<ul style="list-style-type: none"> ● Incorporate dissenting opinions into report ● Updates to final report as adopted by Commission at final CoPH mtg ● Preparation of public communications 	<ul style="list-style-type: none"> ● Date TBA (suggest November 20, 2025) - CoPH: Present Report (final draft, version 3 of 3) to Commission for Adoption; Final meeting (debrief & evaluation; preparation for implementation) 	<ul style="list-style-type: none"> ● November 6, 2025 - Distribute draft report (version 3) to commissioners for review prior to meeting
December 2025	<ul style="list-style-type: none"> ● Public communications on report 		<ul style="list-style-type: none"> ● December 1, 2025 - Final Report Due

Important Dates and Deadlines (Bold = Commission on Public Health 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; PHAB assessment tools and other states' transformation work; workgroups describe launch
February 22-23, 2024 – Site visit to Indiana
March 7, 2024 - CoPH: Workgroups describe data needs to Commission
April 4, 2024 - CoPH: Workgroups describe assessment strategies to Commission
May 2, 2024 - CoPH: Workgroups describe assessment strategies to Commission
June 6, 2024 - CoPH: Workgroups present early assessment findings/themes
July 11, 2024 - CoPH: Summary of feedback from public meetings
August 1, 2024 - CoPH: Workgroup assessment findings (Data & Info Tech; Comms and Public Engagement)
September 5, 2024 - CoPH: Workgroup assessment findings (Governance & Org Capabilities; Workforce)
October 3, 2024 - CoPH: Workgroup assessment findings (Funding; Procurement)
November 7, 2024 - CoPH: Present Assessment Report to Commission for adoption
December 1, 2024 - Submit revised Assessment Report
February 6, 2025 - CoPH: Workgroup recommendations for reform (Comms and Public Engagement)
March 6, 2025 - CoPH: Workgroup recommendations for reform (Data and Info Tech)
April 3, 2025 - CoPH: Workgroup recommendations for reform (Governance and Organizational Capabilities)
May 1, 2025 - CoPH: Workgroup recommendations for reform (Workforce; Procurement)
June 5, 2025 - CoPH: Workgroup recommendations for reform (Funding; Other)
July 3, 2025 - Distribute Draft Report (ver 1 of 3) to Commissioners for review prior to mtg
July 17, 2025 - CoPH: Present Report (ver 1 of 3) to Commission and Move to Public Comment Period
August 1, 2025 - Post draft report (approved ver 1 of 3) for public review and comment for 30 days
August 31, 2025 - Public comment period ends
September 4, 2025 - CoPH: present public comment themes to Commission for review
September 25, 2025 - Distribute draft report (ver 2 of 3) to commissioners for review
Oct 2, 2025 - CoPH: Present draft report (ver 2 of 3) to Commission for review
Oct 30, 2025 - Dissenting opinions due in writing from commissioners
November 6, 2025 - Distribute draft report (ver 3 of 3) to commissioners for review
November 20, 2025 - CoPH: present report (final draft, ver 3 of 3) to Commission for adoption; Final meeting (debrief and evaluation); Preparation for implementation
December 1, 2025 - Final Report Due

**Maryland Commission on Public Health
Membership**

Commission on Public Health Appointed Membership

Co-Chairs

**Meenakshi Brewster, MD, MPH,
FAAFP**

| St. Mary's County Health Officer

Boris Lushniak, MD, MPH

| Dean and Professor
| University of Maryland School of
| Public Health

**Oluwatosin Olateju, DrPH,
MSN-CPHN, RN**

| Assistant Professor of Nursing
| Coppin State University

Commission Members

Heather Bagnall

| Delegate
| District 33C - Anne Arundel County

Camille Blake Fall, JD

| Director, Office of Minority Health and Health
| Disparities
| Maryland Department of Health

Gregory Branch, MD, MBA, CPE, FACP

| Baltimore County Health Officer

Christopher Brandt, MBA

| Managing Director
| Audacious Capital

Jean Drummond, MPA

| President and CEO
| HCD International

Nilesh Kalyanaraman, MD, FACP

| Deputy Secretary of Public Health Services
| Maryland Department of Health

Ariana Kelly

| Senator
| D16 – Montgomery County

Alyssa Lord, MA, MSc

| Deputy Secretary for Behavioral Health
| Maryland Department of Health

Fran Philips, RN, MHA

| Former Maryland Dept of Health Deputy Secretary of
| Public Health Services
| Former Anne Arundel County Health Officer

Nicole Rochester, MD

| Founder & CEO
| Your GPS Doc, LLC

Maura Rossman, MD

| Howard County Health Officer

Michelle Spencer, MS

| Practice Professor
| Deputy Director, Bloomberg American Health Initiative
| Johns Hopkins Bloomberg School of Public Health

Allen Twigg, LCPC, MBA

| Executive Director
| Behavioral & Community Health
| Meritus Health

Support Staff

Sarah Kolk, BA

Commission & Workgroup Staff Support
St. Mary's County Health Department
Johns Hopkins Bloomberg School of Public Health

Michelle Kong, BA

Commission & Workgroup Staff Support
Assistant to the Dean
Univ of Maryland School of Public Health

Erin McClure, BA

Commission Staff Support
Assistant Dean for Diversity and Chief of Staff, Office of
the Dean
Univ of Maryland School of Public Health

Minda Polser, BA

Commission Staff Support
Scheduler and Program Manager, Office of the Dean
Univ of Maryland School of Public Health

Communication and Public Engagement Workgroup

(* = Appointed Member of Commission on Public Health)

Co-Chairs

Tonii Gedin, RN, DNP

| Anne Arundel County Health Officer

Sylvette La Touche-Howard, PhD, NCC, CHES

| Assistant Dean, Office of Public Health Practice and
Community Engagement
Associate Clinical Professor
University of Maryland School of Public Health

Workgroup Members

Dianna Abney, MD

| Charles County Health Officer

Cynthia Baur, PhD

| Director, Horowitz Center for Health Literacy
University of Maryland School of Public Health

Ashley Bennett, LBSW, MHA, CCM

| Local Health Improvement Plan Program Manager
Coalition for a Healthier Frederick County

Camille Blake Fall, JD*

| Director, Office of Minority Health and Health
Disparities
Maryland Department of Health

Roselie Bright, ScD, MS

| Volunteer Epidemiologist
COVID Safe Maryland

Stacy Cary-Thompson, MD

| Pediatrician
Cary Cares Parenting LLC

Saniya Chaudhry, PharmD

| Pharmacist

Susanna Cooper, MPH

| Health Communications Consultant
IQ Solutions

Kasenia Coulson, MPH

| Tobacco Control Coordinator
St. Mary's County Health Department

Kisha Davis, MD, MPH

| Montgomery County Health Officer

Jonathan Dayton, DrPH(c), MS, NREMT, CNE

| Executive Director
Maryland Rural Health Association

Jennifer Dixon Cravens, Master in Nutrition & Dietetics

| Faculty
University of Maryland

Jean Drummond, MPA*

| President and CEO
HCD International

Amy Ford, BA, MLIS

| Branch Manager
St. Mary's County Library

Negin Fouladi, PhD, MPH, MS

Associate Clinical Professor and
Director of online Graduate Studies
Chair, Universitas21 Health Research Exchange
(U21HREx) Community of Practice
University of Maryland School of Public Health

Amy Gyau-Moyer, MS, MBA

Senior Director, Community Health
University of Maryland Medical System

Laurie Lancaster, BSN

School Nurse
St. Mary's County Public Schools

Jennifer Loring, MEd

Assistant Regional Director
The Department of Juvenile Services

Nicole Morris, MSN, RN

Director
Mid Shore Health Improvement Coalition

Alicia Nelson, RN, MHA

Director of Nursing
Division Director, Clinical Services
St. Mary's County Health Department

Michelle Rhodes, MHS, RN

CEO
The Color of Wellness Media

Chloe Scott

Public Affairs Specialist
Frederick County Government

Denise Thomas

Realtor
Home Towne Real Estate

Susan Giordano, RN, BSN, MBA, FACHE, NE-BC

Chief Nurse Executive
Kaiser Permanente Mid-Atlantic Region

Maggie Kunz, MPH

Health Planner
Carroll County Health Department

Lauren Levy, JD, MPH

Cecil County Health Officer

Chidalu Mbonu, MPH

Doctoral (DrPH) Student
Loma Linda University School of Public Health

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Associate Director, Office of Public Health Practice and
Training
Assistant Practice Professor
Johns Hopkins Bloomberg School of Public Health

Oluwatosin Olateju, DrPH, MSN-CPHN, RN*

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Coppin State University

Nicole Rochester, MD*

Founder & CEO
Your GPS Doc, LLC

Earl Stoner, MPH

Washington County Health Officer

Sara Whaley, MPH, MSW, MA

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Johns Hopkins Bloomberg School of Public Health

Data and Information Technology Workgroup

(* = Appointed Member of Commission on Public Health)

Co-Chairs

Jay Atanda, DMD, DrPH

Policy Advisor
U.S. Department of Homeland Security

Matthew Levy, MD, MPH

Prince George's County Health Officer

Workgroup Members

Craig Behm, MBA

CEO
Chesapeake Regional Information System for our
Patients, Inc. (CRISP)

Hassanatu Blake, PhD, MPH, MBA

Director, Health Equity and Social Justice
National Association of County and City Health Officials
(NACCHO)

Christopher Brandt, MBA*

Managing Director
Audacious Capital

Janet Brown, MSc

Senior Research and Evaluation Specialist
National Association of County and City Health Officials
(NACCHO)

Myles Davenport, MPH

Epidemiologist
DC Office of the Chief Medical Examiner
Cofounder/President
Brothers in Public Health Inc.

