Draft Recommendations Slate With Changes Due to Open Comments

As of August 20, 2025 PM. *(V.11.5)*

This document summarizes the current draft of recommendation language edits, grouped thematically, and initial updates from the open comment period <u>as of August 20</u>. Additional modifications based on Commissioner and Workgroup review may occur.

Preamble

This document is structured as described in previous meetings using the following hierarchy: Themes, Strategic Objectives, and Recommendations. **Themes** are the broad topics that summarize the focus areas based on assessment data and feedback. **Strategic Objectives** identify structure and relationship of similar recommendations under a unifying policy goal. *Recommendations* are the activities necessary to accomplish a strategic objective and are aligned to the requirements set forth in statute. Recommendations may be policy/administrative oriented or legislative in nature. Recommendations will have an ID associated with them to allow for cross-referencing. Recommendations that begin with PCP originated from the June 9 – July 9 public comment period.

An additional grouping within the *Strengthen Public Health Infrastructure* theme is added to highlight the interdependence between strategic objectives that address key functions of *Governance*, *People*, and *Funding*.

The terms MDH (Maryland Department of Health), LHD (Local Health Department), LHO (Local Health Officer) are used throughout.

Themes and Strategic Objectives

1. Strengthen Public Health Infrastructure

Governance
- Realize benefits of a shared governance structure
- Align governmental public health activities
- Enhance internal communications

People
- Upgrade the human resource system
- Support new hires
- Establish innovative teams
- Create equity impact assessment policies

Funding
- Review existing funding mechanisms
- Explore new funding models
- Dedicate new funding to these critical areas: *technology, health communication and health needs assessments*

2. Modernize and Maximize Communication, Data, and Information Technology Tools
- Streamline administrative operations
- Enhance health-related data collection, management, and analysis capabilities
- Bolster public engagement and health-related communication

3. Leverage and Formalize Partnerships
- Partner with governmental agencies
- Partner with academic institutions
- Heighten partnerships with statewide non-profit health organizations
- Strengthen connections with health care organizations
- Build stronger relationships with the private sector

4. Create Bridges Between Public Health and Health Care Service Delivery
- Clarify public health capacities for the legislature and the public
- Highlight the interdependence of public health with the health care service continuum
- Create synergy between public health and health care service delivery systems

5. Pave the Way for Current and Future Public Health Leaders
- Invest in public health workforce development, policy and planning
- Design and develop innovative educational and service offerings
- Stimulate youth interest in public health

1. Strengthen Public Health Infrastructure

Current Status

- The shared governance model presents opportunities and challenges.
- The timely hiring and retaining of the needed workforce is a critical problem.
- Internal communication mechanisms are inadequate.
- Funding is insufficient to support the breadth of public health and to maintain emergency preparedness and the health of Marylanders.

GOVERNANCE

Strategic Objectives

Realize Benefits of a Shared Governance Structure

Rationale: Building on the shared governance model will allow the Maryland Department of Health and Local Health Departments to more effectively and efficiently plan, collaborate and function interdependently while meeting the state's diverse geographic and population needs.

The Commission affirms its support for shared governance of the public health system that empowers state and local public health officials to collaborate and function interdependently to help Marylanders achieve their optimal health and wellness. This model recognizes the role of the state in coordinating and promoting macro strategies across jurisdictions while vesting authority and autonomy with local health officers to function as chief health strategists within their communities. It further reinforces the principle that each partner is operating with the best interests of their constituents in mind. We support the following steps to strengthen and enhance shared governance.

- Inclusion of partner agencies that intersect with public health in the shared governance structure, such as Maryland Department of Environment and Maryland Department of Information Technology

- Promoting health equity throughout the public health and clinical health systems through community engagement and representation on local boards of health

- Modifying the Core Funding Formula to account for the complexities experienced by jurisdictions that are not accounted for in a flat per-capita model

- Ensuring public health is appropriately engaged in planning and implementation of significant programs, similar to the approach taken in the implementation strategy of Maryland's Hospital Payment Model, with the Maryland Association of County Health Officers serving as a vehicle

- Improve the ability of Health Officers to act as agency heads to increase the government efficiencies in public health systems

- Encourage state Bureau, Commission, and Administration heads or their designees to meet regularly to share relevant projects and other items where they can work together and maximize resources. Utilize MACHO as the collective voice for all twenty-

four local health departments, the liaison between Local Health Officers as a group and the Maryland Department of Health, and the convener and collaborator to help achieve shared MDH-LHD shared goals, strengthen the public health workforce, and promote and advocate for public health messages.

