



**MARYLAND  
COMMISSION  
ON PUBLIC HEALTH**

**December 05, 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>

## **AGENDA**

- I. Call to Order
- II. Adoption of the Agenda
- III. November 20 Minutes Review and Approval
- IV. Guest Presentation: Dr. Deborah Thomson, “One Health and what you can do about it today”
- V. Brief Recess
- VI. Funding Workgroup Deep Dive
- VII. Commission Updates
  - a. General updates
  - b. Assessment update
- VIII. Announcements
  - a. Next monthly meeting: Thursday, January 23, 2025, 2:00 – 5:00 PM at Prince George's County Government Building **NEW LOCATION** with virtual option
  - b. Other deadlines/announcements  
  
2025 meeting dates: Feb. 20; Mar. 13; Apr. 03; May 01; Jun. 05; Jul. 10; Aug. 21; Sep. 11 (*calendar invites sent and **new physical venue***)
- IX. Adjournment

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[www.smchd.org/coph](http://www.smchd.org/coph)

[md.coph@maryland.gov](mailto:md.coph@maryland.gov) ■ LinkedIn: [Maryland Commission on Public Health](#) ■ Instagram: [md.coph](#)



**MARYLAND  
COMMISSION  
ON PUBLIC HEALTH**

**November 20, 2024  
10:00 AM – 12:00 PM EST**

**Online:** <https://cdcfoundation.zoom.us/j/95576224466> (virtual only)

## **(DRAFT) MINUTES**

### Commissioners in Attendance

Delegate Heather Bagnall  
Mr. Chris Brandt  
Dr. Meena Brewster  
Dr. Nilesh Kalyanaraman  
Senator Clarence Lam  
Dr. Matt Levy  
Dr. Boris Lushniak  
Dr. Tosin Olateju  
Ms. Fran Phillips  
Dr. Maura Rossman  
Ms. Michelle Spencer  
Dr. Nicole Rochester  
Mr. Allen Twigg

### Commissioners Absent

Ms. Camille Blake Fall  
Ms. Jean Drummond  
Ms. Alyssa Lord

#### **I. Call to Order**

The meeting was called to order by Co-Chair Boris Lushniak around 10:03am, who offered opening remarks and praise for the progress of the report draft under consideration.

#### **II. Adoption of the Agenda**

Boris gave an overview of the agenda and invited a motion. Tosin made a motion to adopt, Maura seconded. The agenda was adopted as presented.

#### **III. November 07 Minutes Review and Approval**

Boris noted the minutes were distributed for the November 07 monthly meeting in advance. Maura made a motion to approve and it was seconded by Meena Brewster. The minutes were approved.

#### **IV. Review and discussion of the 2024 Interim Report**

Boris gave a brief reminder of the process for the interim report development and invited Ms. Sarah Borah, Commission staff support, to provide an overview of the current draft. Sarah noted that several iterations of the report had been reviewed and refined. This draft includes

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[md.coph@maryland.gov](mailto:md.coph@maryland.gov) ■ LinkedIn: [Maryland Commission on Public Health](https://www.linkedin.com/company/maryland-commission-on-public-health) ■ Instagram: [md.coph](https://www.instagram.com/md.coph)

those revisions and is presented in a cohesive voice that helps to tell the Commission's story over the past year and documents the efforts of the workgroups. She noted the format shown is not final and it will be sent to a graphics designer working with the CDC Foundation to layout and finalize with the edits from today's meeting. Boris opened the floor to Commissioners' comments. Commissioners offered their reactions and suggestions in turn. Several Commissioners remarked on the report's progress and its thoroughness.

Fran noted that the Maryland Health Services Cost Review Commission is seeking public comment on the AHEAD model and its implementation strategy remarked that the Preface of the report is drafted to help bolster support for that work as well as make clear the connections between the clinical health system and public health system. She noted several Commissioners expressed interest in submitting a comment to the HSCRC in support of the AHEAD model and ensuring that public health is included in the work of implementation. Chris expressed support for submitting a comment. Boris asked for the public comment question to be tabled until after the report discussion is concluded. This will be introduced as new business.

Generally, there was consensus on clarifying the inclusion of the state health department in addition to local health departments; providing additional definition about the role and responsibilities of the Maryland Department of Health and its Secretary; clarifying what the role of the Chief Health Strategist is and how that functions in a mostly shared governance model; connecting the Commission's work to the efforts of the state health department and its initiatives such as the State Health Improvement Plan; and, refining the materials in the appendix to reflect current data.

More in-depth discussion ensued related to several items in the report. Particularly, some Commissioners advocated clarifying in particular the role of the Secretary to denote the impact and importance of that role beyond the cursory mention of administering statewide health programs currently contained in the draft. The framing questions were identified as helpful, but needing more precision to reflect the nuances of workgroups and different system partners.

The *Themes* section of the report generated a lot of discussion; there were concerns that themes are too premature for this stage of the work. Moreover, it was noted the themes currently appear to be geared towards local health departments, which neglects the role of other system partners. The discussion culminated in agreement that 'themes' would be changed to 'issues' to reflect better the evolving nature of the content. The content of these 'issues' would expectedly change once the results are available from the Assessment Team and Workgroups have the opportunity to consider the findings with their own analysis efforts.

It was also suggested that the *Next Steps* and *Analysis of Primary Data* sections be updated to

include language that reflects the Commission's high-level assessment of existing infrastructure as a means to understand the programs, budgets, outputs, and long-term effects. Specifically, the Commission has an opportunity to highlight the importance of investing in public health for long-term economic growth and wellbeing in Maryland.

**V. Adoption of the 2024 Interim Report**

Boris called for a motion to adopt the report, as amended, and directing submission as required by House Bill 1333 (2024). Maura made a motion to adopt the report, as amended, and Chris seconded. The motion carried and the report was adopted as amended.

**VI. New Business**

Boris recognized Fran and Chris for new business. Referring to earlier discussion, Fran and Chris noted that the Maryland Health Services Cost Review Commission is seeking public comment on the AHEAD model and its implementation strategy. They noted the preface that was drafted for the 2024 interim report could be adapted to be submitted as a public comment on behalf of the Commission on Public Health. The Commissioners discussed and generally viewed the opportunity as a favorable one. Chris made a motion directing the Co-chairs to submit a public comment to the HSCRC on behalf of the Commission; Meena seconded. The motion carried. The Co-chairs will submit written testimony and discuss how best to handle in-person comments.

**VII. Announcements**

Boris reminded Commissioners the next meeting will be on December 5 from 2:00 PM to 5:00 PM at Prince George's County Government Building with virtual option. He reviewed the current 2025 meeting dates and reiterated that the final report is due in October 2025; the Commission does not sunset until June 2026, however, and the work then shifts to promoting the Commission's report and recommendations.

**VIII. Adjournment**

The meeting was adjourned at approximately 11:55am.

# Biography for Deborah Thomson, DVM

Dr. Deborah Thomson is a veterinarian and One Health expert who started teaching in 2001. Since then, she has served as a Science Policy Advisor in the United States Senate; has founded and led a global organization that inspires children and adults to value the interconnection between human health and the health of the environment, plants, and animals (called One Health Lessons); has practiced clinical veterinary medicine in emergency departments, animal shelters, and general practices; has taught thousands of children about One Health; has worked as a One Health Expert Consultant in multiple global nongovernmental organizations and universities including the One Health



Institute at the University of California–Davis; has served as an external member of the United Nations Food and Agriculture Organization’s One Health Work Group; has created internationally-acclaimed science lessons that are being translated into over eighty languages; has been running a Science Communication Training program with over 800 global participants; and is currently the Chair of the World Veterinary Association’s One Health Education Subgroup and ad-hoc member of its One Health Subject Focus Group.

In addition, she has won multiple public speaking competitions, has spoken in over a dozen countries, and has most notably been an invited speaker at events associated with the US Centers for Disease Control and Prevention, the Global Health Security Agenda, the US Agency for International Development, the US Department of Agriculture, National Aeronautics and Space Administration (NASA), the World Veterinary Association, and the One Health Action Collaborative, an ad hoc activity associated with the Forum on Microbial Threats at the National Academies of Sciences, Engineering, and Medicine.

Dr. Thomson has been recognized as a Global Goodwill Ambassador, a distinction reserved for humanitarians, as well as an Impact Leader and an Excellence in STEM Inspiration Honoree. Her articles have been printed in multiple publications, including The Lancet Planetary Health.



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ON PUBLIC HEALTH**

# Welcome

**December 05, 2024**

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



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# Roll Call

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

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



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# Adoption of Agenda

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





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# Approval of Nov. 20 Minutes

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



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# Guest Speaker

Deborah Thomson, DVM

*Founder & Executive Director,  
One Health Lessons*



# **One Health and what you can do about it today**

Deborah Thomson, DVM  
*Founder and Executive Director*  
One Health Lessons

歡迎

# Veterinary Medicine: A world of possibilities

स्वागत!

*Receber!*

*¡Bienvenido!*

*Selamat datang!*

أهلا بك!

*Takulandirani!*

خوش آمدید!