Morad Elmi, MBA

Cofounder, Chief Strategy Officer
Scene Health (formerly emocha Health)

Christina Gray, MS

Epidemiologist
Wicomico County Health Department

Stephanie Harper, MD, MPP

Deputy Health Officer
St. Mary's County Health Department

Alyssa Lord, MA, MSc*

Deputy Secretary for Behavioral Health
Maryland Department of Health

Russell Moy, MD, MPH

Former Harford County Health Officer

Chris Nickerson, BSBA

CEO
WellCheck, LLC

Donna Perkins, MPH

Director of Assessment and Planning
Anne Arundel Department of Health

Marie Thoma, PhD

Associate Professor
University of Maryland School of Public Health

Xuanzi Qin, PhD, MSPH

Assistant Professor
University of Maryland School of Public Health

William Webb, MS

Kent County Health Officer

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

David Davis, BA

| Budget and Finance Director
| Public Health Services Administration
| Maryland Department of Health

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

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

Barbara Brookmyer, MD, MPH

| Frederick County Health Officer

Fran Philips, RN, MHA*

| Former Maryland Dept of Health Deputy Secretary of
Public Health Services
| Former Anne Arundel County Health Officer

Workgroup Members

Meenakshi Brewster, MD, MPH, FAAFP*

| St. Mary's County Health Officer

Julie Cady-Reh, MS, MBA, DrPH 2025

| Professor, Health Policy and Management
| Johns Hopkins Bloomberg School of Public Health
| Johns Hopkins Carey Business School

Angela Cochran, MS

| Division Director, Health Promotion & Community
Services
| St. Mary's County Health Department

Erica Drohan, CFA

| CFO
| Scene Health

Joan Gelrud, MSN,CPHQ,FACHE

| Commissioner
| Maryland Healthcare Commission

Isis Gomes, MPA

| MPH Candidate
| Johns Hopkins Bloomberg School of Public Health

Kathleen Hoke, JD

| Professor
| Director, Legal Resource Center for Public Health Policy
| University of Maryland Carey School of Law

Nilesh Kalyanaraman, MD, FACP*

| Deputy Secretary of Public Health Services
| Maryland Department of Health

Maria Maguire, MD, MPP

| Talbot County Health Officer

Matthew McConaughey, MPH

| Wicomico County Health Officer

Maura Rossman, MD*

| Howard County Health Officer

Michelle Spencer, MS*

| Practice Professor
| Deputy Director, Bloomberg American Health Initiative
| Johns Hopkins Bloomberg School of Public Health

Wendy Wolff, MPH

| Director of Strategic Engagement
| Maryland Nonprofits

Sarah Kolk, BA

| Workgroup Staff Support
| St. Mary's County Health Department
| Johns Hopkins Bloomberg School of Public Health

Workforce Workgroup

(* = Appointed Member of Commission on Public Health)

Co-Chairs

Brian Castrucci, DrPH, MA

| President and CEO
| de Beaumont Foundation

Robert Stephens, MS

| Garrett County Health Officer

Workgroup Members

Sanmi Areola, PhD

| Deputy Chief Administrative Officer for Health, Human
| Services, and Education
| Prince George's County

Marcy Austin, BA

| Harford County Health Officer

Heather Bagnall*

| Delegate
| District 33C - Anne Arundel County

Lawrence Baird, MBA

| Founder/Consultant
| Baird Consulting Group

Kyle Bishop, EdD, MBA

| Special Operations Manager
| St. Mary's County Health Department

Shawn Cain, BA

| Anne Arundel Deputy Health Officer

Julie Campbell, MBA

| Director of Human Resources
| Talbot County Health Department

Joseph Ciotola, Jr., MD

| Queen Anne's County Health Officer

Susan Doyle, RN

| Carroll County Health Officer

Amber D'Souza, PhD

| Professor
| Johns Hopkins Bloomberg School of Public Health

Shannon Edward, MA

| Experiential Learning Manager, Faculty
| Univ of Maryland School of Public Health

Deya Greer, MAT

| Lead Analyst for Workforce and Leadership
| Development
| National Association of County and City Health Officials
| (NACCHO)

Vanessa Lamers, MPH, MESC

| Workforce Development Director,
| Public Health Services Administration
| Maryland Department of Health

Lisa Laschalt, MPH, BA, REHS/RS, LEHS

| Environmental Health Director
| Charles County Department of Health

Boris Lushniak, MD, MPH*

| Dean and Professor
| Univ of Maryland School of Public Health

Mona Mittal, PhD

| Associate Professor
| Univ of Maryland School of Public Health

Katie Nelson, PhD, MSN, RN

Assistant Scientist
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Beth Resnick, DrPH, MPH

Assistant Dean for Public Health Practice
Johns Hopkins Bloomberg School of Public Health

Elvis Safary, PhD

Scientist and Project Lead
FIND

Randi Woods, MS, MBA, RN

CEO
Sisters Together and Reaching, Inc dba STAR Community
Health Solutions

Bethany Kuerten, MSc-GH

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Senior Program Associate
de Beaumont Foundation

Ahmad Ozair, MD

Sommer Scholar
Johns Hopkins Bloomberg School of Public Health

Michael Rhein, MPA

President & CEO
Institute for Public Health Innovation

Danielle Weber, MS, RN

Somerset County Health Officer

Tracy Zeeger, MPH, PhD

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

Michelle Kong, BA

Workgroup Staff Support
Assistant to the Dean
Univ of Maryland School of Public Health



Niles Kalyanaraman, MD, FACP
Deputy Secretary for Public Health Services
Maryland Department of Health

Baltimore
Central Maryland

Funding Workgroup

Niles Kalyanaraman, MD, FACP, serves as the Deputy Secretary of Public Health Services, at the Maryland Department of Health (MDH). Dr. Niles Kalyanaraman is a leader in improving health outcomes by developing innovative collaborations across health care, public health, and communities. Most recently, he served as the Health Officer in Anne Arundel County from 2019 to 2023 and led the county through its Covid response, the establishment of a gun violence intervention team, and the development of community-led health outreach to advance health equity. For over a decade prior, he has held leadership positions at Federally Qualified Health Centers, including Health Care for the Homeless in Baltimore and Unity Health Care in Washington, DC. He has led care transformation to integrate social determinants of health into clinical care, implement innovative reimbursement models, and increase access to underserved populations. He received a Doctor of Medicine from SUNY Downstate Health Science University in Brooklyn, NY and was a AAAS Science and Technology Policy fellow at the National Institutes of Health.

Jessica Solomon Fisher, MCP

Jessica Solomon Fisher is the Chief Operating Officer for the Public Health Accreditation Board (PHAB). She joined the organization in December 2015, as the Chief Innovations Officer and later served as the Vice President for Strategic Initiatives and Program Operations. In her current role, Jessica is responsible for assuring effective and efficient work across the organization to achieve PHAB's strategic priorities. She oversees management and administration of PHAB business operations and alignment and integration of organizational and unit strategy. Jessica's career spans more than 20 years working in support of governmental public health practice. Prior to joining PHAB, Jessica worked for the National Association of County and City Health Officials (NACCHO) for 13 years, serving most recently as the Senior Advisor of Public Health Programs.

Ms. Fisher holds a Master in Community Planning from the University of Maryland School of Architecture, Planning and Preservation and a Bachelor of Science in Geography from Ohio University.

Reena Chudgar, MPH

Reena Chudgar is the Senior Director of Public Health Systems and Services at Public Health Accreditation Board, where she is responsible for planning and implementation of the PHAB Center for Innovations' projects and incubating the Center for School Health Innovation and Quality. She supports health departments and communities through these initiatives in fostering innovation, multi-sector collaboration, public health modernization and transformation, service and resource sharing, and advancing equity. Prior to joining PHAB, Reena served as the Director for Performance Improvement at the National Association of County and City Health Officials, supporting agencies and systems in assessment and planning, quality improvement, workforce development, and related areas. Prior to her focus on US public health, she worked in the global public health space supporting efforts in Ghana, Kiribati and other areas. Reena received both her Master of Public Health degree and a BS in chemistry from Emory University. She grew up in Augusta, Georgia and currently lives in Washington, DC.



Overview of Maryland's State Public Health Infrastructure

Nilesh Kalyanaraman, MD, FACP
Deputy Secretary of Public Health Services
February 1, 2024





Overview of the Maryland Department of Health

health.maryland.gov

MDH >

About the Maryland Department of Health

The Maryland Department of Health focuses on improving the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.

Vision, Mission and Core Values



Vision: Lifelong health and wellness for all Marylanders.



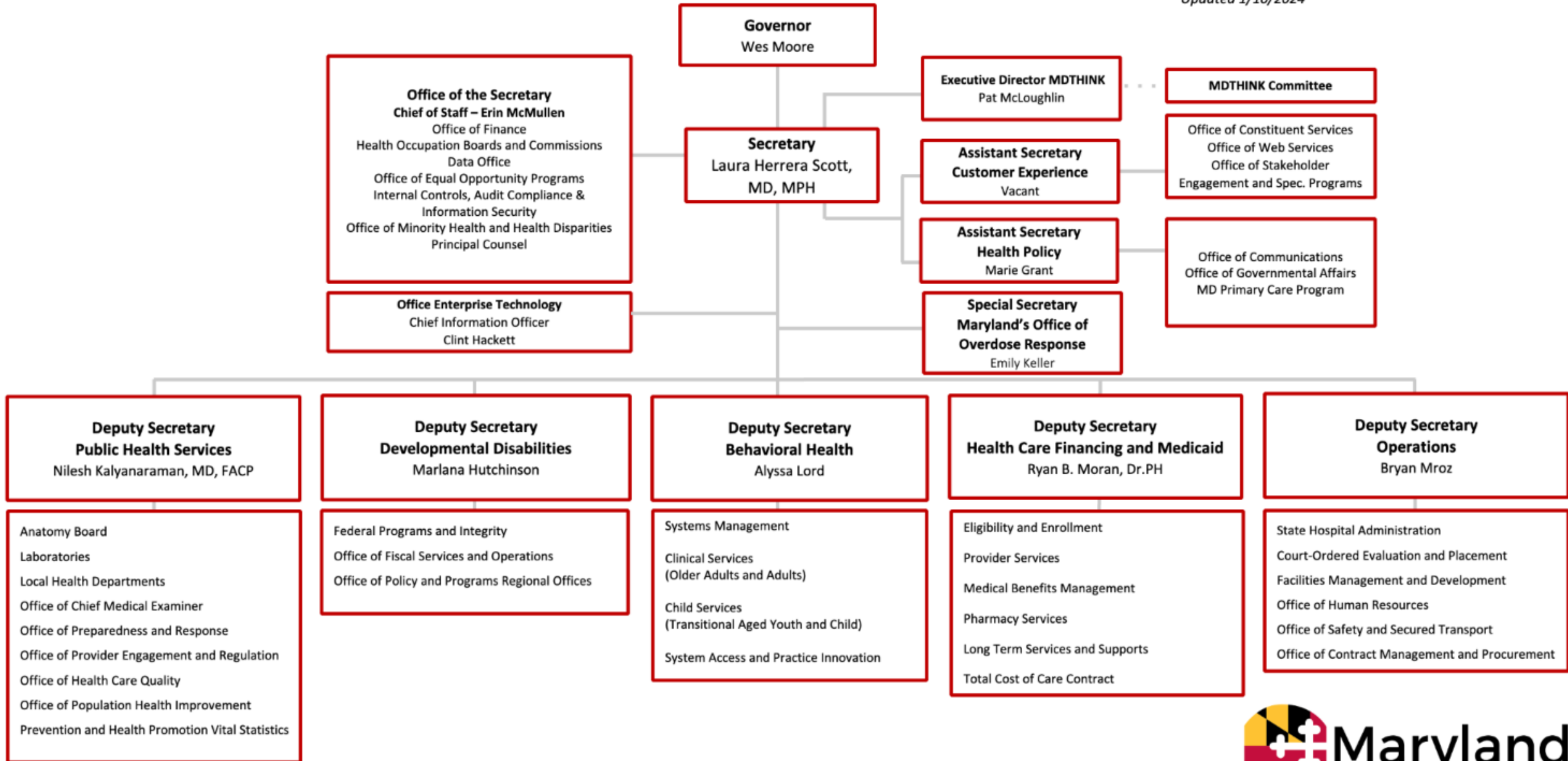
Mission: All individuals, families, and communities in Maryland achieve the best possible health outcomes through equitable access to a world-class, high-quality health system that provides whole-person care and treats everyone with respect and compassion.



