



**MARYLAND
COMMISSION
ON PUBLIC HEALTH**

**Maryland Commission on Public Health
June 6, 2024 | 2:00 PM – 5:00 PM EDT
Baltimore County Dept of Health**

AGENDA

- I. Call to Order
- II. Adoption of the Agenda
- III. May Minutes Review and Approval
- IV. Presentation: State of Maryland Department of Health (MDH) and Priorities
Laura Herrera Scott, M.D.
Secretary, Maryland Department of Health
- V. Commission Updates
 - a. Updates on Western Maryland Public Listening Session and Site Visit (Washington County)
 - b. Upcoming LHD Site Visits and Regional Public Listening Sessions
 - c. Updates on Assessments and Staffing (Workgroup Coordinators)
- VI. Break
- VII. Presentation: Overview of the Maryland Health Care Commission
Ben Steffen, MA, BA
Executive Director, Maryland Health Care Commission
- VIII. Workgroup Updates
 - a) Communications & Public Engagement
 - b) Data & Information Technology
 - c) Funding
 - d) Governance & Organizational Capabilities
 - e) Workforce
- IX. Announcements
 - a. Next meeting: July 11, 2024, 2-5PM at Prince George's County Health Department with virtual option
 - b. Upcoming Central Maryland Regional Public Listening Session, June 13, 2024, 5:00 PM at Howard County Health Department
 - c. Deadline for CoPH workgroup co-chairs to submit final assessment questions is June 21, 2024.
- X. Adjournment

Google Meet

Google Meet joining info

Video call link:

<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>



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

Meeting Minutes

Attendees:

1. Camille Blake Fall
2. Heather Bagnall
3. Chris Brandt
4. Meenakshi Brewster
5. Boris Lushniak
6. Oluwatosin Olateju
7. Frances Phillips
8. Nicole Rochester
9. Michelle Spencer
10. Allen Twigg

I. Call to Order

- a. 2:10 PM
- b. Quorum met

II. Adoption of the Agenda

- a. Fran Phillips motion to approve
- b. Boris Lushniak seconded
- c. Approved

III. April Minutes Review and Approval

- a. Camille Blake Fall motion to adopt
- b. Michelle Spencer seconded
- c. Approved

IV. Commission Updates

- a. Site visits and listening sessions
 - i. Site visit to St Mary's County
 1. Highlighted issues around accessing care in southern, rural Maryland
 2. County health department team write suggestions, helpful for workgroups
 - ii. Southern Maryland listening session
 1. 3 speakers
 2. Launched online comment form
 3. In person participation includes presentation with background on Commission



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4. Looking for ways to encourage more people to participant
 - a. Considering ways for people to call in and give verbal asynchronous feedback
 - b. Outreach to community organizations, flyers
- iii. Next site visit in Washington County on May 23
 1. RSVP form will be sent to Commissioners and Workgroup Coordinators
 2. Listening session in Hagerstown, MD from 5:00 – 6:00 PM
 3. Interested in focusing on behavior health its intersection with law enforcement and diversion
- iv. Comments from listening sessions will feed into qualitative analysis
- v. New dates for Montgomery County and Talbot County site visits and listening sessions
- vi. June 13 events are in Howard County – final details coming
- vii. Baltimore City not currently on list, open to hosting in later August or September
- viii. Discussion
 1. Encourage people involved in Commission to attend site visit, very insightful into strengths and challenges of local public health
 2. Setting for Southern Maryland listening session was good and those who spoke were passionate
 3. Work with Washington County on strategy for communications for advertising
 4. Outreach to co-chairs of Communications and Public Engagement workgroup – been working on this topic
 5. Connect with people who already engage in community groups to help promote
 6. Consider outreach at to county fairs or local events already happening during the summer – enable people to give feedback at that event (tabling)
- ix. Motion to add Baltimore City site visit and public listening session by Nicole Rochester
 1. Seconded by Tosin Olateju
 2. Approved
 3. Will move forward communicating plan with Baltimore City Health Department
- b. Commission Timeline
 - i. Timeline is living document
 - ii. Cadence and activity staying the same (not slowing down), using additional time to build out assessment