*Ongi etorri!*

*Ласкаво просимо!*

**Welcome!**

*Добредојдовте!*

*Bienvenue!*

**Kaabo!**

*Barka da zuwa!*

欢迎

Deborah Thomson, DVM

# Our plan today

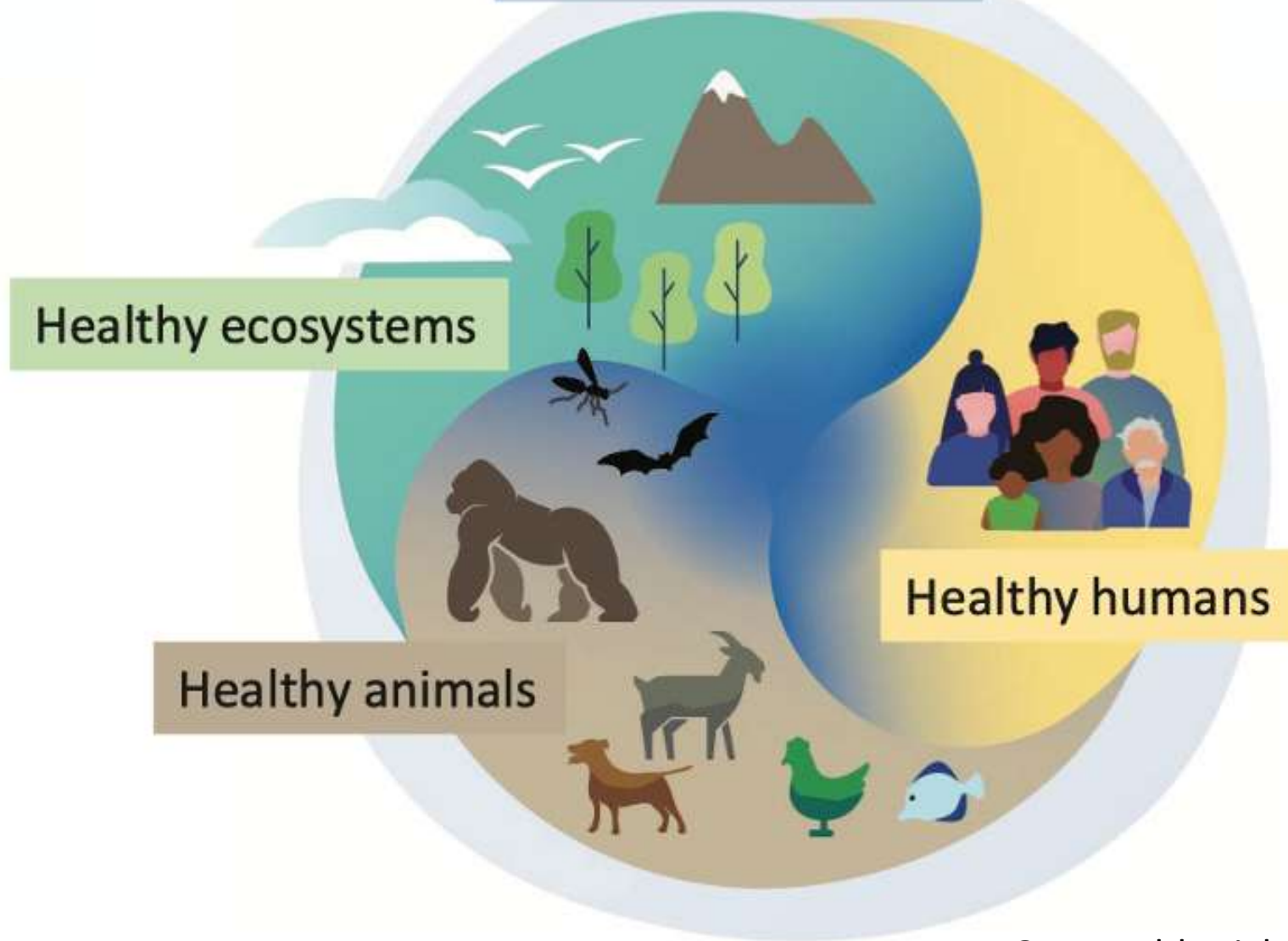
1. One Health 101: What it is and why we care
2. Paradise: A Story
3. The essential transferable skill to improve public health
4. How to gain this transferable skill
5. How to apply this transferable skill

# Our plan today

- 1. One Health 101: What it is and why we care**
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4. How to gain this transferable skill
5. How to apply this transferable skill

What is One Health?

# ONE HEALTH



Healthy ecosystems

Healthy animals

Healthy humans



What is the “One Health” concept?

“It is the interconnection between  
*public* health and  
the health of animals, plants,  
and the environment.”