Core Values: Courage, Collaboration, Compassion

Maryland Department of Health Organization Chart

Updated 1/10/2024



Maryland Department of Health

Leadership

Maryland Health Secretary

Laura Herrera Scott, MD, MPH

The Office of the Secretary provides central policy direction to the operational units of the Health Department as well as various administrative support services, such as constituent services, human resources, finance, communications, the inspector general, and governmental affairs.



Public Health Services Administration

Nilesh Kalyanaraman, MD, FACP
Deputy Secretary

The Public Health Services Administration oversees vital public health services to Maryland residents, including infectious disease control, environmental health programs, maternal, child, and family health services, food safety, health care quality, and vital records, as well as the Office of the Chief Medical Examiner, the State Anatomy Board, and activities of the 24 local health departments in the state.



Developmental Disabilities Administration (DDA)

Marlana Hutchinson

Deputy Secretary

The Developmental Disabilities Administration (DDA) works together with people who have intellectual and developmental disabilities to get support and resources so that they can have good lives. The DDA is the main Maryland state agency that pays for services in communities for people with intellectual and developmental disabilities.



Behavioral Health Administration (BHA)

Alyssa Lord, MA MSc
Deputy Secretary

The Behavioral Health Administration (BHA) has oversight responsibility for publicly-funded inpatient and outpatient (community) behavioral health services, which includes a comprehensive array of services and supports to help individuals with substance-related disorders, mental health disorders, co-occurring disorders, and problem-gambling disorders recover. BHA is also responsible for regulating and licensing all behavioral health programs in the Maryland Public Behavioral Health System and has oversight responsibility to ensure provider compliance with COMAR 10.63 and state policy.



Health Care Financing and Medicaid Administration

Ryan Moran, Dr.PH
Deputy Secretary

The Medicaid Administration administers the state's public health insurance program. Medicaid is free or low-cost health insurance for eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. It is the largest health care program in the United States. In Maryland, Medicaid covers about 1.8 million people. Nearly one in four Marylanders get their health insurance through Medicaid.



Operations Administration

Bryan Mroz

Deputy Secretary

The Operations Administration oversees facilities management and development, procurement and contract management, secured transport and investigations, and the MDH Healthcare System, an 11 facility system focusing on providing services to individuals with behavioral health conditions, chronic care conditions, residential treatment for adolescents and individuals with developmental disabilities.



Capabilities of the Maryland Department of Health

- **Public Health Services Administration:** Oversees infectious disease control, chronic disease prevention, environmental health programs, maternal, child, and family health services, food safety, health care quality, and vital records, Office of the Chief Examiner, State Anatomy Board, emergency preparedness, and activities of 24 local health departments.
- **Developmental Disabilities Administration:** Provides coordinated service delivery for individuals with developmental disabilities, partners with individuals and families to provide leadership and resources.
 - Meaningful Day Services: Employment and career exploration support, skill-building to support social interactions, medical day care
 - Support Services: Assistive technology, housing, family and peer mentoring, live-in caregiver, nursing, respite, transportation and vehicle modifications, behavioral, environmental assessments
 - Residential Services: Supported, shared, and community living support

Capabilities of the Maryland Department of Health

- **Behavioral Health Administration:** Oversees publicly-funded inpatient and outpatient behavioral health services (including recovery support for substance-related, mental health, co-occurring, and problem-gambling disorders), regulates and licenses behavioral health programs and manages inpatient psychiatric and crisis bed dashboards.
- **Medicaid Administration:** Insures ~1.8 million Marylanders (nearly 1 in 4 Marylanders); half are children.
- **Operations Administration:** Manages 11 active facilities and hospitals, including inpatient psychiatric centers, regional institutes for minors, developmental disabilities centers, chronic hospitals, and a laboratory.

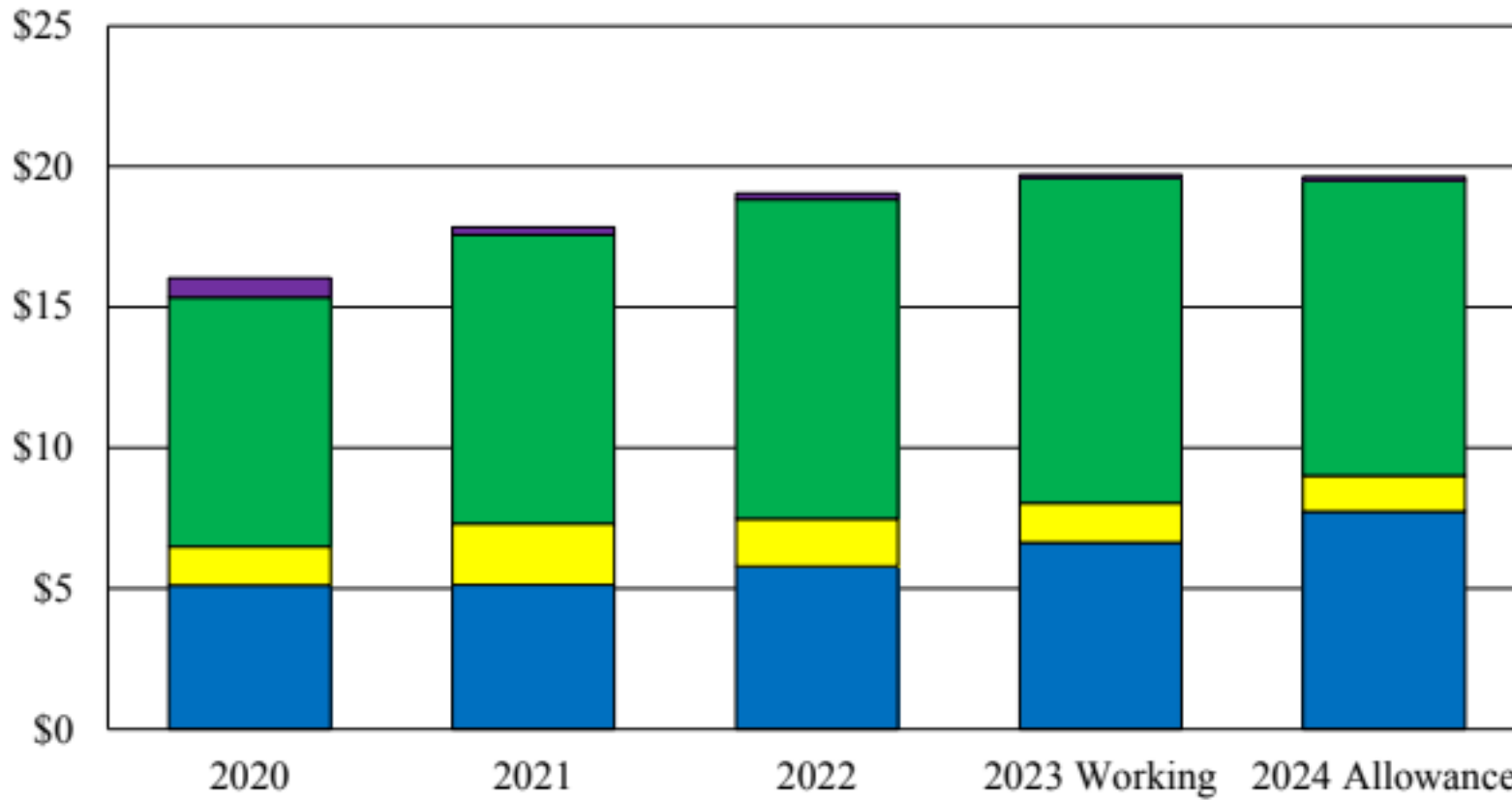


Public Health Services Administration

Funding and Budget



MDH 5-Year Funding Trends (\$ in Billions)



2024: \$19.6 Billion

■ General Funds ■ Special Funds ■ Federal Funds ■ Reimbursable Funds

MDH FY 2024 Appropriations

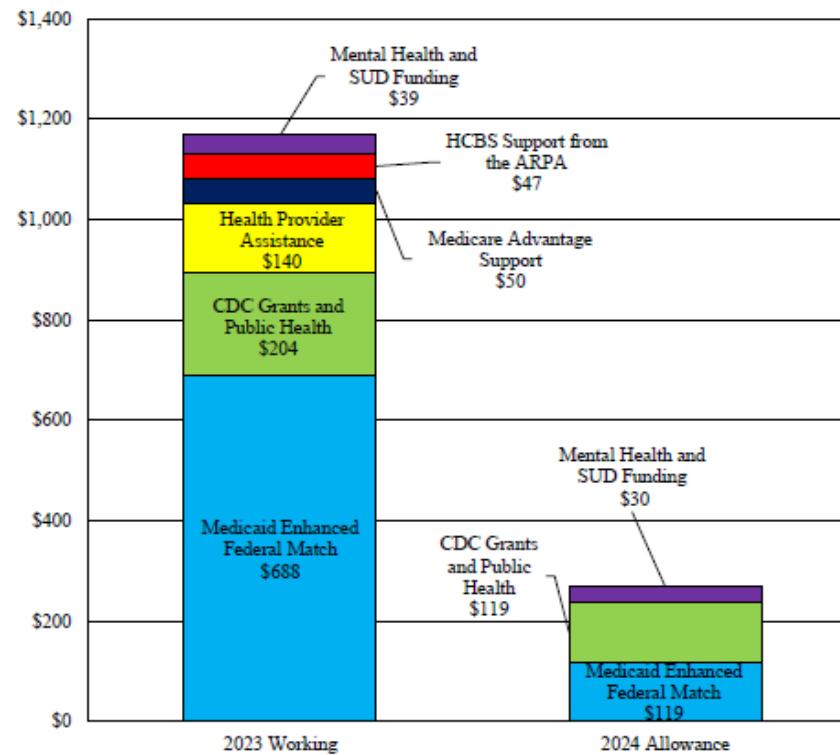
Maryland Department of Health FY 2024 Appropriations	General Funds	Special Funds	Federal Funds	Reimbursable Funds	Total Funds
Administration	206,826,259	413,392,217	110,505,788	14,620,299	745,344,563
Behavioral Health Administration	588,816,919	34,170,295	144,731,455	6,232,757	773,951,426
Developmental Disabilities Administration	945,165,910	6,450,203	903,724,377		1,855,340,490
MDH Health System	508,816,958	7,522,399	862,653	3,159,579	520,361,589
Medical Care Programs Administration	4,900,871,525	682,976,989	8,794,338,644	89,502,745	14,467,689,903
Public Health Services	328,004,247	151,979,027	401,470,320	12,123,220	893,576,814
Grand Total	7,478,501,818	1,296,491,130	10,355,633,237	125,638,600	19,256,264,785