▪ Enhanced shared governance will provide for more definition and mutual understanding between state and local partners on how best to coordinate public health planning, implementation, and evaluation of foundational and essential public health services. This model further reinforces the principle that each partner is operating with the best interests of their constituents in mind and collaboratively working with key partner state and local agencies. **(ID: GOC-052)**

Align Governmental Public Health Activities

Rationale: Consistent and equitable collaboration between state and local public health entities (e.g., a co-creation framework) can ensure coordinated systemwide data-informed planning and evaluation, and performance management. The capacity of the entire public health system will benefit from coordinated leadership, statewide and mutual accountability metrics, collaborative oversight, and shared decision-making structures. The Maryland State Health Improvement Plan and State Health Assessment are examples that benefit from the co-creation framework. In addition, a small set of health outcome metrics agreed upon between public health and health care innovation investments will further facilitate state level coordination for Maryland's population health improvement.

Behavioral health and environmental health, as critical foundational areas of public health, were two areas highlighted by the Commission that would benefit from improved coordination and collaboration. While MDH houses both the Behavioral Health Administration and Public Health Services Administration, challenges and authorities at the local level complicate case and community health management for behavioral health services. Viewing these services as primary care safety net programs could lead to benefits (e.g., early intervention, decreased need for costly crisis management).

▪ Maximize effective administrative and clinical public health service planning and delivery, health monitoring, and policy development at the state and local level through enhanced collaboration and integration of Local Health Officer experience and knowledge in the development of policy positions and policy making via the existing Maryland Department of Health's Roundtable meeting between the Public Health Services Administration and Local Health Officers. Develop and implement a framework for policy development and implementation through consistent and equitable collaboration between state and local health departments while ensuring alignment with state laws and flexibility for local needs. This promotes coordinated systemwide data-informed planning and evaluation; strengthens system capacity through coordinated leadership and shared decision-making structures; promotes collective impact; and enhances performance management by establishing statewide and mutual accountability metrics and collaborative oversight. The

Maryland State Health Improvement Plan and State Health Assessment are examples that benefit from the co-creation framework. **(ID: GOC-011)**

- Create an agreed upon subset of health and health care outcome metrics and goals to facilitate public health and health care services alignment and innovation and to jointly monitor progress. **(ID: PCP-068 - NEW**)

- Examine the different functions performed by Local Behavioral Health Authorities (LBHA) and better allocate those functions to ensure that communities are getting the best integrated services. Preventive and early intervention services, such as suicide prevention education, harm reduction, data mapping, are core public health work and should be integrated into LHDs in jurisdictions where this is not already the case. These services are analogous to other core public health services provided by LHDs and would allow better integration and greater efficiency across the public health continuum at a local level. The oversight and regulatory functions can operate through either LHDs with integrated LBHAs or via separate LBHAs, but a more consistent mechanism reduces complexity in the system and allows for greater efficiency with public dollars services. **(ID: CCR-064)**

- Identify and procure one environmental health system to use by Maryland Department of the Environment, MDH, LHDs to improve efficiency of permitting for State and Local agencies, and the general public. This will create improved accountability, increased constituent satisfaction, and ideally attract more business to the state and local jurisdictions. While ideally incorporated into a universal electronic health record (EHR), Environmental Health poses unique challenges including permit capture and online payments, public input and tracking of licensure, complaints, investigations, and other unique functions. Additionally, this system would allow for improved reporting and analysis. Development of a system should maintain interoperability with local county systems and be informed by local input. **(ID: DIT-050)**

Enhance Internal Communications and Support

Rationale: The Commission's work revealed a need to strengthen internal communications within MDH and give visibility to public health initiatives within MDH. There was also interest in enhancing communications between LHDs to support ongoing collaborations and sharing successes, and having support for formal LHD accreditation where it does not exist now.