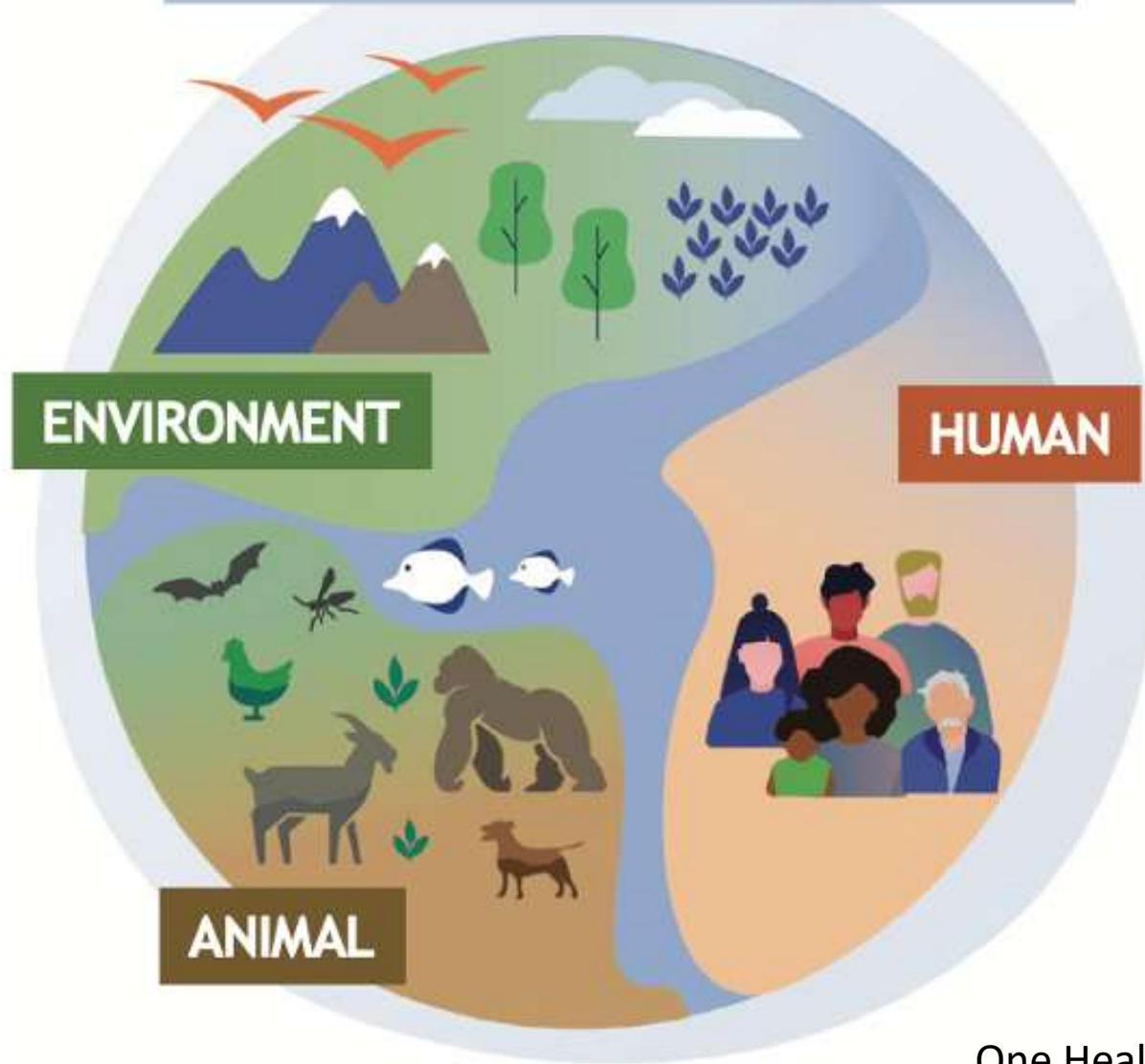


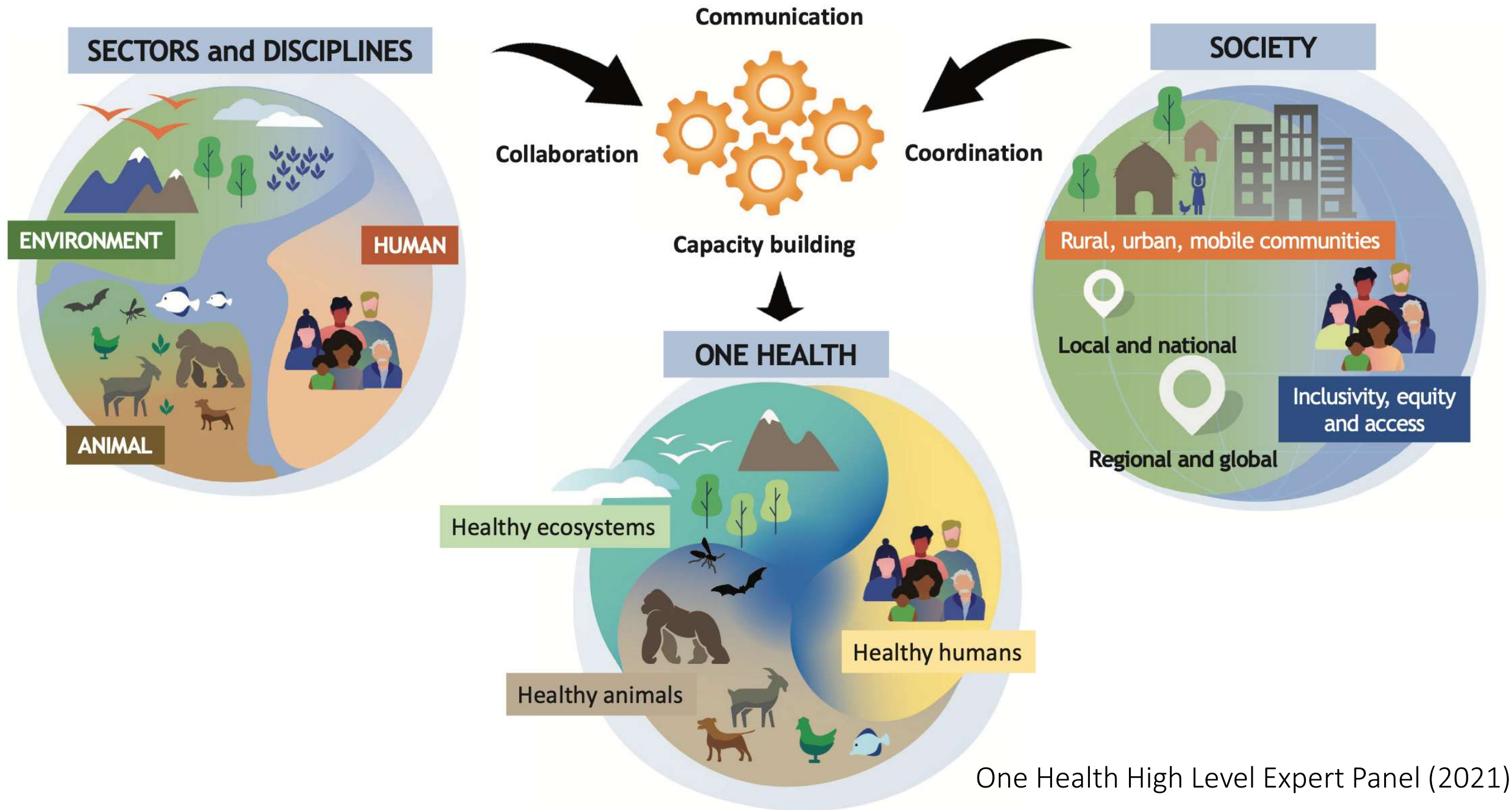
*What is the “One Health” approach?*

“It is teamwork between people of various strengths, disciplines, and backgrounds to prevent and solve health challenges.”

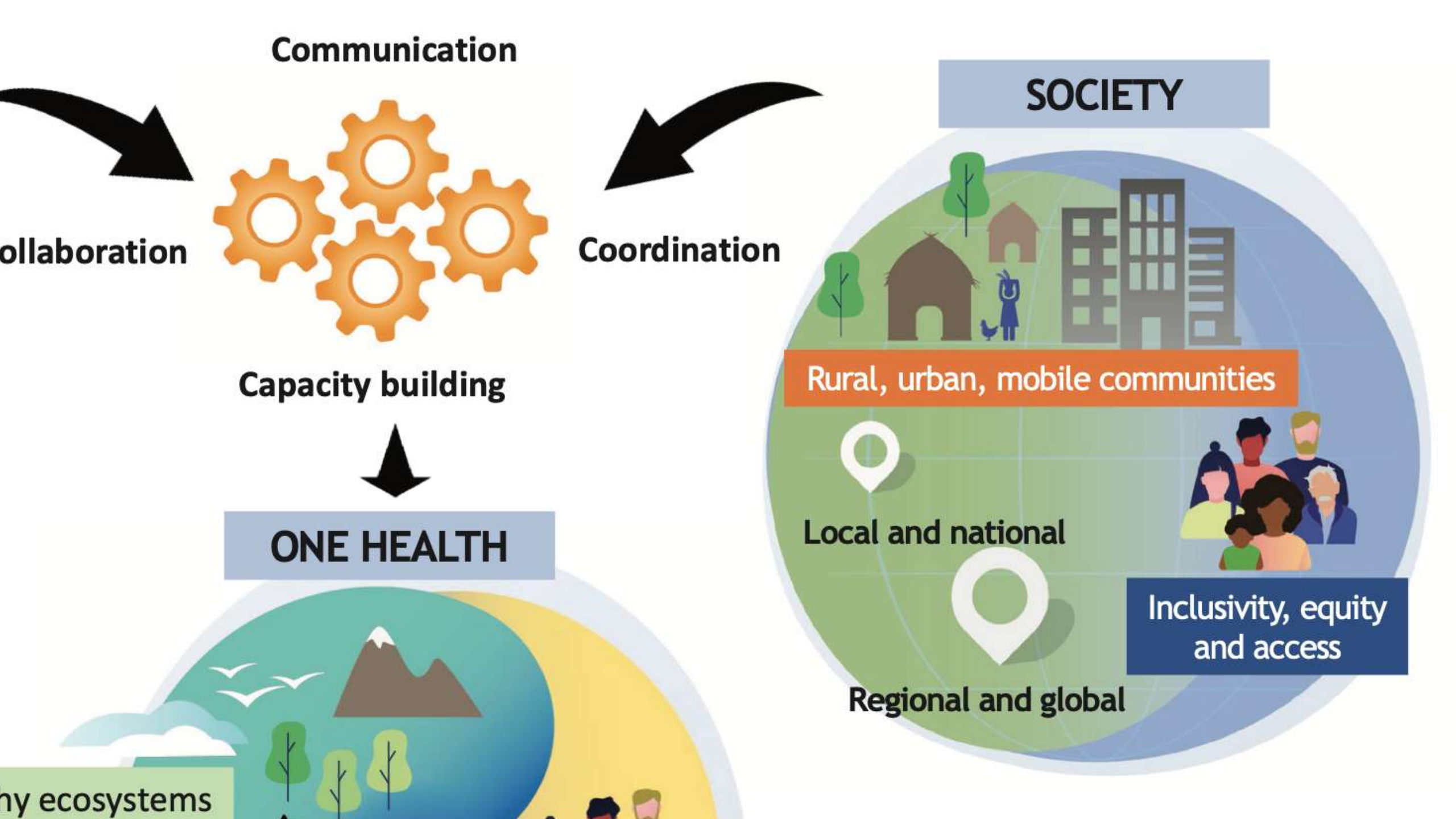


# SECTORS and DISCIPLINES





One Health High Level Expert Panel (2021)



# Our plan today

1. One Health 101: What it is and why we care
- 2. Paradise: A Story**
3. The essential transferable skill to improve public health
4. How to gain this transferable skill
5. How to apply this transferable skill

**“Paradise”**









# Chico airport, near Paradise (2018)





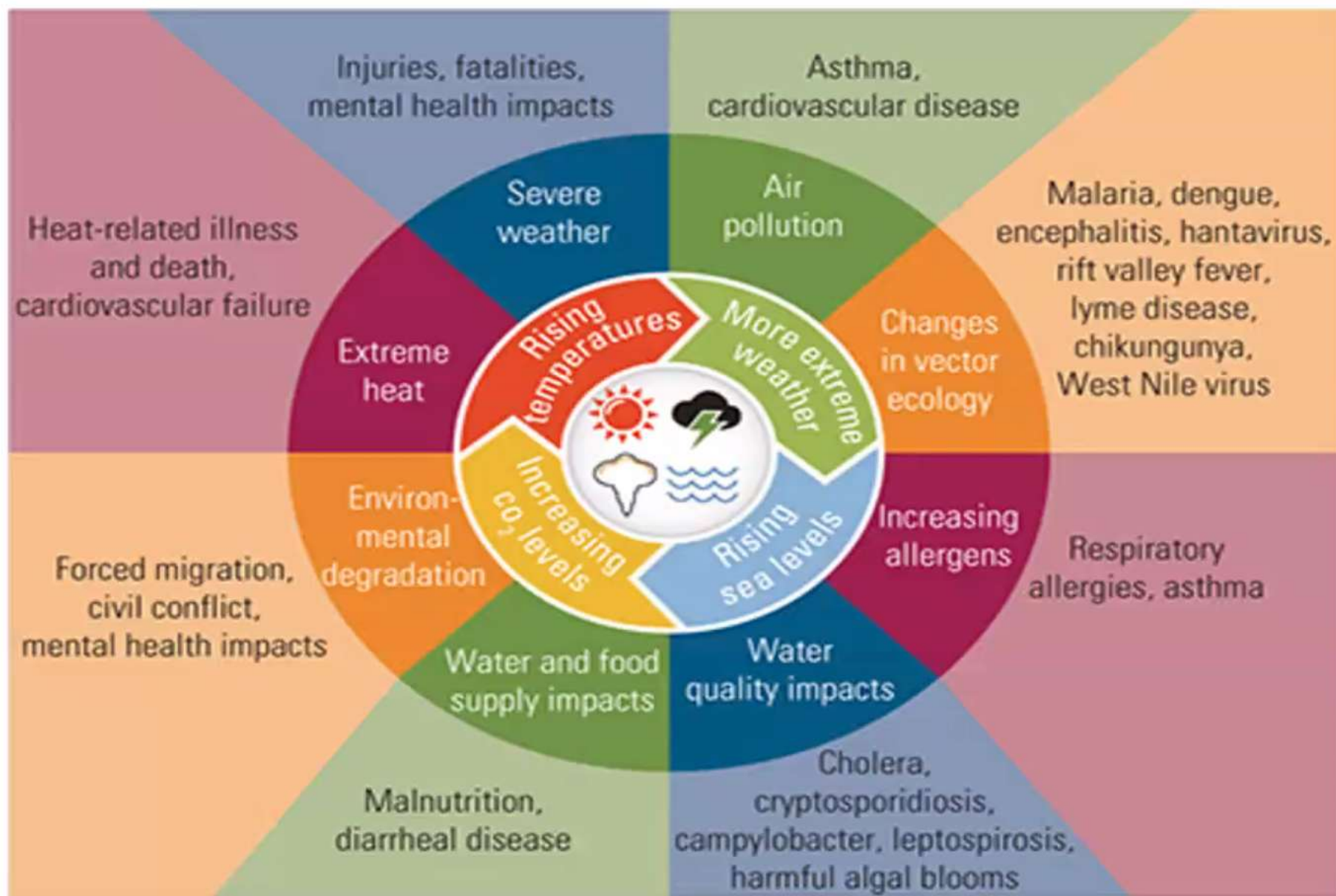




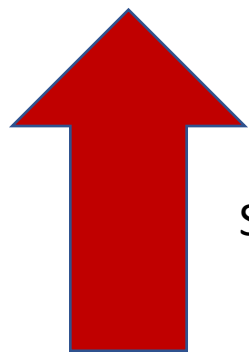


# Climate change and the threat of Antibiotic Resistance

<https://www.nytimes.com/2018/07/23/world/americas/dominican-republic-garbage.html>







1 °C

Salmonellosis

5%–10%



# 1 out of 5

Resistant antibiotic infections are related to food and animals.