PHS FY 2024 Appropriations

Public Health Services Administration FY 2024 Appropriations (\$ in Thousands)	General Funds	Special Funds	Federal Funds	Reimbursable Funds
	\$328,004,247	\$151,979,027	\$401,470,320	\$12,123,220
B0103 Office of Health Care Quality	\$22,494,791	\$619,974	\$9,084,950	
F0101 Executive Direction - Deputy Secretary for Public Health Services	\$5,720,637	9 \$236,31	66 \$3,249,4	0 \$588,98
F0201 Office of Population Health Improvement	\$6,724,512	0 \$483,50	055 \$12,181,	
F0207 Core Public Health Services	\$115,76 5,573			
F0301 Infectious Disease and Environmental Health Services	\$19,823, 061	\$77,453, 606	\$197,19 0,302	\$10,564, 729
F0304 Family Health and Chronic Disease Services	\$83,928, 483	\$63,954, 061	\$145,87 1,762	\$290,96 6
F0501 Office of the Chief Medical Examiner	\$21,242, 045			\$310,00 0

Federal Stimulus and Dedicated Purpose Account

Federal Stimulus and Dedicated Purpose Account Funding Under MDH to Respond to COVID-19 Impacts
Fiscal 2023-2024
(\$ in Millions)



ARPA: American Rescue Plan Act of 2021
CDC: U.S. Centers for Disease Control and Prevention
HCBS: home- and community-based services

MDH: Maryland Department of Health
SUD: substance use disorder

Source: Department of Budget and Management; Department of Legislative Services



Public Health Services Administration

health.maryland.gov/phpa

PHS ADMINISTRATION >

About the PHS Administration

The Public Health Services (PHS) Administration seeks to build a healthier Maryland, in which all Marylanders experience optimal wellbeing. PHS is responsible for key public health services overseeing infectious disease control, chronic disease prevention, environmental health programs, maternal, child, and family health services, food safety, health care quality, and vital records. It also oversees the Office of the Chief Medical Examiner, the Anatomy Board, emergency preparedness, and the activities of the state's 24 local health departments.

Guiding Principles of the PHS Administration

The PHS Administration envisions a future in which all Marylanders and their families enjoy optimal health and wellbeing. We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement. Applicable to all of our work are the values of collaboration and partnership, science and data-driven, equity, integrity, leadership, innovation and excellence.

Commitment to Equity

The PHS Administration in partnership with the Office of Minority Health and Health Disparities (MHHD) is committed to strategies that promote health equity through:

- Improved access to resources for all Marylanders,
- Better assessment of and consolidated efforts to promote interventions for at-risk and high need populations,
- Disaggregating data across sociodemographics and geography, and
- Collaborations to break down barriers created by the social determinants of health.

Operational Units

- Local Health Departments
- Prevention and Health Promotion Administration
- Office of Preparedness and Response
- Office of Health Care Quality
- Office of the Chief Medical Examiner
- Vital Statistics Administration
- Laboratories Administration
- Office of Provider Engagement & Regulation (PDMP & OCSA)
- Office of Population Health Improvement
- State Anatomy Board
- Public Health Workforce & Infrastructure Office



Public Health Services Administration

Local Health Departments

LHDs >

About Local Health Departments

Local Health Departments promote health and prevent disease through education, advocacy, linkage to resources and treatment to improve the quality of life for Maryland residents.

Programs and Services May Include:

- Diabetes and cancer prevention
- Vaccination clinics
- Violence intervention
- Healthcare and insurance access
- Environmental health services

Programs in Local Health Departments

Local health departments provide services in 24 jurisdictions.

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



Public Health Services Administration

Prevention and Health Promotion Administration

PHPA Units

- **Maternal and Child Health Bureau**
- **Environmental Health Bureau**
- **Cancer and Chronic Disease Bureau**
- **Infectious Disease Epidemiology and Outbreak Response Bureau**
- **Infectious Disease Prevention and Health Services Bureau**

A photograph of a pregnant woman and a young girl sitting on a blanket outdoors. The woman is smiling and looking down at her belly, which the girl is touching. The woman is wearing a light-colored cardigan over a white top. The girl has braided hair and is wearing a blue patterned shirt. The background is a blurred green field.

Maternal and Child Health Bureau



About the Maternal & Child Health Bureau

The Maternal and Child Health Bureau (MCHB) programs and services connect birthing people and families to services and information to support a lifetime of health and wellbeing. Maternal and child health programs span the lifespan from pregnancy and birth support to infancy, childhood, adolescence, and preconception care.

Programs in the Maternal & Child Health Bureau

- Maternal Health Task Force
- Perinatal Support Program
- Care Coordination with the Local Health Departments
- Maryland WIC Special Supplemental Nutrition Program for Women, Infants, and Children
- Newborn Screening & Follow up
- Early Hearing Detection & Intervention
- Maternal, Infant, Early Childhood Home Visiting
- Children with Special Health Care Needs
- School-Based Health Center Program
- Maryland Family Planning
- Sexual Health Education



Environmental Health Bureau

About the Environmental Health Bureau

The Environmental Health Bureau (EHB) works to ensure all Marylanders have access to clean, healthy, and safe environments in their home, communities, and across Maryland.

EHB conducts programs and services across the state to prevent and mitigate the impacts of environmental hazards on health.

Programs in the Environmental Health Bureau

- Asthma Home Visiting Program
- Environmental Health programs coordinated with local health departments and Maryland Department of Environment
- Violence and Injury Prevention
- Permits and Licensing
- Food Protection
- Recreation Safety - Youth Camps and Pools
- Epidemiology – environmental, occupational, and injury data for local and state use
- Environmental Public Health Data Portal

Cancer & Chronic Disease Bureau

About the Cancer & Chronic Disease Bureau

The Cancer and Chronic Disease Bureau (CCDB) works to improve the health of Maryland residents through public health initiatives with the goal of reducing the burden of cancer, diabetes, cardiovascular disease, tobacco use, and poor oral health to improve health outcomes across the lifespan.

Programs in the Cancer & Chronic Disease Bureau

Cancer Prevention and Control

- Cancer Screening, Diagnosis and Treatment Programs
- Comprehensive Cancer Control Program
- Maryland Cancer Fund
- Maryland Cancer Registry
- Patient Navigation Network
- Epidemiology, Surveillance and Evaluation Unit

Programs in the Cancer & Chronic Disease Bureau

Chronic Disease Prevention and Control

- Diabetes Prevention Programs
- Diabetes and hypertension self-management programs
- Cognitive Health Programs
- Food security, nutrition and physical activity programs
- Behavioral Risk Factor Surveillance System

Programs in the Cancer & Chronic Disease Bureau

Tobacco Prevention and Control

- Maryland Quitline
- Statewide and Local Public Health Initiatives
- Youth Prevention Programs
- Tobacco Retailer Inspections (FDA/Synar)
- Cannabis Public Health Fund

Programs in the Cancer & Chronic Disease Bureau

Oral Health

- Oral Disease and Injury Prevention Programs
- School Dental Sealant Program
- Oral Cancer Screening and Health Education
- Fluoride Varnish Program
- Water Fluoridation

Programs in the Cancer & Chronic Disease Bureau

Maryland Kidney Disease Program

- Chronic Maintenance Dialysis
- Renal Transplantation
- Approved Hospital Care
- Physician and Laboratory Fees
- Reimbursable Drug List Medications



Infectious Disease Epidemiology & Outbreak Response Bureau

About the IDEORB

The Infectious Disease Epidemiology & Outbreak Response Bureau (IDEORB) deals with infectious diseases (not including STIs/HIV/HBV/HCV).

Work done in coordination and close collaboration with partners, including: LHDs, other PPHA and MDH units, Maryland agencies, other states, federal agencies (e.g., CDC, FDA, USDA) and laboratory, academic and healthcare partners

Programs in the IDEORB

- Infection disease prevention
- Surveillance
- Case and outbreak investigation and response
- Data infrastructure and informatics support



Infectious Disease Prevention & Health Services Bureau

About the IDPHSB

The Infectious Disease Prevention and Health Services Bureau (IDPHSB) is Maryland's response to sexually transmitted infections including HIV and viral hepatitis. The IDPHSB houses the Center for Harm Reduction Services – one of only three state or jurisdictional level public health units dedicated to drug user health.

In collaboration with local health departments, IDPHSB works to meet the evolving sexual and drug user health needs of all Marylanders with a particular focus on health equity and undoing racism in the healthcare system.

Programs in the IDPHSB

- Community Engagement
- Disease and Drug Market Surveillance
- Data Use for Public Health Action (including disease transmission interruption)
- Centralized Distribution of Resources (such as naloxone and point-of-care tests)
- Prevention and Care Programs
- Capacity Building and Technical Assistance
- Clinical Quality Improvement Initiatives
- Dissemination of Best Practices
- Workforce Development Activities



Public Health Services Administration

Office of Preparedness & Response

OP&R >

About the Office of Preparedness & Response

The Office of Preparedness & Response develops programs and services that support government agencies, media, and other stakeholders to:

- Promptly and effectively inform the public about health crises and emergencies
- Empower individuals to take precautionary measures
- Limit public confusion and misinformation
- Inspire public trust and cooperation

Programs in the Office of Preparedness & Response

- Biosurveillance
- Emerging Infectious Diseases
- General Preparedness
- Health Systems Surge and Planning
- Hospital Preparedness Program (HPP)
- Maryland Responds Medical Reserve Corps
- Medical Countermeasure Readiness
- Nuclear Accidents & Bioterrorism
- Training and Exercises
- Weather Preparedness



Public Health Services Administration

Office of Health Care Quality

OHCQ >

About the Office of Health Care Quality

The Office of Health Care Quality (OHCQ) monitors the quality of care in Maryland's health care facilities and community-based programs. As of July 1, 2021, OHCQ oversees 19,032 providers in 45 industries.