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- iii. Three activity types concurrently happening across timeline
 - 1. Assessment
 - 2. System engagement (Guest speakers, site visits)
 - 3. Public engagement (Listening sessions)
- iv. Plan for assessment to kick off in July/August 2024
- v. Beginning in September 2024, deeper dives into workgroups
 - 1. Workgroups give Commission a sense about where this topic is headed and get their feedback
 - 2. Bridge assessment and recommendations
- vi. Interim report due December 2024
- vii. Wrap assessment in January 2025
 - 1. PH WINS data will be available in March 2025
- viii. March 2025 is pivot: shift from information intake to imagining future
- ix. Workgroups begin presenting recommendations in April 2025
- x. July – August 2025
 - 1. Revising of report drafts
 - 2. 30-day public comment period
- xi. Commission work concludes Oct 1, 2025; will be opportunities to stay engaged after, but Commission or Workgroups not required to meet
- xii. Will send timeline out to Commissioners and request feedback
- xiii. Discussion
 - 1. Local health officers in position to help with system engagement and public engagement
 - a. Opportunities to engage via MACHO and MaCO
 - b. Engage County Commissioners and elected officials
 - 2. PHPA has connections across local governments
- c. Progress report and look ahead
 - i. Legislation requires Commission to look at specific items – workgroups need to be aware of these
- d. Assessment
 - i. Framework
 - 1. Surveys: organizational and individual staff
 - 2. Key informant interviews
 - 3. Focus groups
 - 4. Site visits
 - ii. University of Maryland, Morgan State University, and CDC Foundation working together to deliver on assessment scope of work
 - iii. Convening assessment steering group to refine details



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- iv. Dushanka Kleinman, UMD emeritus professor, providing technical advising to Commission
 - e. Commission roster
 - i. Sen. Kelly departed Senate, Senate President's Office will appoint new member
 - ii. Waiting on Governor's office to fill urban local health officer position
- V. Presentation: MDH Office of Minority Health and Health Disparities (MHHD), MDH Population Health Transformation Advisory Committee, & 2023 MHHD Annual Report Findings**
- Camille Blake Fall, JD*
Director, Office of Minority Health and Health Disparities
Maryland Department of Health
- a. Question to think about: What is next after we have all the data we need about disparities? Don't want to get stuck in assessment.
 - b. Office of Minority Health and Health Disparities (MHHD) key activities include:
 - i. Data collection, publication, and making meaning of that data
 - ii. Advocating on issues that keep certain communities underserved
 - iii. Work with PHPA on health promotion and disease prevention
 - iv. Foster public-private partnerships
 - v. Assist on equity priority setting and equity policies
 - c. Discussion about working definitions of health equity
 - i. Healthy People 2030
 - ii. Cultural sensitivity as component
 - iii. Quality imperative – execute on activities we already know work to bring to bottom to the middle and raise the average
 - iv. Focus on marginalized populations, while still eye on population level
 - d. MHHD activities
 - i. Maryland Commission on Health Equity (MCHE)
 - 1. Developing framework for AHEAD
 - ii. Grant programs
 - iii. Department-wide equity assessment
 - iv. Practices to address structural racism – office looking to upstream drivers
 - 1. Distinction between social determinants of health and health-related social needs
 - v. Align work of MHHD with MDH priorities
 - 1. Opportunities to learn from local health departments
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- vi. Focus on health care workforce – particularly, underrepresentation of BIPOC behavioral health workers
- e. Future of MHHD
 - i. MDH equity steering committee charged to bring equity into every policy and program
 - ii. Embedding equity into budgets
- f. Population Health Transformation Advisory Committee (P-TAC)
 - i. One of three committees convened to help MDH Secretary and HSCRC think about how to draft AHEAD application
 - ii. Set equity targets and measures aligned with CMS
 - iii. MCHE will be vehicle for each and state required equity plan,
 - iv. Consideration: People in some communities may be hesitant to share health and social needs information, need to build trust
 - v. Discussion
 - 1. Encourage focus on measurable goals
 - a. “Both and” – yes, and MHHD here to keep centered on social needs
 - b. What we are doing currently is not working, so must do more
- g. Implications for public policy development: consider which factors matter and in what order
- h. Discussion
 - i. Where is data from recent initiatives?
 - 1. Website has 2023 annual report
 - 2. Secretary of Health creating databases public can utilize on opioid use
 - ii. Current threats to equity work (political climate, universities eliminating programs that support minority health care workers)
 - 1. Can’t only be moral imperative to diversify the workforce and treat everyone equitably
 - 2. Make business case for why healthier communities are a good economic investment