“Climate change is a **threat multiplier** for spread of infectious diseases and antibiotic resistance.”

# One Health topics covered in “Paradise”

- Human-animal bond
- Antimicrobial resistance
- One Health approach

# Our plan today

1. One Health 101: What it is and why we care
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4. How to gain this transferable skill
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# *What is science communication?*

The method of sharing knowledge with others  
outside of our science (niche) bubble.

# *Why is One Health (and science) communication important?*

So we can advance science.

So we can make people, animals and the planet healthier.

Business experts debate that communication is a...

Soft skill or **HARD** skill!





# ONE HEALTH LESSONS



## *Looking into the Lens of the One Health Approach*


Kennesa Klariz R. Llanes

# Our plan today

1. One Health 101: What it is and why we care
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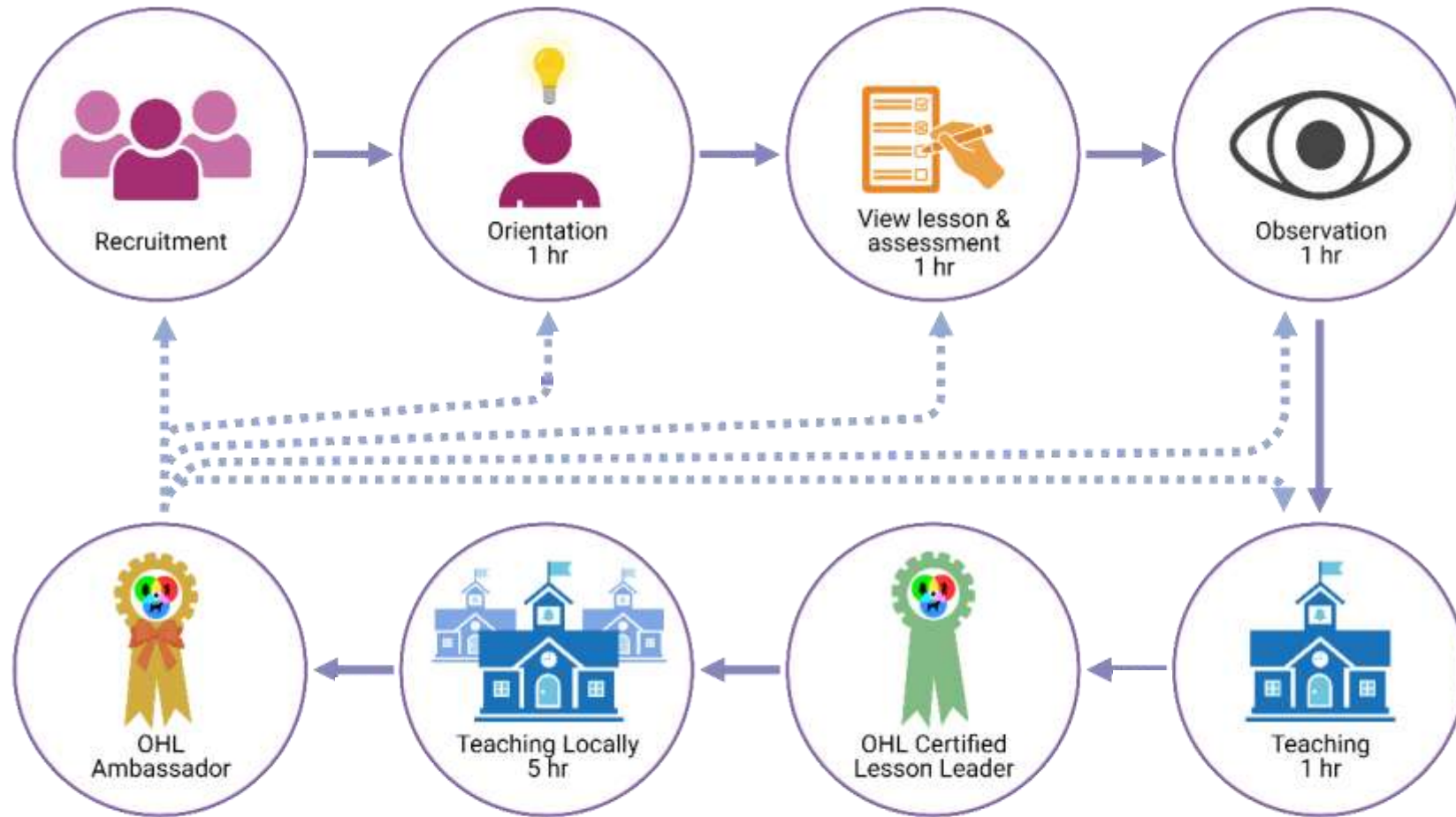
# Discover *solutions* to those science communication challenges



-  Toastmasters International
-  Other community based public speaking opportunities
-  Join the APHA One Health group
-  One Health Lessons
  - Certified Lesson Leader
  - One Health Lessons Ambassador

***Remember this!!***

# The Train-the-Trainer Program





Trained 20+ university students  
To teach 2,000+ children  
In 2 weeks!



**Charles**  
One Health Lessons Ambassador

# December 2024 Goal: teach as many classrooms as possible

Send an email expressing your interest to connect/teach/help:

[OneHealthLessons@gmail.com](mailto:OneHealthLessons@gmail.com)



[\*\*www.OneHealthLessons.org\*\*](http://www.OneHealthLessons.org)

# Location of Certified Lesson Leaders with One Health Lessons



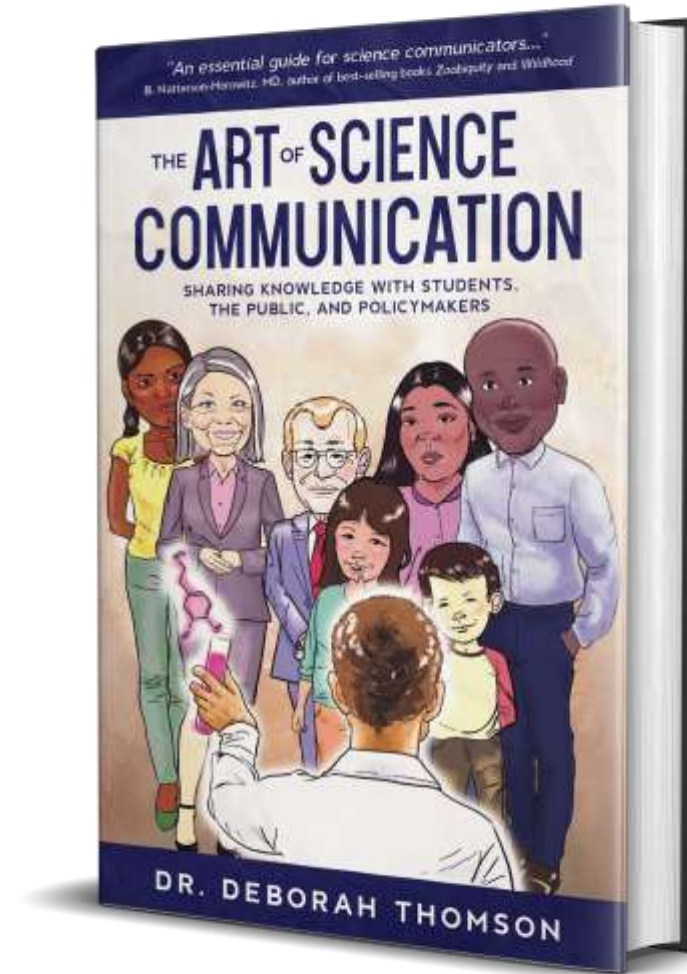
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# Diving In

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*What is going on in there?*



# Diving In

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# Excerpt: Life from the Other Side...



# Principles to remember with Policymakers

Remember this!

- Don't come with only problems → offer at least 3 solutions
- Are the solutions....
  - Feasible? (cost, manpower, timely?)
  - Positively impact their constituents?
  - Cost *effective*?

# Timely Example: Avian Influenza

- **State problem:**

Bird Flu is caused by a virus that spreads from animals (ex. chickens, cows, cats) to people and there is currently great worry of human-to-human spread, just like how COVID spread. However, historically, half of the people who get this virus, die from it making the potential of a pandemic much greater.