- Develop a MDH Public Health Grand Rounds Series to be a forum for horizontal communication across MDH departments that would allow sharing of successes of public health initiatives and successes in implementation. A Grand Rounds Series could provide a way to come together regularly around an important topic of shared interest. Invited participants could include LHDs, primary care clinicians, academicians, professional associations, elected officials, and community partners. **(ID: GOC-043)**

- MDH should work with MACHO to establish and keep updated LHD listservs for specific roles within LHDs; this would facilitate communication amongst LHDs, provide opportunity to share resources and announcements, enhance communication between MDH and LHDs, and stimulate cross-jurisdictional collaboration. Ensure a routine check

system and point person for regularly updating listservs with correct contacts. **(ID: GOC-044)**

▪ Facilitate the accreditation or Pathways Recognition status of interested LHDs by the Public Health Accreditation Board (PHAB) or other similar accreditation and pay the annual fees (MDH responsibility). Being accredited or designated as Pathways Recognized would inform local health officers and their staff of major areas to address to support quality improvement of services and operations. It also will provide a high level of assurance to the communities they serve by instilling a culture of quality improvement and excellence. **(ID: GOC-057)**

PEOPLE

Upgrade the Human Resource System

Rationale: Duplication of effort and unclear lines of authority for the human resource system hinder the full capabilities of MDH and local health officers to recruit, appoint and retain the needed workforce.

The state has already invested time and expertise to identify these solutions. Now is the time to act—ensuring that Maryland's personnel system becomes a strategic asset rather than a persistent barrier to public health services delivery. An initial step is to enable full access to job classifications, a no-cost, high-impact policy change that will help modernize the public health workforce, promote equity across jurisdictions, and ensure that local health departments are no longer boxed into outdated or inappropriate human resource processes that are not efficient or aligned with current needs.

A dedicated human resources classification system is essential to help modernize Maryland's public health infrastructure, professionalize the field, and build the resilient, responsive workforce the state needs now and in the future. It ensures that job requirements and duties are aligned to the specific needs of public health without interfering with generic or broad classifications that other agencies use. By reducing duplication and better utilizing flexibilities within the personnel system, senior public health leaders can recruit and retain the needed workforce and be responsive and adaptable to the concerns of their respective communities.

The Commission supports the following steps to maximize the public health workforce:
▪ Prioritize the timely and full implementation of the recommendations outlined in the 2023 State Personnel System Task Force report **(ID: WKF-39)**

▪ Grant LHDs full access to the complete range of job classifications within the state personnel system, including higher-grade classifications commonly used in other state health agencies **(ID: WKF-037)**

▪ Establish a set of distinct job classification options tailored specifically to the needs of the MDH and LHD workforce **(ID: WKF-038)**

- Authorize a comprehensive study or Commission on Human Resources Reform to strengthen LHO autonomy and explore the option of an independent human resources system for MDH, modeled on agencies like the Maryland Department of Transportation **(ID: WKF-040)**

Protect the Existing Workforce and Support New Individual Hires

Enact Legislation to Protect All State and Local Public Health Employees and Contractors

Rationale: This measure is critical to ensure the safety of the workforce and the uninterrupted delivery of essential public health services. By enacting this legislation, Maryland will affirm its commitment to protecting public servants, deterring harmful actions against them, and preserving the integrity and effectiveness of its public health system.

Experiences during the pandemic underscored notable realities related to Maryland's public health workforce. First, public health workers were vulnerable to threats to their safety. Legal protections should be put in place to lessen the future likelihood of these adverse experiences.

- Enact legislation to protect all state and local public health employees and contractors by establishing or strengthening penalties for individuals who threaten, harass, intimidate, stalk, assault, or otherwise interfere with public health workers during their official duties. **(ID: WKF-015)**

Enhance the Ability to Rapidly Deploy and Maximize Human Resources for Emergency Preparedness and Response