VI. Presentation: Collaboration Between Public Health and Healthcare Delivery

Chelsea Cipriano

Managing Director of the Common Health Coalition

- a. Common Health Coalition came out of innovations in partnerships during COVID-19
 - b. Started with intent to make recommendations for how to advance collaboration between health care and public health
 - c. Four areas of focus (CARE)
 - i. Coordination between health care and public health
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- ii. Always-on emergency preparedness
- iii. Real-time disease detection
- iv. Exchange of data
- d. Six commitments to drive action within 1-2 years
 - i. That timeline means focus on state and local level
 - ii. Common Health Compendium on website shows examples of these commitments in action
- e. Future resources include webinars and templates
- f. Discussion
 - i. What have you been seeing around country related to collaboration between health care delivery systems and governmental health departments?
 1. Equity: building metrics into outcomes, work with health care to learn what they are seeing in clinic setting, bi-directional data sharing
 2. If health care not seeing what is done with data they share, doesn't incentivize sharing
 - a. COVID-19 dashboards helped change this
 3. Situational data exchange
 - ii. Challenges amplifying success – How to work with surrogates in community to build trust and elevate successes to get more buy-in?
 1. Let organizations on the ground and community leaders do their own work with your resources and information
 2. Asking these leaders what they need from us
 3. Ex: NYC: Misinformation Response Unit
 - iii. Communication & Public Engagement and Data & IT workgroup themes throughout presentation

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

- a. What are the vestiges of colonialism in existing systems that we are not aware of?
 - i. Local Boards of Health are elected officials, may not be representative of populations in those areas
 - ii. How past is ingrained in how public health system is organized
- b. Equity must rise to the top, it is *the* priority for the future
- c. Public health system is mental model and is too confining – instead, a health ecosystem
 - i. Not just hospitals or traditional public health
 - ii. Reexamine boundaries of public health
- d. Longstanding social injustices in the way we do business of health means we must look at political determinants of health
 - i. Opportunity to assess existing policies



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- e. Public and patient integration approach – need good understanding of what engagement means
 - i. Need to include public in decision making – other countries do this, mandated by their system
- f. Institute of Medicine reports: Future of Public Health and the Future of the Public's Health
 - i. *Public's* health approach opened conversation to include all the players who have a relationship with health
- g. Recommendations from governance about how to run public health system will impact other recommendations
 - i. Will we have enough data to suggest we need to look at the system from a different perspective?
 - ii. Governance workgroup assessment gets at questions of power dynamics and mental models
 - iii. Recent meeting between GOC Workgroup and MDH attorney showed there is a fair amount of ambiguity in authority
 - iv. Governance on population health done by HSCRC and MD Commission on Health Equity
- h. Interplay of politics, policy, how public health is delivered, and how those influences outcomes in community
 - i. Must be responsive to local communities – a strength of Maryland
 - ii. How to both preserve this ability to respond to local demands and unique needs, and how to enhance it by giving localities tools and resources to respond and build partnerships
- i. Challenge for health departments is consistency and time
 - i. Lack of longitudinal approach to change
 - ii. Partially about money – 60% grant funded
 - iii. Opportunities for learning across jurisdictions and implementing what is working
- j. Funding mechanisms
 - i. Health departments work toward outcomes of grants; not flexibility in general funds to do innovative work
 - ii. How to pay/reimburse community for their contributions to government and academic work
 - 1. Which communities have ability to access grant applications?
- k. Keep eye on big picture items for Maryland and big picture approach for designing system for public's health