- *Don't say "50% mortality rate". Don't use jargon.*

**Possible solutions:**

- Create policies to stop selling of raw milk (ex. write letter/put pressure on FDA)
  - This can be through appropriation tactics or through writing a letter to the FDA's Commissioner
- Increase funding for television and online PSA's to educate the public on protective measures
- Increase funding to vaccine researchers to develop an all inclusive flu vaccine (regardless of the type of flu)

# Remember that January is One Health Awareness Month

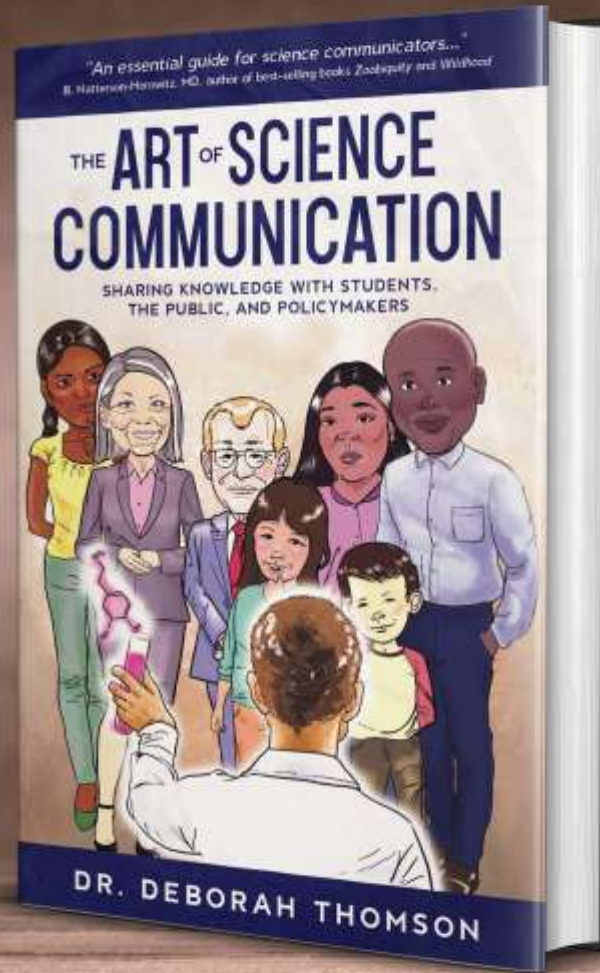
SOCIAL MEDIA CHALLENGE TOPIC CALENDAR					
<b>1</b> What is OH and Why is OH important?	<b>2</b> What is OH and Why is OH important?	<b>3</b> OH Topic- What are Zoonotic Diseases?	<b>4</b> OH Topic- What are Vector Borne Diseases?	<b>5</b> OH Topic- Mosquito Borne Diseases	<b>6</b> OH Topic- Flea Borne Diseases
<b>7</b> OH Topic- Tick Borne Diseases	<b>8</b> OH Topic- Antimicrobial Resistance and One Health	<b>9</b> OH Topic- Biosurveillance - Animals as Sentinels	<b>10</b> OH Topic- Loss of Biodiversity / Conservation Medicine	<b>11</b> OH Topic- Climate Change and One Health	<b>12</b> OH Topic- Climate Change & Food Security
<b>13</b> OH Topic- Complex systems and Civil Society	<b>14</b> OH Topic- Research discoveries using a OH approach	<b>15</b> One Health in Disaster Preparedness/ Emergency Responses	<b>16</b> Economic Benefits of One Health	<b>17</b> Ecosystem / Soil Health - Environmental Contaminants	<b>18</b> Organizations around the world promoting OH
<b>19</b> OH Topic- OH and Chronic / Non-Communicable Diseases	<b>20</b> OH Topic- One Health and Food Security	<b>21</b> OH Topic- One Health and Food Safety	<b>22</b> One Health One Welfare One Planet	<b>23</b> Benefits of the Human / Animal Bond	<b>24</b> Violence: The link between Human and Animal Abuse
<b>25</b> OH Topic - Clean Water & Air	<b>26</b> Occupational Health Risks for Animals and Agricultural Workers	<b>27</b> OH Topic- One Health and Wildlife	<b>28</b> OH Topic- Water Security	<b>29</b> One Health K12 Education: Will our students be prepared for the future?	<b>30</b> One Health & the United Nations Sustainable Development Goals
<b>31</b> If you live in the U.S., advocate for the Advancing Emergency Preparedness Through One Health Act! <a href="#">Check out its progress!</a> Plan a One Health Day event! One Health Day is Nov 3; but events can be held any time of the year. Be sure to <a href="#">register your event</a> to get on the map!					

More information at [https://www.onehealthcommission.org/en/events\\_since\\_2001/one\\_health\\_awareness\\_month/](https://www.onehealthcommission.org/en/events_since_2001/one_health_awareness_month/)



LinkedIn:  
Deborah Thomson, DVM

Thank you!



Contact:  
[www.Deborah-Thomson.com](http://www.Deborah-Thomson.com)

Book available on Amazon!



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# Deep Dive: Funding

*Roger Harrell, MHA and  
Laurence Polsky, MD, MPH*



# Membership

## Co Chairs

### **Roger Harrell, MHA**

Health Officer, Dorchester County Health Department

### **Laurence Polsky, MD, MPH**

Medical Director, Calvert County Health Department

## Workgroup Members

### **Karrington Anderson**

Associate Policy Director, Maryland Association of Counties

### **Sarah Clarke, MBA, CMPE**

Partner, Healthcare Division, RS&F (Rosen, Sapperstein & Friedlander, LLC)

### **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

### **Sonia Gupta, MPH, MBA**

Founder/CEO Women's Health Technologies

### **Jennifer Hare, CPA**

Health Officer Garrett County Health Department

### **Karine Ireland**

Acting Health Officer Talbot County Health Department

### **Rebecca Jones, RN, BSN, MSN**

Health Officer Worcester County Health Department

### **Ruth Maiorana, BS**

Executive Director Maryland Association of County Health Officers

### **Sadiya Muqueeth, DrPH, MPH**

Chief Health Policy Officer, Baltimore City Health Department; Assistant Scientist, JHSPH

### **Gena Spear, BS**

Health Officer Allegany County Health Department

### **Allen Twigg, LCPC, MBA\***

Executive Director, Behavioral & Community Health



# Focus

The Workgroup's charge is:

Make recommendations to improve the delivery of foundational public health services in the state<sup>1</sup>

<sup>1</sup> Maryland Commission on Public Health Powerpoint 12/14/23



# Focus

What portions of the statute does workgroup address?

(a) The Commission shall assess the foundational public health capabilities of the Department and local health departments in the State.

(c) (1) Based on the assessment conducted under subsection (a) of this section, the Commission shall make recommendations for reform in the following areas:

(v) Funding

(2) The recommendations made under paragraph (1) of this subsection shall include the funding or legislation required to implement the recommendation, if any.<sup>1</sup>

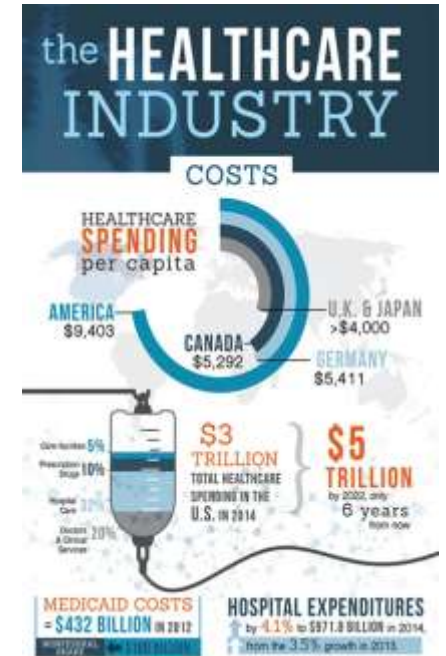
<sup>1</sup> [https://mgaleg.maryland.gov/2025RS/Statute\\_Google/ghg/13-5106.pdf](https://mgaleg.maryland.gov/2025RS/Statute_Google/ghg/13-5106.pdf)



# Focus

## Big Picture:

- U.S. healthcare spending is 2-3 times greater per capita than other economically developed countries<sup>1</sup>
- **U.S. public health agencies are underfunded relative to other economically advanced countries by an average of \$42 billion annually.**<sup>2,3,4</sup>
- Despite the enormous flow of dollars into acute medical for the past 75 years, health outcomes in the U.S. are worse than almost all other OECD countries<sup>1</sup>



1 Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022>

2 Trust for America's Health-New York Academy of Medicine. <https://nap.nationalacademies.org/read/13268/chapter/6#107>

3 [https://www.bls.gov/data/inflation\\_calculator.htm](https://www.bls.gov/data/inflation_calculator.htm)

4 [https://www.healthsystemtracker.org/brief/how-does-medical-inflation-compare-to-inflation-in-the-rest-of-the-economy/#Cumulative%20percent%20change%20in%20Consumer%20Price%20Index%20for%20All%20Urban%20Consumers%20\(CPI-U\)%20for%20medical%20care%20and%20for%20all%20goods%20and%20services,%20January%202000%20-%20June%202024](https://www.healthsystemtracker.org/brief/how-does-medical-inflation-compare-to-inflation-in-the-rest-of-the-economy/#Cumulative%20percent%20change%20in%20Consumer%20Price%20Index%20for%20All%20Urban%20Consumers%20(CPI-U)%20for%20medical%20care%20and%20for%20all%20goods%20and%20services,%20January%202000%20-%20June%202024)



# Focus

Benjamin Franklin:

“Public health is public wealth.”