Rationale: By investing in the continued development, health expansion, sustainability, and enhancement of the state and local participation in the Maryland Responds Medical Reserve Corps, Maryland will be better positioned to protect public health and respond swiftly and effectively during times of great need.). While the Maryland Dept of Emergency Management (MDEM) has an important and statutorily defined role of coordinating responses to emergencies and disasters, often public health agencies have specific responsibilities locally or at state levels in this coordinated response. Additionally, public health agencies may need to address community situations (such as emerging outbreaks) prior to the level of activating their local or state emergency operations centers. Public health agencies may need to surge their workforce and response capacity to fulfill public health responsibilities demanded during sector-specific or cross-sector emergencies. The existing public health emergency preparedness program at state and local levels, as well as the Maryland Medical Responds Corps, exist because of these public health responsibilities and surge needs. Prior experience such as during the COVID-19 pandemic, demonstrates that despite existing resources and structure, a variety of administrative barriers exist to mobilizing volunteers or onboarding new staff for public health agencies to surge in order to fulfill their emergency response capabilities. A Statewide Volunteer Coordinator for Public Health Emergency Preparedness could alleviate some of these barriers and communicate more effectively on behalf of public health agencies to MDEM, DBM, DGS, elected officials, and other entities involved in mobilizing resources for emergency preparedness and response

- Appoint a Statewide Volunteer Coordinator for Public Health Emergency Preparedness to oversee a process to maximize public health human resources in an emergency; accelerate the process of hiring, deployment, placement, procurement, and resource distribution; and coordinate collaboration with existing disaster response volunteer groups. **(ID: WKF-053)**

- Expand and enhance local engagement for the existing Maryland Responds Medical Reserve Corps by: (1) Renaming it to the "Maryland Responds Health Reserve Corps" and explicitly recruiting non-clinical personnel capable of assisting during public health emergencies, disease outbreaks, natural disasters, and other crises that strain the healthcare and public health systems; (2) Supporting more robust, locally-focused and trained jurisdictional volunteer corps; (3) Ensuring dedicated funding for coordinators to work in local jurisdictions; and (4) Modernize and make more efficient the state's electronic registration system which documents and tracks volunteers. The legislature should allocate dedicated resources for this expansion and fund LHDs to recruit needed non-clinical personnel, build a more robust, locally-focused and trained county-based volunteer corps, and ensure emergency public health response readiness. **(ID: WKF-014)**

- Appoint a Statewide Chief Nursing Officer to provide technical assistance specific to nursing across Maryland, especially to the more than 1,000 nurses within LHDs, such as continuing education, development of policies or revising job classifications. The critical role of nurses in the delivery of public health services cannot be underestimated. Nurses comprise the largest percentage of the public health workforce. **(ID: WKF-054)**

Establish Innovative Teams to Improve Efficiency and Effectiveness

Rationale: The Commission proposes several entities designed to optimize coordination, collaboration, and responsiveness of the shared governance model. These entities will expedite technical assistance among LHDs and MDH, proposal development and grants management, and planning, implementation and assessment of foundational public health services.

Authorize Creation of a Bureau of Local Health Department Assistance and Support

- Authorize the creation of a Bureau of Local Health Department (LHD) Assistance and Support in the Office of the Secretary, Maryland Department of Health (MDH) to strengthen coordination across LHDs and to serve as a technical assistance body for the state's 24 local health departments, utilizing MACHO as a liaison. This Bureau would not direct or oversee local operations but would facilitate cross-jurisdictional collaboration, elevate common challenges, and promote consistency in public health practice where appropriate. **(ID: WKF-041)**

Expand MDH Staffing to Create a Grant Team
- Expand MDH staffing to create a grant team that searches for grant opportunities for both the state and local levels and includes representatives from small and large Local Health Departments. A centralized team can more efficiently identify grant opportunities that match with statewide public health planning and avoid duplication of efforts that would inevitably occur with 24 different jurisdictions trying to find new grants. An MDH-led team would also be able to coordinate with other state agencies (e.g., Departments of Environment, Aging, Housing, Transportation and more) to apply for grants that go beyond traditional health boundaries. **(ID: FND-022)**

Establish a Public Health Resource Team
- Establish a Public Health Resource Team, involving the new hires of 10-12 staff level positions at the MDH who will be responsible for executing the Commission on Public Health's recommendations and other related recommendations, monitoring the success of changes made to the system as a result, and can broker partnerships with public and private entities to leverage their expertise in developing solutions. This panel of experts/strike team can assist LHDs and MDH with emerging public health issues, public health crises, and policy development. Moreover, they could be instrumental in designing and implementing large cross-cutting public health initiatives by leveraging multiple governmental state agencies and external partners. **(ID: GOC-042)**