VIII. Workgroup Updates

- a. Workforce



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- i. Opportunity to collaborate with Commission for Behavioral Health on workforce assessment
- b. Governance and Organizational Capabilities
 - i. Productive discussion with MDH Assistant Attorney General
- c. Data and Information Technology
 - i. Developed survey questions, now formatting
 - ii. Developing key informant and focus group questions
 - iii. Looking for state survey questions to then ask of local health departments, been in touch with MDH
- d. Funding
 - i. Heard from Maryland Hospital Association on community benefits spending – looking at private funding for public health
- e. Communications and Public Engagement
 - i. Two audiences for questions
 - 1. Public health agencies
 - 2. The public
 - ii. Concerns around time – wanting to ask questions of community over the summer: Is it possible for questions of the public to be released sooner than rest of assessment questions?
 - iii. Guest speakers: communications experts at agencies

IX. Adjournment

- a. Tosin Olateju motion to adjourn
- b. Michelle Spencer seconded
- c. Approved
- d. Adjourned 4:52 PM

Laura Herrera Scott, M.D.

Secretary

Maryland Department of Health

Dr. Laura Herrera Scott is a healthcare leader with expertise across decades in integrating value-based care philosophy with clinical and population health strategies. She is a visionary leader in the health space, spearheading the creation of progressive programs that optimize patient outcomes, improve the quality of care, and advance health equity. Most recently, Dr. Scott served as Executive Vice President of Population Health at Summit Health and as Vice President of Clinical Strategy and Product at Anthem. She also brings MDH experience, serving in the Department of Health and Mental Hygiene from 2011-2015 as Deputy Secretary of Public Health Services.

Dr. Scott is a Veteran of the United States Army Reserves, serving from 1998-2008 as a Major in the Medical Corps. She received a Master's Degree in Public Health from Johns Hopkins University and a Doctor of Medicine from SUNY Health Science Center in Brooklyn, New York. She lives in Towson, Maryland, with her husband and two children.



Ben Steffen, MA, BA

Executive Director, Maryland Health Care Commission, State of Maryland

Ben Steffen serves as the Executive Director of the Maryland Health Care Commission. The Maryland Health Care Commission is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access to health care and health care coverage in Maryland. The MHCC administers the certificate of need program, the establishment of Maryland's Health Information Exchange, and cost and quality reporting initiatives for hospitals, nursing homes, and health plans. The MHCC also serves as health reform incubator for Maryland policymakers. Mostly recent the MHCC has made recommendations on primary care investments, the diffusion of value-based models of care, and impact of private equity on the nursing home industry. Prior to assuming this position, he served as the Director of the Commission's Center for Information Services and Analysis. This Center has analytic and operational responsibilities for health care practitioner initiatives in the state including development of an All Payer Data Base and the promotion of advanced primary care models. Mr. Steffen serves as a spokesperson for the Commission at state and national levels on state health care expenditures, physician work force, physician uncompensated care, and information security. Before joining the MHCC, he served as a budget analyst in the Health, Housing, and Income Security Division of the Congressional Budget Office, among activities he worked on the modeling that produced the estimates of reforms that ultimately led to the Medicare Prospective Payment System. Mr. Steffen holds a Master's Degree from American University and has completed post-graduate work at the University of Michigan. He is a former Peace Corps volunteer to Nepal.