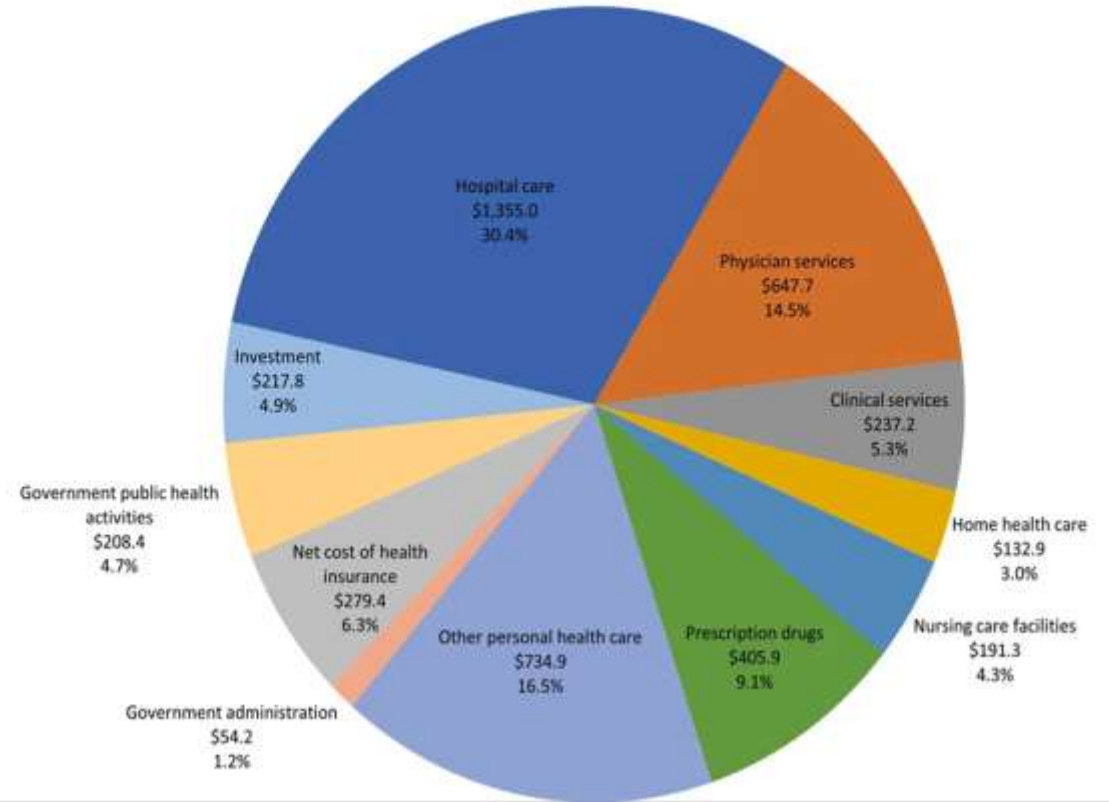




# Focus

- Hospital care is the single largest healthcare expenditure in the U.S.- more than physician services, prescription medications, nursing care facilities, and home health care combined
- The U.S. spends more on health insurance administration than on all its public health activities.

The U.S. spent \$4,464.6 billion on health care in 2022  
where did it go?







# Focus

## **Incremental improvements** of existing efforts

- Improving functionality of grants administered by public health agencies at state and local levels
- Better coordination at the state level between HR requirements and resulting salary costs
- Core Funding revisions



# Focus

## **Novel approaches** to public health funding:

- New ways of identifying and procuring grants
- New partnerships with philanthropic organizations
- Greater accountability and objective outcomes for Community Benefit Spending



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# Work to Date



# Activities

The Funding Workgroup has met monthly, including one in-person meeting to work on themes/findings.

- >75% of the workgroup members have attended every meeting.



# Activities and Experts Consulted

Key events that help document the work done to date:

- Overview of Public Health Funding – Dr. Polsky
- State of Maryland Public Health Overview – David Davis (MDH)
- Core Funding – Becky Jones, Worcester Health Officer
- Public health grant management – Michelle Moore (Director of MDH Grant Division) and Irma Bevins



# Activities and Experts (*cont'd*)

- Community Benefits – Dr. Zare (Johns Hopkins Bloomberg School of Public Health)
- Community Benefits – Brain Sims (Maryland Hospital Association VP of Quality & Equity (MHA's COO also invited))
- Community Benefits – Megan Renfrew (HSCRC staff)
- Philanthropy Funding and Public Health – Elisabeth Hyleck (Maryland Philanthropy Association), Liz Tung (Abell Foundation), Glenn Schneider (The Horizon Foundation)



# Resources Examined

Hossein Zare PhD, Matthew D. Eisenberg PhD;  
Comparing the value of community benefit and  
Tax-Exemption in non-profit hospitals; Health  
Serv Res. 2021;1-15.

Does Nonprofit Hospital Community Benefit  
Vary by State? Erik Bakken, BA and David Kindig,  
MD, PhD; J Public Health Manag Pract. 2015 Jan-  
Feb; 21(1): 18-22.

Commonwealth Fund. U.S. Health Care from a  
Global Perspective, 2022: Accelerating Spending,  
Worsening Outcomes.

<https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022>

National Academy of Medicine's *For the public's  
health: investing in a healthier future*

Trust for America's Health-New York Academy  
of Medicine.

<https://nap.nationalacademies.org/read/13268/chapter/6#107>

CDC, <https://www.cdc.gov/nchs/fastats/health-expenditures.htm>

The Future of Public Health, IOM, 1988

HSCRC: Community Health Needs Assessments

Maryland Code Health General 19-303

IRS Code- 501(c)(3) statute

IRS 990 Schedule H for Maryland hospitals



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# Health Equity and Cross-cutting Themes





# Health Equity

In general, public health funding has evolved over the past decade to take health equity into account. There are already many federal and state grants that are solely focused on reducing health disparities. Many other grants require consideration of health disparities as part of the award process and grant implementation.

Core Funding is one notable exception where health equity is not factored in.

Funding and technical assistance through the Office of Minority Health and Health Disparities could be expanded to allow more counties to benefit, especially those whose disparities have more to do with geographic factors than with race/ethnicity.



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# Initial Themes



# Theme #1: Underfunding of Public Health in the U.S.

Although the U.S. spends 2-3 times more per capita on medical care than other economically developed countries, we spend considerably less on public health.<sup>1</sup>

The Trust for America's Health (New York Academy of Medicine) determined that if the average OECD (Organization for Economic Cooperation and Development) public health spending level were used as a benchmark, the United States would need to spend an additional \$24 billion annually (2010).

- Adjusted for medical inflation in 2024<sup>1,2,3</sup>, **the additional funding to reach parity with other developed countries is \$42 billion per year.**

<sup>1</sup> Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022>

<sup>2</sup> Trust for America's Health-New York Academy of Medicine. <https://nap.nationalacademies.org/read/13268/chapter/6#107>

<sup>3</sup> [https://www.bls.gov/data/inflation\\_calculator.htm](https://www.bls.gov/data/inflation_calculator.htm)



## Theme #2: **Public Health Funding Instability**

The main funding sources for public health (federal grants, state funding, county funding) are unstable.

- No direct control by the Maryland Department of Health (MDH) and local health departments (LHDs)
- Public health has never been the funding priority of any White House Administration, Congress, or Governor other than transient or narrowly focused problems such as COVID-19 and opioids.



## Theme #2: **Public Health Funding Instability** *(cont'd)*

Funding instability is primarily a result of:

- Macroeconomic downturns
- Conflicting White House and Governors' policy priorities (tax cuts; education; public safety; child poverty efforts; etc.)
- Short-term grants can be discontinued at the end of any fiscal year, thereby limiting the ability to undertake or complete mid-to long-term projects
- Core funding, often used to support administrative and operations services, is subject to unpredictable fluctuations and does not grow with mandated salary and fringe changes.



## Theme #3: **Updating Core Funding**

- LHOs need flexible funds to support administrative and operational services.
- Core Funding statutory constraints do not always align with public health priorities two-plus decades into 21st century.
- Core Funding allocations for each jurisdiction do not account for the differences in underlying social determinants of health or health disparities across Maryland.
- Funding methodology has not changed in more than 25 years to account for demographic changes.



## Theme #4: **Infrastructure (Personnel and IT) Modernization**

- Failure to modernize basic Infrastructure over the past several decades has made it difficult at state and local levels to effectively manage financial operations.
- Pay scale for upper level fiscal staff is significantly below that in the private sector. This makes it nearly impossible to recruit and retain well qualified employees.
- Lack of well-qualified staff with necessary institutional knowledge results in failure to maximize collections for clinical services, inadequate oversight of budgets, and increases rates of non-compliance with grant requirements



## Theme #4: Infrastructure (Personnel and IT) Modernization- Continued

- Fiscal IT platforms do not facilitate funding acquisition and utilization
  - Need better identification of public and private funding sources
  - Technology requires too much staff time to manage grants
  - No real-time tracking of grant dollar utilization at state and local levels
- Modern software platforms to track expenditures across the various divisions of MDH would allow fiscal staff to monitor spending in a more timely and effective manner. This will identify unused funds earlier in the fiscal year, leading to more effective redistribution at both state and local levels.





## Theme #5: **Increases in Funding Collaboration**

- There is untapped potential for collaboration and integration between MDH, LHDs, FQHCs, Hospitals (Community Benefit dollars), Maryland Primary Care Program, etc.
- Untapped potential for grant-funded or state-funded collaboration across Departments (MSDE, DPSCS, MDoT, DHR, etc.)
- Coordination needed to align public programs with the goals of local and national philanthropic foundations.



