MARYLAND COMMISSION ON PUBLIC HEALTH

November 07, 2024
2:00 PM – 5:00 PM EST

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**

MINUTES

Commissioners in Attendance
Delegate Heather Bagnall
Ms. Camille Blake Fall
Mr. Christopher Brandt
Dr. Meena Brewster
Ms. Jean Drummond
Senator Clarence Lam
Dr. Matthew Levy
Dr. Boris Lushniak
Dr. Nilesh Kalyanaraman
Dr. Oluwatosin Olateju
Ms. Fran Philips
Dr. Maura Rossman
Dr. Nicole Rochester
Ms. Michelle Spencer
Mr. Allen Twigg

I. **Call to Order**

The meeting was called to order by Dr. Meena around 2:01pm

II. **Adoption of the Agenda**

The motion was proposed by Ms. Fran Philips and seconded by Dr. Tosin Olateju.

III. **October 03 Minutes Review and Approval**

The motion was proposed by Dr. Boris Lushniak and seconded by Ms. Fran Philip.

IV. **Guest Presentation** by Dr. Roderick King, Sr. Vice President and Chief Equity, Diversity, and Inclusion Officer at University of Maryland Medical System

Topic: A Cornerstone in Our Cultural Evolution
The history and evolution of the University of Maryland Medical System's (UMMS) Equity, Diversity, and Inclusion (EDI) Roadmap began in 2019 with the arrival of Dr. Suntha, who focused on advancing equity in patient care. This marked the start of a transformative journey to address disparities in healthcare delivery and outcomes, specifically focusing on the reduction of race-based health disparities. At the heart of this transformation is the recognition that systems change is critical—it's about shifting the underlying conditions that perpetuate these issues. UMMS adopted the John Kotter model for change management, emphasizing the importance of making EDI a shared service across the entire system. Through its EDI Shared Services, UMMS provides leadership and collaborates with its member organizations to create strategies that advance health equity, aiming to ensure that all individuals—patients, families, healthcare workers, and community partners—can thrive.

The work to drive health equity is powered by a robust data and analytics engine, which spans four key functional areas. First, it focuses on **Equity in Patient Care**, working to identify and implement clinical and procedural changes that address race-based healthcare disparities. A notable example is the scrutiny of Race-Based Clinical Algorithms (RBCAs), which have been shown to perpetuate bias, such as the use of race in determining kidney transplant eligibility based on glomerular filtration rates. UMMS has moved away from such race-based algorithms to reduce harm, particularly to Black patients. The system has also taken steps to address ongoing issues, such as pulse oximeter bias, which contributes to inequities in clinical decision-making, outcomes, and costs. These efforts have prompted the FDA to investigate potential solutions.

Another vital area of focus is **Diversity and Inclusion in the Workforce**, ensuring that healthcare teams reflect the diverse communities they serve. External partnerships and community health initiatives play an essential role in addressing gaps in healthcare delivery, particularly by operationalizing research into actionable strategies. The **B'more for Healthy Babies** the program in Baltimore is a key example, where leadership in action has led to a 40% reduction in infant mortality from 2009 to 2012, alongside a 50% reduction in racial disparities. The success of this program has demonstrated the impact of combining evidence-based strategies with community partnerships.

In terms of **Financing Health Equity**, UMMS is exploring innovative ways to integrate equity into healthcare funding models. For instance, the Center for Medicare & Medicaid Services (CMS) has chosen Maryland as a pilot state for the AHEAD model, which will provide a framework for paying for health equity outcomes. However, there remain significant challenges in addressing health inequities, including the need for systemic change, the challenge of identifying root causes of disparities, and the lack of consistent frameworks to guide efforts. It's clear that efforts to address health disparities require a

long-term commitment to data-driven action and a deep understanding of the complex variables that contribute to these disparities.

Public health and healthcare systems must also work more closely together to improve outcomes. Effective **Healthcare-Public Health Partnerships** are essential to advancing health equity. This includes ensuring that public health leaders are represented in decision-making processes, such as serving on hospital boards, and integrating community health workers and public health data into the healthcare system. Innovative outreach initiatives like mobile health units, recovery expert programs, and community health workers (CHWs) are crucial in reaching underserved populations and linking them with care. **Workforce Development** is also key, particularly through the training of primary care providers and community health workers to enhance their understanding of health equity.

Throughout the discussions, various stakeholders raised important questions regarding the inclusion of doulas in hospital settings, the diversity of vendors in Baltimore, and the need to integrate clinical and public health data systems (e.g., EPIC and CRISP). Others pointed to the challenge of ensuring that public health interventions are funded and that savings generated by hospitals should be shared with public health initiatives. These conversations highlight the need for a more collaborative approach to healthcare financing, one that recognizes the value of public health interventions in improving overall healthcare outcomes.

Ultimately, the work UMMS is doing to embed equity in its systems and practices is a comprehensive effort that requires continuous evaluation, collaboration, and innovation. The goal is to create a healthcare environment where all individuals, regardless of race or background, have an equal opportunity to achieve optimal health and well-being.