Digitize Public Health Records
- Digitize public health records (such as environmental health records) into secure systems while maintaining compliance with relevant state record retention policies. Improve public access to records, increase government efficiency, and reduce costs associated with printing and storage space. Ensure funding is made available to state and local health departments to contract out this work, hire adequate FTE to oversee or implement, and acquire the new technology systems needed to house the digitized records. Create an iterative approach to digitization with guidelines for prioritizing the most essential paper records based on the demand and utilization by health departments and the public. **(ID: DIT-048)**

Create Equity Impact Assessment Policies

Rationale: Building on the years of effort of the Health Equity Commission, MDH, and LHDs to address social drivers of health, considering impact of policymaking on equity earlier in the process will help identify disparities earlier. These recommendations operationalize the equity lens across sectors and governance levels and align with Maryland's focus on health equity (e.g., Maryland's Payment Model, State Health Improvement Plan, State Health Equity Plan). These recommendations acknowledge that each branch of government has a role to play in addressing systemic and long-standing challenges and disparities.

Establish a Statewide Racial Equity Impact Assessment Policy for the Executive Branch

- Establish and operationalize in State Government a Racial Equity Impact Assessment policy to ensure racial and health equity are central to the development, implementation, and evaluation of the promulgation and removal of regulations by Social Determinants of Health-related agencies to be defined by the Secretary of MDH when circumstances or thresholds determined by those agencies are met. **(ID: GOC-061)**

Establish a Racial Equity Impact Assessment Policy for the General Assembly

- Establish and operationalize in the Maryland General Assembly a Racial Equity Impact Assessment policy to ensure racial and health equity are central to the development, implementation, and evaluation of proposed legislation. **(ID: GOC-062)**

FUNDING

Review Existing Funding Mechanisms

Rationale: Revisiting each major governmental public health funding source and its management brings the opportunity to identify more effective and efficient ways to support public health services delivery.

The current model for allocating core resources to LHDs was developed in the 1990s. Thoughtful revisions would better align Core Funding with modern foundational services. The Joint Chairmen's Report in 2024 helps illuminate some of the challenges, but the perception remains that more work is needed to address issues with the formula.

With respect to making better use of existing funding, the Commission identified the need to streamline and redesign the procurement and contracting process. In addition, there is a critical need for more "flexibility with accountability" in the utilization of federal funds through grants and contracts.

Allowing LHDs to increase reimbursement for clinical services, particularly for those who must provide expanded clinical services to fill service or access to care gaps will increase revenue from a source that does not depend on federal or state grants.

Finally, with full recognition of the possible difficulties of doing so in the context of the current federal administration, the Commission calls for a national public health advocacy initiative with the goal of informing Congress about the need for federal agencies that fund public health programs to build in sustainability mechanisms to ensure more impactful program/project health outcomes.

- Conduct an in-depth assessment of the Core Funding model to ensure it adequately and equitably serve current public health needs and changing demographics since its formation in the 1990's in terms of proportional allocation to each local health jurisdiction, percentage of local-state match for each jurisdiction, categories of public health activities eligible to receive core funds, and any other areas that will benefit from updating. Assess county-level funding models, service delivery activities, and the capacity to fulfill foundational public health services to identify successful models that can be used

in other settings with the goal of informing a new funding model. Includes the input of LHDs to allow more flexibility by county and provides all-party access to the formula for full understanding and transparency across the governmental system, while maintaining MDH control over allocations. **(ID: FND-054)**

▪ Invest in better systems to enhance procurement and contracting efficiencies among MDH and LHDs. Hire dedicated personnel and procurement personnel to streamline processes, reduce delays, acquire resources efficiently, and monitor expenditures to support critical public health programs. **(ID: PCP-070 - NEW)**

▪ Join national organizations to advocate for federal grants with longer duration and more local flexibility to better address underlying complex health factors at local and state levels. **(ID: FND-007)**

Explore New Funding Models

Medicaid Reimbursement Taskforce

Rationale: Reimbursement for LHDs that provide services is often challenged by issues that are administratively burdensome to resolve for organizations that may not have significant volume of patients. In order to overcome some of these challenges, and building on the initial efforts of the Funding Workgroup, a specific taskforce focusing on Medicaid reimbursements with the appropriate MDH and LHD representatives at the table will help ensure that a feasible solution is identified without compromising other Medicaid policies or programs, such as the Maryland Payment Model.