## Theme #5: **Increases in Funding Collaboration**

Funding *and staffing* for public health collaborations are needed in priority areas:

- Student health initiatives
- Reentry services between local jails, prison, and justice system
- Non-emergency medical transportation
- County Offices of Aging, Behavioral Health, Medicaid, and LHD



## Theme #6: Innovative Funding Streams - **Public Health Business Advisory Board**

There are opportunities for new approaches to funding streams, such as partnerships with Maryland businesses. The primary goal of a Public Health Business Advisory Board would be to prevent health problems such as diabetes and substance use disorders that lead to **higher health insurance costs, lost productivity, workplace injuries, and employee turnover.**



## Theme #6: Innovative Funding Streams - **Public Health Business Advisory Board**

**Employers would fund public health initiatives** to reduce business losses from preventable illnesses (reduce health insurance costs, reduce workplace absences, workplace errors, employee turnover, etc.).



## Theme #6: Innovative Funding Streams - **Public Health Business Advisory Board**

Public Health Business Advisory Board. Members could include:

- Local and state Chambers of Commerce
- Large employers
- Maryland Retailers Association or other small business representative
- Labor unions
- MDH Secretary designees
- Health Officers or designees



## Theme #7: **Community Benefit Spending**

The Affordable Care Act requires all nonprofit hospitals to reinvest their tax savings back into their communities.

- This amounts to between \$1.4 billion (per HSCRC estimate) and \$2 billion (Maryland Hospital Association estimate) per year in Maryland.
- Money must be spent to serve a defined community health need and not financially benefit the hospital nor benefit the hospital for marketing purposes.
- Efforts should align with the current Community Health Needs Assessment



## Theme #7: **Community Benefit Spending** (cont'd)

Maryland law defines Community Benefit Spending as ***planned, organized, and measured activities***.

- Hospitals have not demonstrated compliance with these statutory requirements.
- Maryland hospitals spend a median of 70% of their CB dollars on indirect costs (administrative overhead) according to their own reporting to the HSCRC.



# Theme #7: **Community Benefit Spending** *(cont'd)*

Statewide Community Benefit spending exceeds the aggregate budgets of local health departments dedicated to Foundational Public Health Capabilities.

- Concerns about compliance and transparency
- There is an opportunity for collaboration between hospitals and public health agencies to optimize use of these funds.





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# Continued Exploration



# Remaining Questions

Findings/recommendations from other workgroups and Commissioners that will impact public health funding.

“Recommendations must include the funding required to implement the [COPH] recommendation, if any.”<sup>1</sup> This may be particularly important for recommendations generated by the Workforce and Data/IT groups.

<sup>1</sup> Maryland Commission on Public Health Powerpoint 12/14/23



# Input Requested

- Given current state budget concerns, do you think additional funding is available for public health efforts or will funding new efforts need to be reallocated from existing health-related expenditures?
- How will other workgroups' recommendations impact public health funding needs?



# Focus Next 3-6 months

- Presentations from representatives of Maryland Medicaid
- Invitations to members of other Workgroups to discuss funding needs for their recommendations



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# Questions?



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# Break

**December 05, 2024**

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



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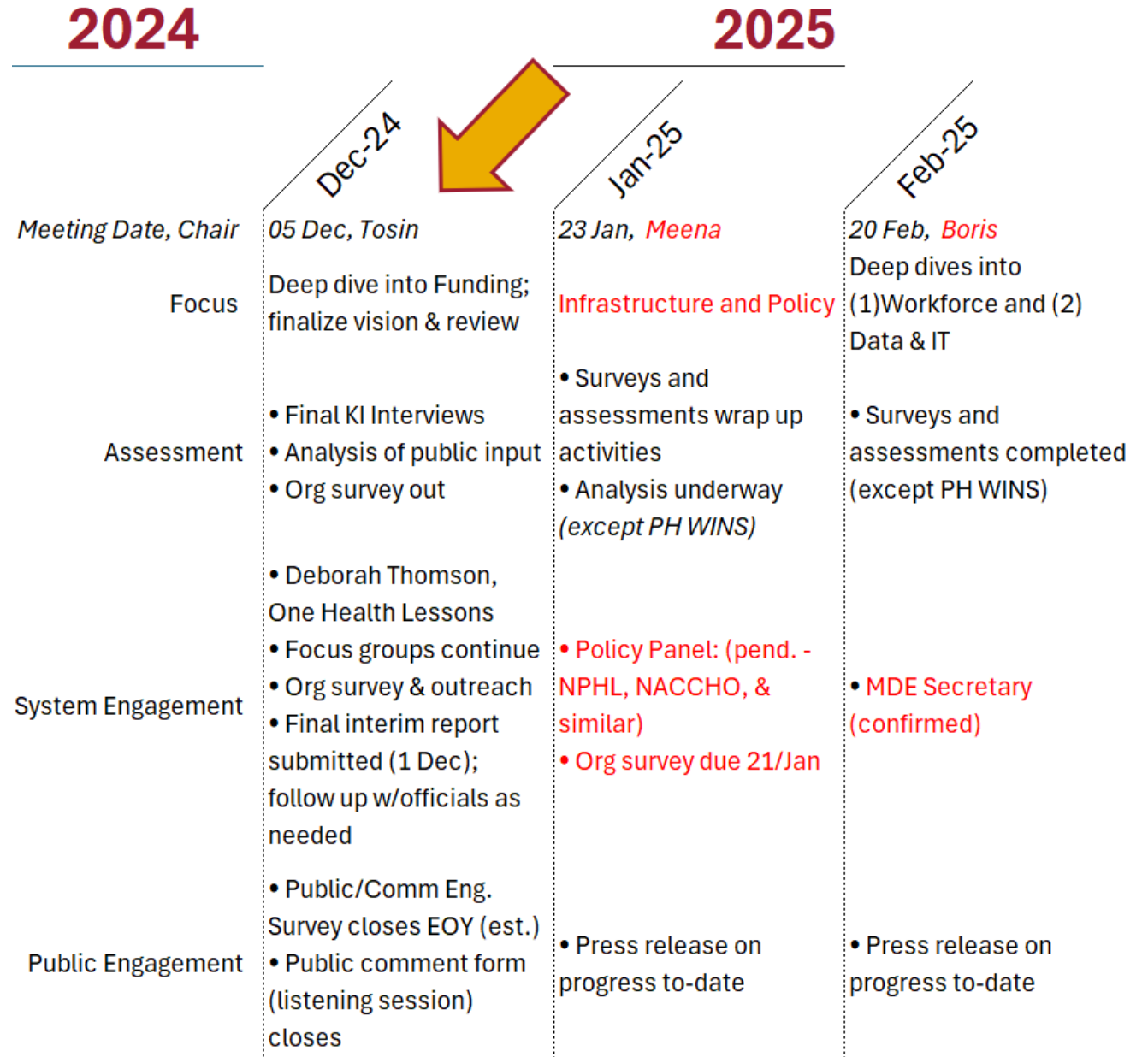
# Commission Updates

*Shane Hatchett*



# Timeline

- Reworking schedule post-Feb 2025
- Developing process for recommendations and template for final report
- 2025 meeting cadence may be adapted to add additional virtual meetings







# Workgroup Updates

- Funding co-chair
  - Roger Harrell retiring
  - Gena Spear (incoming)
- Data & IT co-chair
  - Jay Atanda stepping down
  - Craig Behm (incoming)
- Discussing ways to promote cross-workgroup collaboration (thematic) vs. siloes

# Maryland Commission on Public Health

## Academic Partner Assessment Update

Maryland Commission on Public Health Meeting  
December 5, 2024

**Amelia M. Arria, PhD**

*Professor & Associate Dean for Strategic Initiatives  
University of Maryland School of Public Health*

**Brittany A. Bugbee, MPH**

*Senior Faculty Specialist  
University of Maryland School of Public Health*

**Grace McManus, MPH**

*Faculty Specialist  
University of Maryland School of Public Health*

**Anita Hawkins, PhD**

*Associate Dean & Associate Professor  
School of Community Health & Policy  
Morgan State University*

**Malinda Kennedy, ScD**

*Assistant Research Professor  
University of Maryland School of Public Health*



# Academic Partner Assessment Team



University of  
Maryland School  
of Public Health

Morgan State  
University  
School of  
Community Health  
and Policy

# Overview

- 1. Assessment approach and methods**
- 2. Data collection update**
- 3. What we are learning about**
- 4. Questions/Discussion**

# **Assessment Approach and Methods**

# Sources of Information



# What Do We Hope to Learn?

Public Thoughts, Awareness, and Practices

- Current Status & Collaborations
- Challenges
- Emerging Issues
- Successful Models/Approaches
- Ideas for the Future

Current Organizational Characteristics & Human Resources

Charting the Path Forward

✓ Perspectives from the Public

- Public Listening Sessions
- Online Public Comments
- Public Survey

Commission Workgroup Activities

Local Health Department Site Visits

✓ Qualitative Interviews

- Local Health Departments
- MDH Leaders
- State Agency Leaders
- Elected Officials (County/State)

✓ Focus Groups (Topic-oriented)

Structural Assessments

- PHWINS, NACCHO surveys
- ✓ • New Organizational Survey

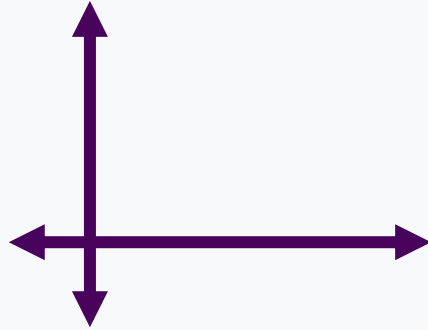
✓ Academic Partner Assessment Components