VI. Short Recess: 10 minutes

VII. Commission Updates

The timeline for the interim report discussion includes several key milestones. From November 14 to 19, the Commissioners will review the report. A special virtual meeting is scheduled for November 20 at 10:00 AM to discuss the interim report, followed by a deep dive on funding and data/IT in February. Additionally, site visits and listening sessions are planned to gather further input. The final interim report is due for submission on or before December 1.

Chris Brandt raised the question of how best to structure the interim report—whether it should be organized by foundational public health areas or focus on specific dollar

amounts. Sen Lam suggested that prioritizing three to five key points would be most helpful for clarity and focus. Currently, feedback from workgroups is being integrated into the report.

VIII. **Guest Presentation** *State Health Improvement Plan* by Dr. Katherine Feldman, Chief Performance Officer, Maryland Department of Health

Topic: Building a Healthier Maryland: State Health Assessment & State Health Improvement Planning

The Public Health Accreditation Board (PHAB) plays a key role in ensuring that health departments are able to meet national public health standards. PHAB accreditation assesses a health department's capacity to carry out the 10 Essential Public Health Services and the Foundational Public Health Capabilities. Accredited departments are recognized for their ability to deliver quality services that promote public health. The accreditation process fosters accountability, transparency, and trust, while also helping to identify areas for improvement and enhance quality and performance.

The Maryland Department of Health (MDH) was initially accredited in 2017, and is currently in the process of reapplying for re-accreditation. PHAB's determination regarding Maryland's re-accreditation is anticipated in December.

State Health Assessment (SHA) & State Health Improvement Plan (SHIP)
The State Health Assessment (SHA) is a systematic approach that collects, analyzes, and utilizes data to educate and mobilize communities, develop health priorities, secure resources, and plan actions for improving public health. This comprehensive assessment helps to identify key health challenges and opportunities across the state.

Based on the findings of the SHA, the State Health Improvement Plan (SHIP) outlines a long-term strategy to address these challenges. SHIP details how MDH, the public health system, and local communities will collaborate to improve the health of Maryland's population over time.

Steering Committee Member Roles & Responsibilities
The Steering Committee is tasked with identifying state health priorities through the SHA and championing the implementation of evidence-based initiatives to improve public health. Committee members play a crucial role in guiding the direction of health improvements and ensuring that data-driven strategies are applied across the state.

Community Input: Results of the Community Survey
A community survey was conducted to solicit input on the most pressing health issues in Maryland. Participants were asked to define their community in any way they chose (neighborhood, town, county, or state).

Key findings:

- Mental Health emerged as the top priority, with over 58% of participants identifying it as a critical issue.
- Access to Healthcare was a close second, selected by 56% of respondents.
- Other important issues included affordable healthcare, safe and affordable housing, access to healthy food, mental health care, and safe neighborhoods
- About two-thirds of participants rated their community health as "Fair" or "Good."

Public Health System Assessment
The Public Health System Assessment focused on evaluating local organizations, their services, and their interest in participating in initiatives to build a healthier Maryland. The survey identified **92 health priorities** across 22 of the 24 local jurisdictions in the state.

Top 7 health priority thematic areas identified:**

- Cancer & Chronic Conditions – 31 priorities (33.7%)
- Behavioral Health – 28 priorities (30.4%)
- Social Determinants of Health – 8 priorities (8.7%)
- Access to Care – 6 priorities (6.5%)
- Maternal & Child Health – 5 priorities (5.4%)
- Violence & Gun Violence – 3 priorities (3.3%)
- Youth Wellness – 3 priorities (3.3%)

What's Next: State Health Improvement Plan (SHIP)
Based on the results from the SHA and public health assessments, priority areas have been identified, and strategies for addressing these issues have been developed. The key **priority areas** for the State Health Improvement Plan include:

- Chronic Disease
- Access to Care
- Women's Health
- Violence
- Behavioral Health

These areas will guide the long-term efforts to improve health outcomes across Maryland, focusing on both prevention and improving care delivery in the state.

By addressing these priority areas through coordinated strategies and community engagement, Maryland aims to build a healthier future for all residents.

Q & A

- Chris Brandt raised a question about why the Population Health Department is not sharing data with CRISP.
- Katherine responded that she couldn't speak to that specific challenge.
- Meena highlighted the need for Medicaid data to be prepared and shared effectively.
- Jean asked whether MDH accreditation benefits local health departments and how the survey was distributed.
- The survey was primarily shared electronically, but paper copies were available upon request, and translations were provided in different languages if needed.
- Nilesh emphasized the importance of defining how to use data effectively and what actions to take with it.
- Chris Brandt asked if it would be possible to access certain information, such as enrollment data for programs like SNAP and WIC, at the point of care so that clinicians can ensure their patients are receiving necessary benefits.

IX. Announcements

- Special meeting: November 20, 2024, 10:00 AM – 12:00 noon ***virtual only***
- Next *regular* monthly meeting: Thursday, December 05, 2024, 2:00 – 5:00 PM at Prince George's County Government Building with virtual option
- Other deadlines/announcements

  2025 meeting dates: Jan. 23; Feb. 20; Mar. 13; Apr. 03; May 01; Jun. 05; Jul. 10; Aug. 21; Sep. 11 *(calendar invites sent)*

X. Adjournment

The meeting was adjourned by Tosin Olateju and seconded by Nicole Rochester.