Programs in the Office of Health Care Quality

- Licensure to authorize facilities or programs to do business
- Certification for Medicare and Medicaid reimbursement
- Surveillance to determine compliance with federal and State regulations, setting forth the minimum standards for the delivery of care in these industries.
- Technical assistance to applicants, licensees & consumers



Public Health Services Administration

Office of the Chief Medical Examiner

OCME >

About the Office of Chief Medical Examiner

The OCME is a statewide agency designated by law to investigate sudden, unexpected deaths that are due to injury, in the setting of unexplained or suspicious circumstances, and/or not attended by a physician. The OCME has a medicolegal responsibility to perform forensic autopsies in order to determine cause and manner of death, in addition to serving a public health role by identifying injury and intoxication trends and emerging infectious diseases that may impact the safety and health of the Maryland community. In addition, the OCME is a training/teaching institution with one of the longest running forensic pathology fellowship programs in the United States. The OCME strives to provide the State of Maryland with exceptional forensic medical care.

Programs of the Office of Chief Medical Examiner

- Forensic death care services to decedents and their families
- Death certification for vital statistic
- Expert witness testimony in the court of law, in all Maryland jurisdictions
- Training for the next generation of forensic pathologists via ACGME accredited forensic pathology fellowship program



Public Health Services Administration

Vital Statistics Administration

About the Vital Statistics Administration

The Vital Statistics Administration (VSA) is comprised of two Divisions:

- Division of Health Statistics compiles and publishes reports based on vital records registered each year for Maryland residents.
- Division of Vital Records issues certified copies of birth, death, fetal death, and marriage certificates (2007 - present) for events that occur in Maryland. DVR also provides divorce verifications (1992 - present) and information on procedures for registering an adoption, foreign adoptions and legitimation.

Programs in the Vital Statistics Administration

- Vital Records for events that occur in Maryland, including birth, death , fetal death and marriage certificates, divorce verifications
- Annual Reporting compiled from vital records registered each year for Maryland residents.
- Public health data requests from federal, state, and local agencies, media outlets, researchers, students, as well as the general public.



Public Health Services Administration

Laboratories Administration

MARYLAND LABS >

About the Laboratories Administration



YEARS OF COMMITMENT, SCIENCE AND SERVICE



MARYLAND PUBLIC
HEALTH LABORATORY

The Laboratories Administration is a science-based organization providing sound actionable objective and unaffiliated information to medical professionals, public health partners and others to implement appropriate prevention and control measures by providing accurate and timely laboratory test results.



Programs in the Laboratories Administration

- Infectious disease prevention, control and surveillance
- Newborn Screening
- Environmental health and protection
- Food, water and consumer product safety
- Emergency response
- Training & education
- Public health applied research
- Integrated data management
- Reference & specialized testing



Public Health Services Administration

Office of Provider Engagement & Regulation

OPER >

About the Office of Provider Engagement and Regulation

The Office of Provider Engagement and Regulation (OPER) provides support for prescribers and dispensers to better promote professional education, informed clinical decision-making, best practices and innovation so that Maryland patients experience optimal access, efficacy and safety in connection with controlled substances.

Programs the Office of Provider Engagement and Regulation

The **Office of the Prescription Drug Monitoring Program (PDMP)** supports healthcare providers and their patients in the safe and effective use of prescription drugs. The Program collects and securely stores information on drugs that contain controlled substances and are dispensed to patients in Maryland. The provider outreach and education unit provides resources for safe and effective prescribing of controlled substances. It serves as a core component of the State's and many local jurisdictions' strategies for reducing drug-related overdoses.

Programs the Office of Provider Engagement and Regulation

The **Office of Controlled Substances Administration (OCSA)** enforces the Controlled Dangerous Substance (CDS) Act and ensures the availability of drugs for legitimate medical and scientific purposes. OCSA also issues CDS permits to practitioners, researchers, and establishments that administer, prescribe, dispense, distribute, manufacture, conduct research and conduct chemical analysis of CDS.



Public Health Services Administration

Office of Population Health Improvement

OPHI >

About the Office of Population Health Improvement

In pursuit of a healthy, thriving Maryland, the Office of Population Health Improvement (OPHI) envisions a health system that is stakeholder-driven, data-informed, and financially aligned with health in all policies.

OPHI works to transform public health through stewardship of data, partnerships, and funding initiatives to develop innovative health policy and improve the health infrastructure of Maryland.

Programs in the Office of Population Health Improvement

- Health care workforce
- Health care access
- Rural health
- Community Health Workers
- Local health substance use prevention
- School-based health services
- Local Health Department billing



Public Health Services Administration

State Anatomy Board



About the State Anatomy Board

The State Anatomy Board works to manage with care and dignity the decedent affairs of all who have donated themselves to the Maryland State Anatomy Board and from this selfless act of generosity provide member medical schools and other public health education programs unparalleled resources to teach theory and techniques that promote medical-dental education, improve clinical-surgical practices, positively impact research and improve public health for generations to come.

Programs in the State Anatomy Board

- Death verification
- Anatomic donation programs
 - Organ, Eye and Tissue Donor programs
 - Education and Research Study Body Donor program
 - Brain & Tissue Bank for Development Disorders at University of Maryland, School of Medicine



Public Health Services Administration

Public Health Workforce & Infrastructure Office

WORKFORCE >

About the Public Health Workforce & Infrastructure Office

The Public Health Workforce and Infrastructure Office was created in 2023 in the Office of the Deputy Secretary for Public Health Services to manage PHS accreditation, data modernization, and workforce and infrastructure capacity building.

The Office has a dedicated Accreditation Team tasked with oversight of maintaining public health accreditation, including the creation and implementation of the revised strategic plan and the state health assessment and improvement plan.

Priorities of the Public Health Workforce & Infrastructure Office

- Public health accreditation
- Strategic planning
- Quality improvement
- Performance management
- Data modernization
- Program administration and evaluation
- Grants management



Public Health Services Administration

Public Health Services Initiatives



MDH Accreditation by the Public Health Accreditation Board (PHAB)

A comprehensive and systematic evaluation using standardized measures and criteria of MDH's performance in the 10 essential public health services

Purpose

- Increases accountability, transparency, credibility and trust
- Improves quality and performance
- Identifies areas for improvement

MDH Accreditation Status

- MDH initially accredited in 2017 and has submitted documentation for reaccreditation



Public Health Infrastructure Grant (PHIG)

- 5-year CDC grant: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems
- Crosscutting support for critical infrastructure needs
- Strategies:
 - Workforce
 - Foundational Capabilities
 - Data Modernization
- At least 40% of funding to LHDs

Public Health Workforce Development

PHS is building a coordinated strategy for Public Health Workforce Development:

- Attract and recruit qualified candidates
 - Strengthening and formalizing academic partnerships
- Foster an organizational culture of belonging
 - Improving employee satisfaction
- Create an environment of continuous learning
 - Professional development with higher education partners

Public Health Services (PHS) Administration

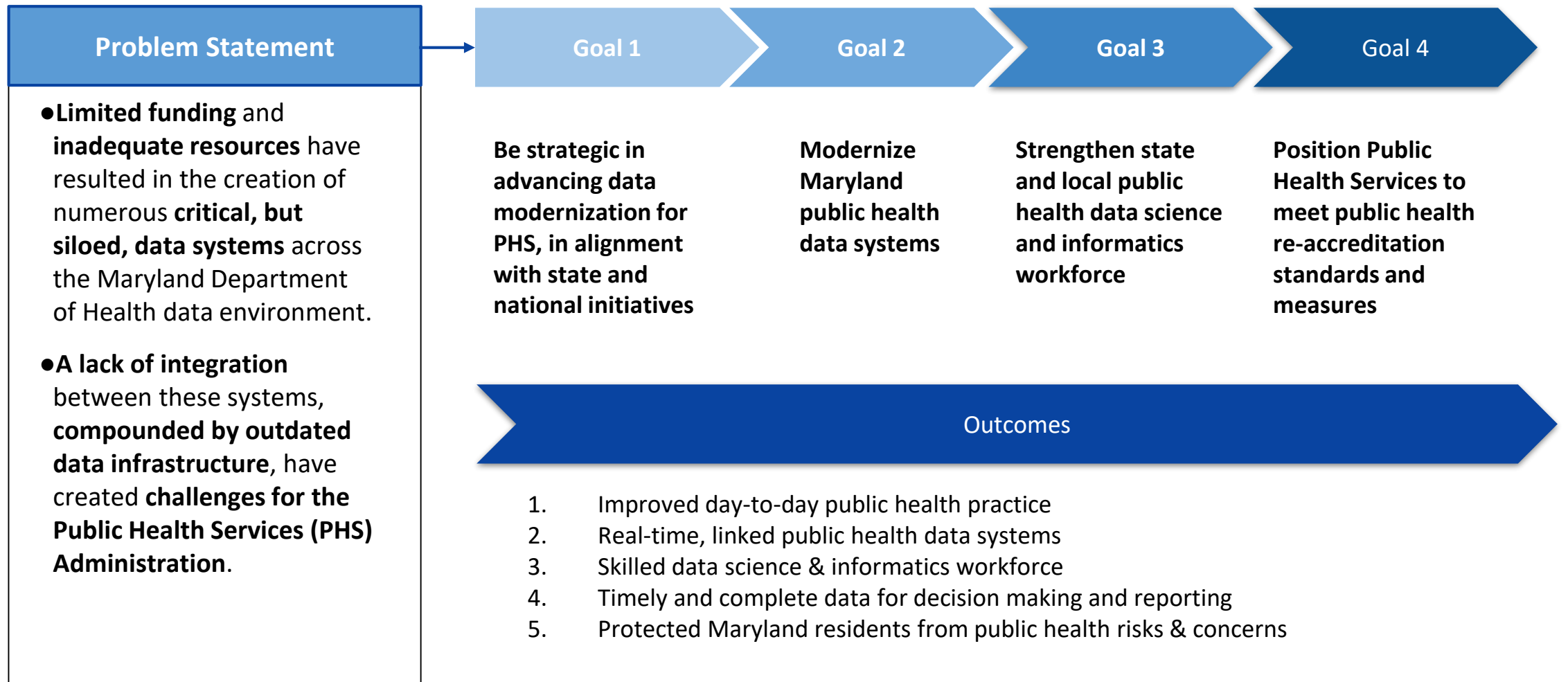
Workforce Development Internship Program