# **Qualitative Interviews**

# Interview Methods



45-60 minutes



Balancing  
breadth vs. depth



Qualitative  
dialogue



# Who?

## Entities Comprising the Public Health Infrastructure

- State legislature
- State agency for primary oversight (MDH)
- Collaborating “sister” state agencies
- State agencies providing operational and administrative infrastructure
- Local agencies for implementation (LHDs)
- Advocacy organizations
- Health care service providers
- Other entities

# Maryland's Public Health System Assessment:

## Entities Included Thus Far (Qualitative Interviews)

### Maryland Department of Health

Human Resources  
Information Technology  
Contract Management and Procurement  
Prevention and Health Promotion  
School Health  
Population Health Improvement  
Minority Health and Health Disparities  
Primary Care Program Office  
Injury and Violence Prevention  
Cancer and Chronic Disease  
Maternal and Child Health  
Preparedness and Response  
Healthcare Financing and Medicaid

### **Policymakers**

- State Legislators (4)
- County Executives (4)

### **Advocacy Organizations**

- Maryland Association of Counties
- Maryland Assembly on School-based Health Care
- Maryland Hospital Association
- Maryland Public Health Association
- Maryland Rural Health Association
- Mid-Atlantic Association of Community Health Centers\*

### **Other Entities**

- Maryland Health Care Commission
- Chesapeake Regional Information System for our Patients (CRISP)
- University of Maryland Medical System\*
- Maryland Community Health Resources Commission\*

*\*Interview scheduled*

Public Health Services (3)

23 Local Health Departments



### **Collaborating "Sister" State Agencies**

Department of Aging  
Department of Agriculture  
Department of Education\*  
Department of the Environment  
Department of General Services  
Department of Labor  
Department of Occupational Safety and Health

### **Waiting for Response**

Department of Budget and Management  
Department of Disabilities  
Department of Human Services  
Maryland Health Services Cost Review Commission  
MDH Maryland Responds  
MDH Office of Communications  
MDH Behavioral Health Administration  
Maryland Chapter of the Natl Assoc of Social Workers  
Maryland Nurses Association  
Maryland Dental Association  
MedChi (Maryland State Medical Society)  
Maryland Area Health Education Center Program

# What?

## Interview Topics (Generated from Workgroup Feedback)

**Probes were tailored depending on the role/position of the individual being interviewed.**

### Example Topics Covered:

- Understanding of public health
- Organizational mission, structure, function
- Funding streams provided or received
- Programmatic activities
- Relationship to local health departments
- Key partnerships and collaboration
- Attention to health equity
- How data are being used to make decisions
- Strategies to reach priority populations
- Utilization of information technology systems
- Emergency preparedness and response

**Everyone was asked about their **vision for the future** and improvements that could be made to strengthen the public health system.**

# What We Are Learning About From the Interviews

## Inputs

### **Organizational Structure and Operations and Commitment to Public Health**

*Internal Governance, Roles and Responsibilities, Strategic Planning, Relationship and Communication with State Agencies, Dedication*

### **Workforce**

*Recruitment & Retention, Training and Continuing Education, Required and Desired Skillsets*

### **Funding**

*Funding Sources, Administrative Requirements, Grant Writing, Performance Monitoring*

### **Technology and Data Systems**

*Modernization Efforts, Potential of AI, Data Analytics for Community Needs, Desired Skillsets*

## Activities

### **Program and Services**

### **Communications**

### **Collaborations and Partnerships**

### **Public Engagement**

## Outcomes

### **Communicating Health Information**

*Tools/Methods, Communication about Specific Issues, Relationship Building and Trust*

### **Achieving Health Equity**

*Understanding Communication Strategies, Workforce*

### **Improving Health Outcomes**

### **Emergency Preparedness and Response**

# **Focus Groups**

# Maryland's Public Health System Assessment: Focus Group Data Collection

- **Focus group invitees are populated using existing group lists or through a nomination form completed by LHD leadership**
- **One-hour online Zoom sessions**
- **Participants can share additional comments through an online form after focus group is completed**
- **Persons invited but unable to attend can also provide comments**



# Focus Groups Completed

- **Assessment & Surveillance**

- **Central Questions:** What are the strengths and weaknesses of Maryland's current assessment and surveillance activities related to public health? How are assessment and surveillance outcomes used to inform local health department planning and program implementation? How modern and coordinated are the necessary data systems to fulfill this foundational capability? What system level changes are needed to strengthen Maryland's current assessment and surveillance capabilities?

- **Communications**

- **Central Questions:** How effectively are clear communications functioning as a foundational public health capability? What system level changes are needed to strengthen Maryland's current communications capabilities?

- **Public Health Emergency Response & Preparedness**

- **Central Questions:** How do the foundational public health capabilities at the state and local levels affect our readiness to respond to manmade and natural disasters and emerging pandemics? What system level changes are needed to strengthen Maryland's current public health emergency response & preparedness capabilities?

- **Behavioral Health**

- **Central Questions:** How do the foundational health capabilities in Maryland support the continuum of substance use prevention and treatment? Similarly, how do those capabilities support wellness promotion, mental health disorder screening, early intervention for mental health conditions, and comprehensive care for individuals with mental health disorders?

# Focus Groups Scheduled

- **Chronic Disease Prevention**

- **Central Question:** How do the foundational public health capabilities at the local level affect our ability to address the risk factors that give rise to chronic diseases?

- **Maternal and Child Health**

- **Central Question:** How do the foundational public health capabilities at the local level affect our ability to address maternal and child health promotion and avoid maternal and infant mortality?

- **Injury and Violence Prevention**

- **Central Question:** How do the foundational public health capabilities at the local level affect our ability to address the risk factors that give rise to injury and violence?

- **Nurses**

- **Central Question:** What are the main challenges facing the nursing workforce as it relates to the foundational public health capabilities in Maryland?

- **Human Resources**

- **Central Question:** What is needed to optimize the processes to recruit, develop, promote and retain a diverse public health workforce?

- **Communicable Disease**

- **Central Question:** How do the foundational public health capabilities at the local level affect our ability to monitor, respond to, and prevent communicable diseases, such as HIV, COVID-19, Mpox, STDs etc.?



# Focus Groups To Be Scheduled

- **Environmental Health**

- **Central Question:** How do the foundational public health capabilities at the local level affect our ability to follow regulations and monitor environmental conditions to protect the public from environmental concerns?

- **Academic Partners**

- **Participants** are being identified through a combination of nomination and systematic representation of accredited public health programs.
- **Central Questions:** How do/can academic partners best support and partner with Maryland's governmental public health? What roles do/can academic partners play to support the delivery of foundational public health services (capabilities and areas)? For academic partners who are partnering, or have attempted partnering with local or state health departments, what has worked well, what can be improved?

# **Organizational Survey**

# Organizational Survey

## Purpose

- Collect primarily quantitative data on structural and operational aspects of the health departments
- Data will complement previously collected data—efforts made not to duplicate questions asked in interviews/focus groups.
- Information collected on:
  - Organizational structure
  - Workforce/personnel
  - Funding
  - Procurement
  - IT and Data Infrastructure
  - Communications and Public Engagement

## Recipients

- Survey emailed to Health Officers (one survey per health department)
- Survey will be completed by section, to allow Health Officers to share link to each survey section with appropriate staff members

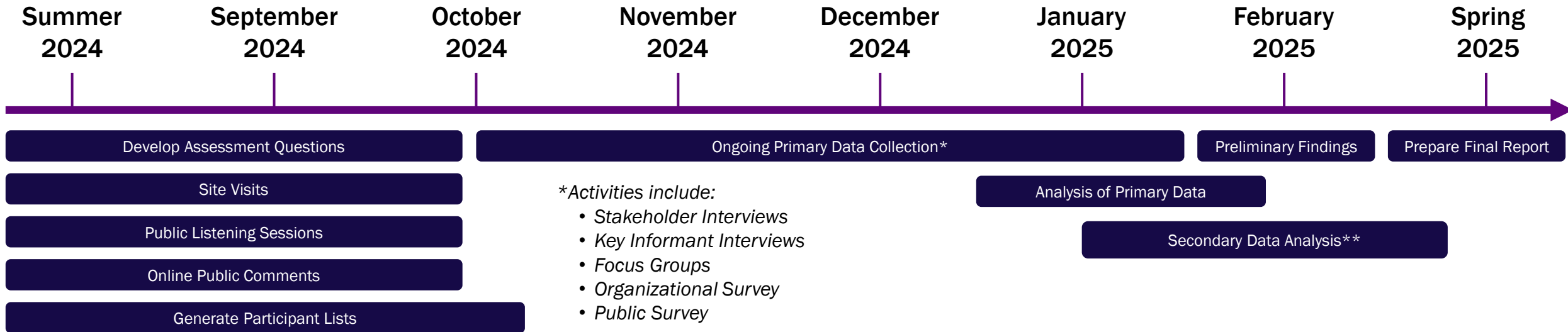
## Timeline

- Data collection beginning next week
- Survey open through mid-January

# **Timeline and Future Steps**

# Timeline

## Key Activities by Month



\*\*Includes NACCHO surveys

# Considerations Regarding Rollout of Findings

- **Preparation of System Assessment Findings**
- **Integration with Workgroup Findings**
- **Synthesis of Recommendations**
- **Release of Report**
- **Audiences**
- **Maximizing Impact**

**Questions/Discussion**

**Thank  
you!!!**



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# Announcements & General Updates

**December 05, 2024**





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# Adjourned

**December 05, 2024**

*The next Commission meeting is **January 23** (hybrid) at  
9475 Lottsford Rd, Upper Marlboro, MD*