MDH has hosted 91 interns from 25 universities

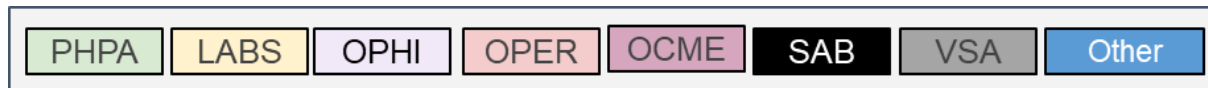
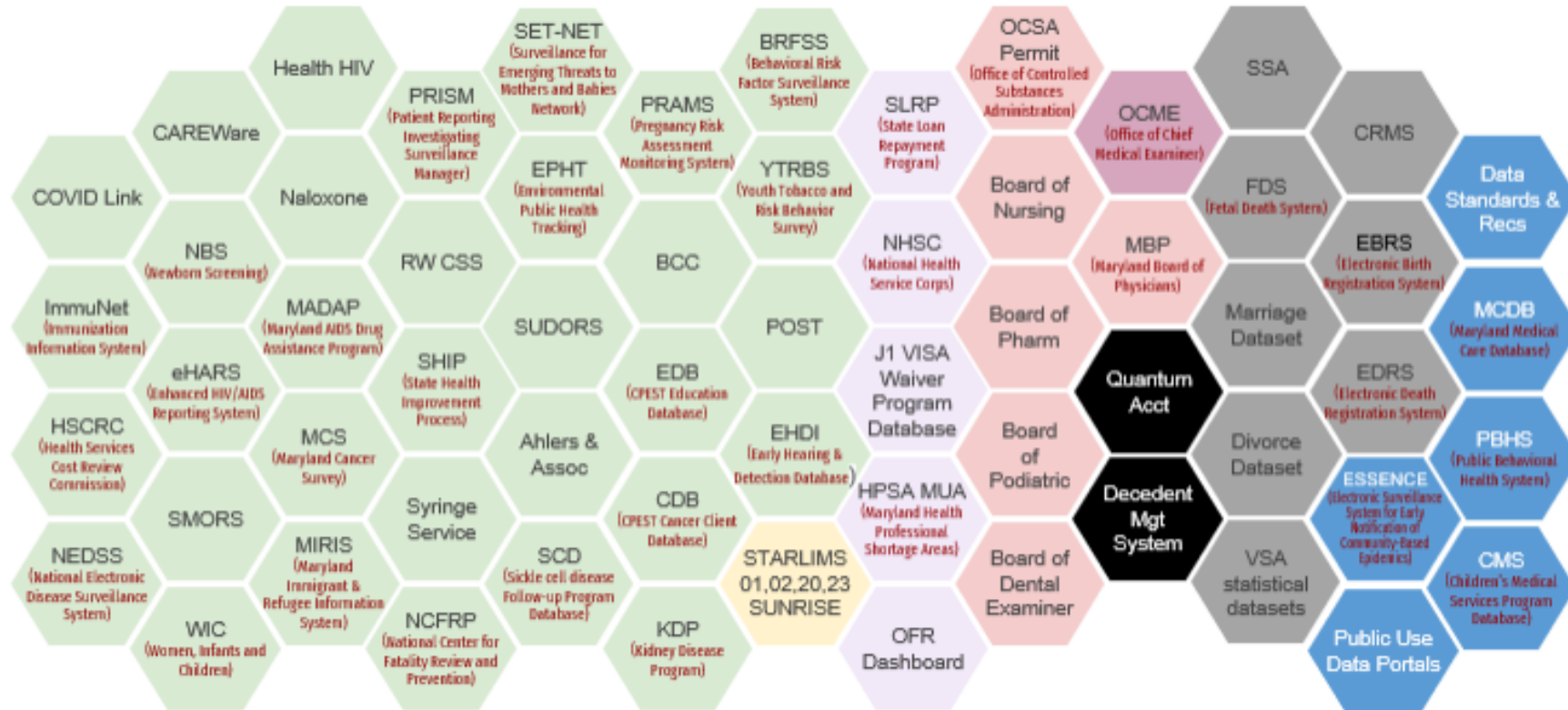


From left to right: Patrick Reyes, Da-Young Kang (now MDH staff), Esohe Owie, Yvonne Romero (now MDH staff), Ugonna Okorie

Data Modernization: Goals and Associated Outcomes



Public Health Datasets, Applications & Systems



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@MDHEALTHDEPT





Maryland Commission on Public Health

21st Century Public Health Transformation
Approaches and Tools

Reena Chudgar; Jessica Solomon Fisher | February 1, 2024



Today's Topics

1

About PHAB

2

Foundation
Setting around
Public Health
Transformation

3

21st Century
Approaches to
transformation

4

Assessment
tools

5

PHAB
supports
& Q&A



About PHAB

VISION

A high performing governmental public health system that supports all people living their healthiest lives.

MISSION

Advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation.

VALUES

Trust | Respect | Innovation | Collaboration | Growth-mindset

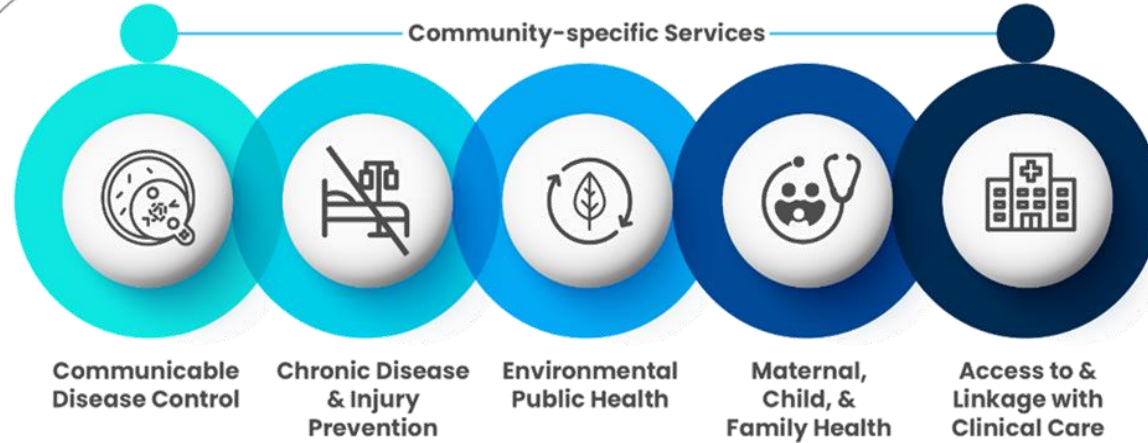
Principles

Excellence | Diversity, Equity, and Inclusion | Transparency | Accountability



Foundational Public Health Services

Foundational Areas



Foundational Capabilities

Assessment & Surveillance	Community Partnership Development	Equity	Organizational Competencies
Policy Development & Support	Accountability & Performance Management	Emergency Preparedness & Response	Communications

E Q U I T Y



Accreditation and Recognition



Maryland Accreditation Activity:

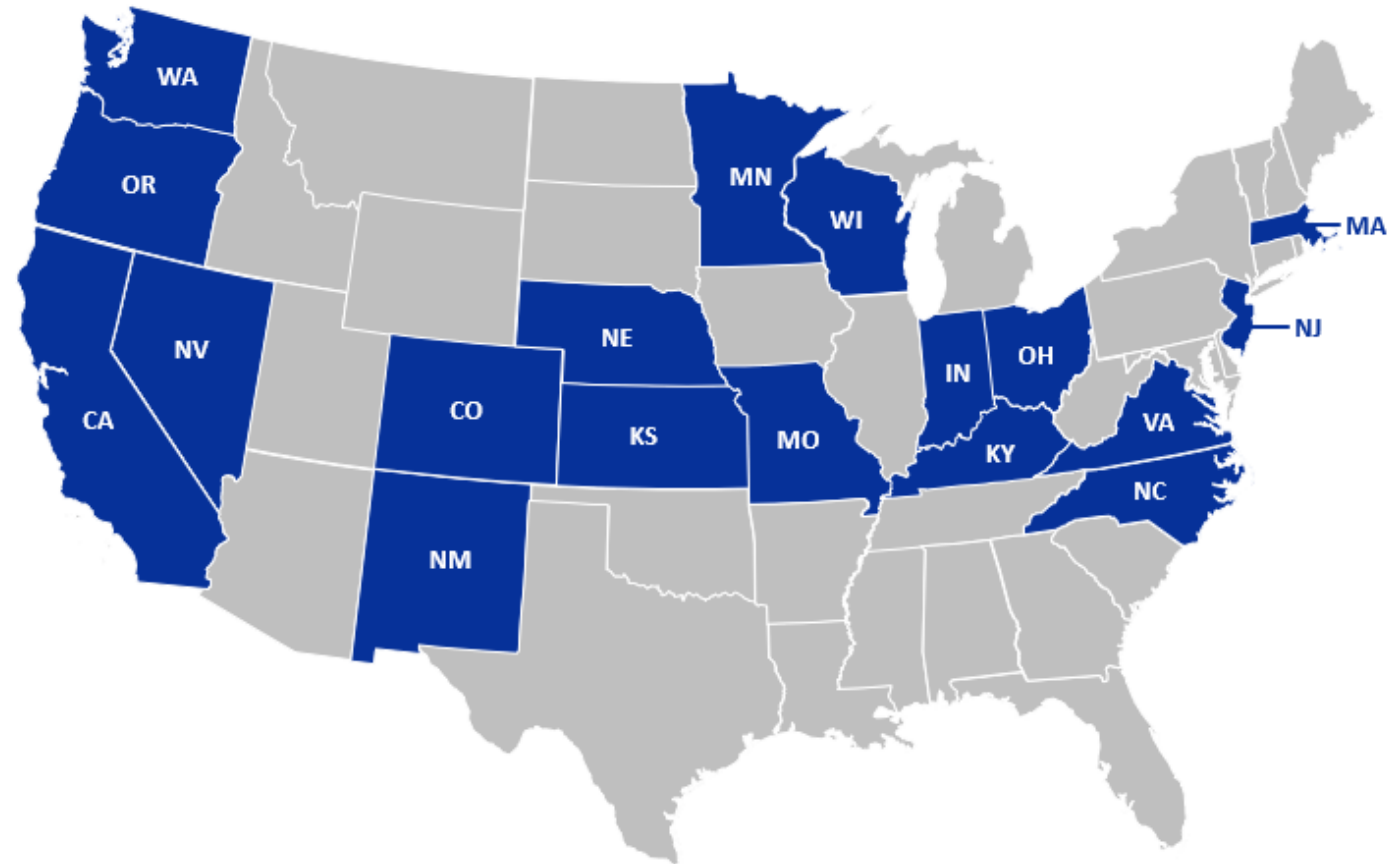
- 12 local health departments
- State health department



21st Century (21C) Transformation

- Currently 18 states
- State-wide public health systems transformation

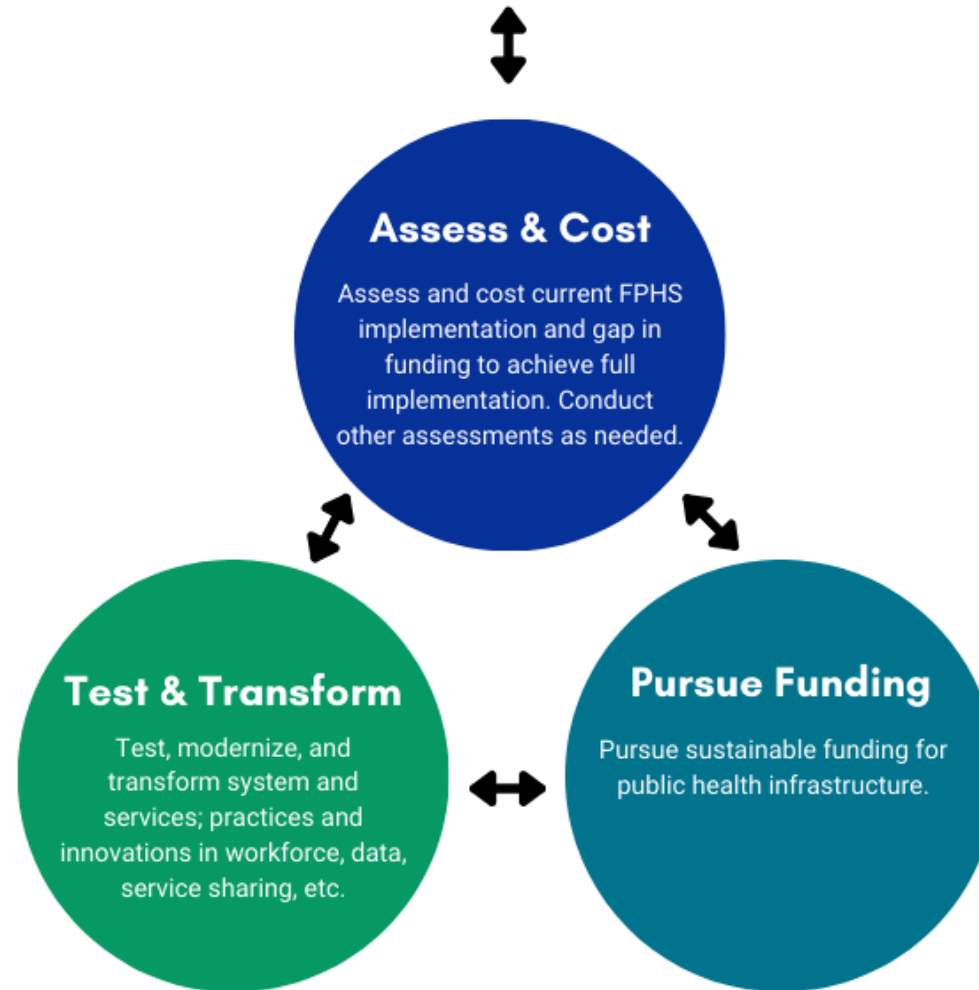
PHAB's 21st Century Learning Community





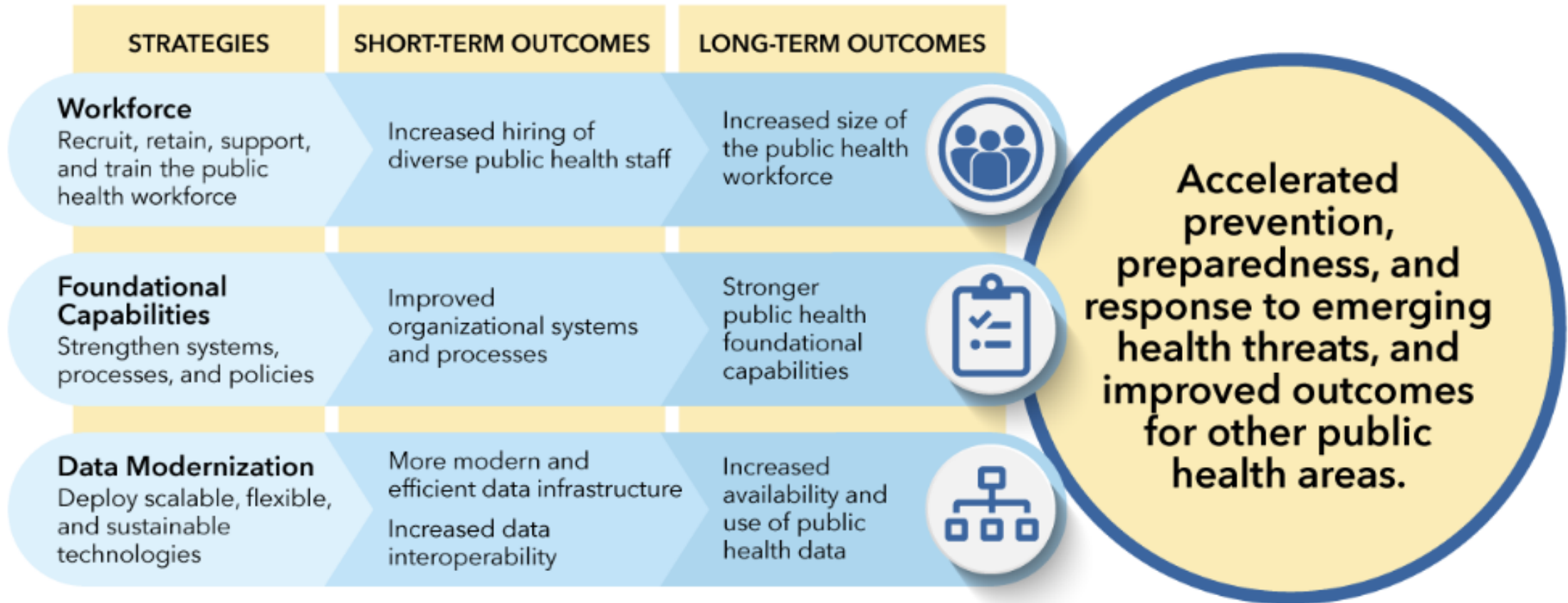
Systems Approach to Transformation

Develop a vision and adopt the FPHS Model.





Public Health Infrastructure Grant (PHIG)





PHAB Tools for Transformation

Guide to Transformation

Who: State-wide public health systems

Outcome: Guide to strategically and operationally undertake transformation efforts using the FPHS

PH Workforce Calculator

Who: LHDs under 500,000 population

Outcome: Estimate FTEs needed to provide the FCs and FAs

Readiness Assessment

Who: HDs planning to apply for accreditation and/or assess against the FCs

Outcome: Level of readiness for accreditation

FPHS Capacity & Cost Assessment

Who: Individual HDs and HD systems

Outcome: Understand current and full costs to provide FPHS, understand current capacity

Service & Resource Sharing

Who: Individual HDs, HD systems, PH system partners

Outcome: Understand various ways to engage in service and resource sharing efforts



PHAB FPHS Capacity and Cost Assessment

Create understanding across a statewide system of:

- Current ability (capacity & expertise) to deliver FCs and FAs
- Current cost/spend towards the FCs and FAs
- What “full implementation” would look like
- Gap between the current and full implementation



PHAB FPHS Capacity and Cost Assessment

Background

Agency Details

(used to identify responding entity and create header labels)

Agency Name:

Top Governance:

Point-of-Contact:

(used to identify person in charge of responding to assessment)

Point-of-Contact Name:

Email:

Financial Summary

For our analysis, we will need to know how you define certain features (e.g., 'fiscal year,' annual FTE) and will also need to know tot

1. What time period is covered by the relevant fiscal year (i.e., 'accounting period')?

Beginning
(MM/DD/YYYY)

2. How many annual working hours are considered a Full Time Equivalent (FTE) for your agency (e.g., 40hrs/wk x 52wks = 2,080hrs)?

3. Please provide your agency's final full-time equivalent (FTE) for the most recent 3 fiscal years and number of positions, excluding temporary or contractual workers, and use actual employment counts for each fiscal year (r occupations listed below.

Note: For the most recent fiscal year, if Number of FTE is greater than Number of Staff, FTE field will be flagged; this is acceptable in

Occupation/Position

FY 2022
Number of FTE

Occupation/Position	FY 2022 Number of FTE
Agency Leadership	
Program Managers	
Business, Improvement, and Financial Operations Staff	
Office and Administrative Support Staff	
Information Technology and Data System Staff	

- Use data to make recommendations on funding needed and where to invest those resources
- Consider options to shift resources within organization
- Identify opportunities to share resources/services across agencies
- Advocate for funding



PHAB FPHS Capacity and Cost Assessment

- Excel-based tool
- Instructional Guide
- Operational Decisions
- Decision Guide
- FAQs

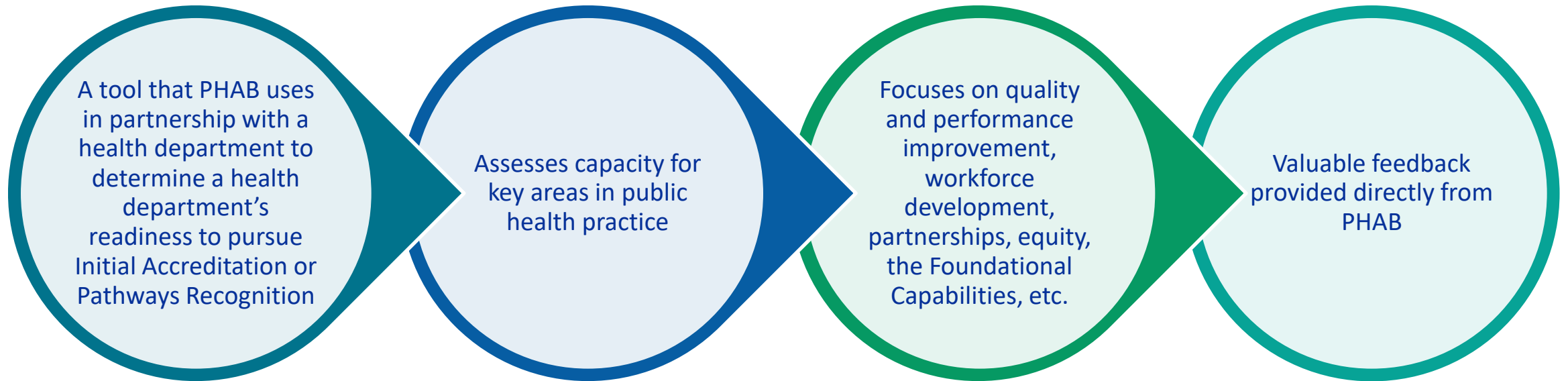


Foundational Public Health Services Capacity & Cost Assessment

Instructional Guide



PHAB Readiness Assessment



The Readiness Assessment **assesses performance across two frameworks:** The 10 Essential Public Health Services and Foundational Public Health Services.



Public Health Workforce Calculator

The Public Health Workforce Calculator helps local health departments (LHDs) plan for staffing needs to provide [Foundational Public Health Services](#) (FPHS). This Calculator uses information you provide about your local health department to estimate the number of full-time equivalents (FTE) needed to ensure the provision of the FPHS in health departments like yours.* **The current version of Calculator is intended for use by local health departments in decentralized public health systems that serve less than 500,000 residents.**

Please review the [User Guide](#) and [FAQs](#) to use the calculator effectively and ensure reliable results.

*Use your best judgment to estimate approximately how many FTEs spend time contributing to the [Foundational Capabilities and Foundational Areas](#).

Click the buttons below to get started.

Basic Users Click Below

Click Here for the
**Basic
Calculator
(Streamlined)**

Click Here for the
**Basic
Calculator
(Expanded)**

Advanced Users Click Below

Click Here for the
**Advanced
Calculator
(Streamlined)**

Click Here for the
**Advanced
Calculator
(Expanded)**

de Beaumont
HEAD | CULTURE | PEOPLE | HEALTH | COMMUNITY

Development of the Public Health Workforce Calculator was supported by the de Beaumont Foundation and the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support.

Designed and developed by Crow Insight. Illuminate your data.

+ a b | e a u

Download Image

A tool for local health departments to estimate workforce needs to provide the Foundational Public Health Services



21C Examples

Assessments

- Washington: Capacity and Cost
- Oregon: Capacity and Cost
- Minnesota: Capacity and Cost and policy review
- Indiana: workforce and other assessments
- California: Future of public health assessment

Funding (current biennium)

- Washington –\$325M
- Oregon –\$50M
- Indiana –\$225M
- Minnesota –\$6M per year
- California – \$300M



21C Examples



Missouri: Implementing PHAB Readiness Assessment among LHDs statewide; Providing additional TA to support their utilization of the FPHS Capacity and Cost Assessment





Wisconsin Public Health Forward: Provides a streamlined review process for accredited LHDs to meet its public health service requirements; Using FPHS Capacity & Cost tool statewide



Ohio: Mandatory accreditation; Costing is aligned with annual financial report and identifies funding needs, gaps in capacity



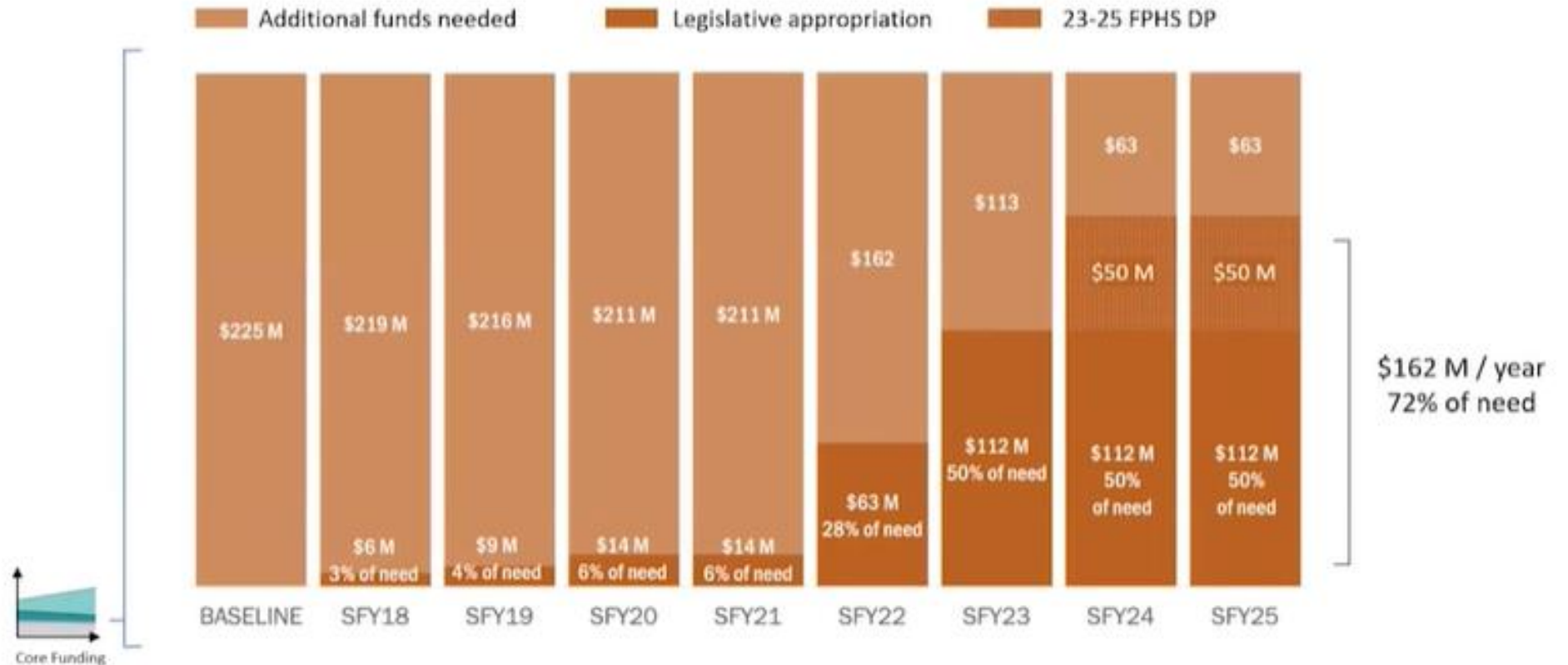
Oregon and Washington

State	Impetus/Key process steps	Outcomes
Washington 	<ul style="list-style-type: none">• Leadership support and coalition building• Defining the system & how FPHS are delivered• Capacity and Cost Assessment	<ul style="list-style-type: none">• Establishing a long-term, phased, multi-biennia, building block approach to fully fund and implement the FPHS• Investment in FPHS: current biennium \$325M• Increased availability of FPHS
Oregon 	<ul style="list-style-type: none">• 2013/2014 Task force recommendations for modernization• Codified FPHS model in Oregon law• Capacity and Cost Assessment (repeating now)• Evaluation	<ul style="list-style-type: none">• Established funding needs over long term• Investment in Modernization: current biennium \$50M• Increased availability of FPHS• Increased workforce



Washington

Legislative Appropriation Update



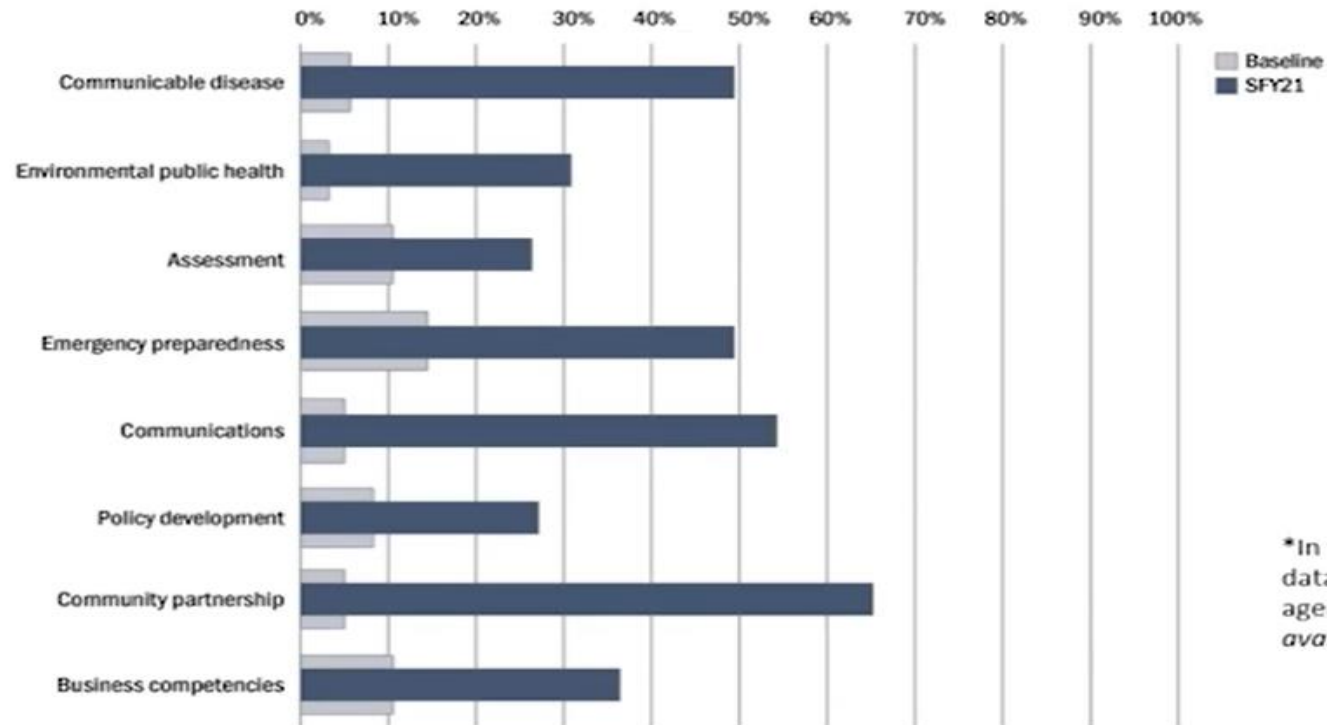


Washington

Results of 4 years of investment

Availability of FPHS

Percent of agencies reporting services available*, comparing baseline to SFY21



*In visualizations of summary level data, "available" is the percent of agencies that reported *significantly available* and *fully available* services.



Oregon: Investment Highlights



In the 2021-23 biennium, more than 300 positions were funded through local public health modernization funds*



New staff positions:

- Communicable disease > 80
- Environmental health > 30
- Foundational capabilities > 20



Assessment/epidemiology = 16
Health equity/cultural responsiveness = 14
Communications = 12
Community partnership development = 12
Policy and planning = 12
Other = 7

69% of LPHAs hired new positions for Foundational Capabilities

*Includes positions funded in part or in full.



Recommended Approaches for Assessment

Statewide Capacity and Cost Assessment

- Conducted at individual health department level and results rolled up across the state
- Review results to highlight gaps and needs in capacity and what's needed for funding to implement FPHS



Considerations for Recommendations



Codifying FPHS in statute (e.g., OR, CO)



Accreditation **requirements** in statute (e.g., OH)



Modernization plans & efforts for health departments
(e.g., OR, MN)



Movement towards (re)accreditation/recognition (e.g.,
PHIG grantees, WI)



PHAB Supports

- Leverage PHIG funding and submit a TA request for FPHS Capacity and Cost Assessment support
 - PHAB can offer support with Capacity and Cost assessment and other tools for transformation
- PHAB can offer guidance on statewide strategy for transformation
- Service and resource sharing technical assistance
- Access to PHAB 21st Century Network





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