▪ Establish a Medicaid Reimbursement Taskforce to be convened by MACHO. The Taskforce will have representatives from MDH Healthcare Financing/Medicaid, MDH Public Health Administration, LHOs, LHD billing professionals, and MACo (Maryland Association of Counties). The Taskforce is charged with collaboratively working on the following issues, in addition to other items that are determined by a majority vote to be germane. A written report of progress and potential legislative fixes will be submitted annually to the chairs of Maryland General Assembly House Health and Government Operations and Senate Finance Committees.

　　o Studying ways to streamline and simplify Local Health Department contracting process for insurance carriers and governmental (including master agreement negotiation, issuing normative guidance, or adopting legislation requiring carriers to enroll and credential LHDs) and making recommendations to the MGA and MDH Secretary;

　　o Studying the feasibility of restructuring Medicaid reimbursement rates for LHDs in a way that is analogous to FQHC reimbursement to better reflect the payer mix of public health agencies cost of services provided and account for the complex population needs

　　o Explore ways that LHDs can share in cost savings that produce measurable reductions in Medicaid expenditures as a direct result of successful public health

programs. For example, reducing neonatal intensive care unit costs to Medicaid as a result of improved outcomes for high-risk pregnancies. **(ID: PCP-071 - NEW)**

Population Health Improvement Fund

Rationale: The Maryland Payment Model is a thoughtful approach to helping constrain costs and deliver quality healthcare through a framework of equity and access. Accordingly, public health programs and services will be required to help deliver cost-effective interventions for long-term benefits. MDH and LHDs should work in concert to convene local stakeholders and program partners to implement successful programs.

- Ensure that the Population Health Improvement Fund, established by the General Assembly to support Maryland's Payment Model, has a governance structure that reflects state and local public health, social service, health system, business and philanthropy sectors and is representative, nimble and independent. These attributes are important to secure the trust and confidence of the people of Maryland, its health system, business, philanthropic and elected leaders. The Commission supports orienting the Population Health Improvement Fund to operate adjacent to the care delivery system and in alignment with the vision and goals of Maryland's Payment Model, the State Health Improvement Plan and the emerging State Health Equity Plan. The Fund should incorporate formal mechanisms for ongoing input from stakeholders and health organizations, including membership associations representing primary care clinicians. **(ID: CCR-063)**

Dedicate New Funding to Three Critical Areas: Technology, Health Communication and Health Needs Assessments

Critical Area: Information Technology

- Create a separate yearly technology funding budget line item (outside of LHD Core Funding) that supports the current and emerging technology needs of State and the Local Health Departments. **(ID: DIT-052)**

Critical Area: Health Communications Development and Dissemination

- Prioritize existing funding or allocate additional funding, to promote the development and dissemination of health communications materials to the public. This should enhance public health agency communication capacity, foster engagement with the public, and reduce rumors and misinformation. Public health agencies should collaborate with partner organizations, such as associations of primary care clinicians, to increase the reach of important public health messaging to specific target audiences. **(ID: CPE-020)**

Critical Area: Community Health Needs Assessment Support for LHDs

- Secure necessary resources for Local Health Departments (LHD) to effectively complete and use data from Community Health Needs Assessments (CHNAs) by dedicating full-time staff and support for collaboration with local hospitals, school-based health centers or community health centers and thus reduce duplication of efforts, align priorities, and improve implementation of community health strategies. **(ID: CPE-018)**

2. Modernize and Maximize Communication, Data, and Information Technology Tools

Current Status

- Administrative operations are not state-of-the-art
- Data-driven decision making is not the norm
- Antiquated data systems are pervasive
- Communication with the public requires bidirectional approaches and support

Strategic Objectives

Streamline Administrative Operations

Rationale: The Commission identified inherent problems with existing systems and processes—leading to internal communication problems, lack of efficiency, and limited interoperability of governmental public health and related systems in the state, leading to incomplete information for planning and evaluation. Streamlining operations will improve the ability to collect, access, link, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health. It also will increase the capacity to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.

Improving business functions will be critical to ensure compliance with federal, state, and local standards, policies, and procurement processes, required grant award management and oversight, and maintenance of facilities and efficient operations. Achieving consistency in business systems across LHDs will facilitate effective collaborations among health departments. Fast-developing technology and increasingly complex public health issues necessitate ongoing modernization to public health data systems. While recommendations may be made centrally, implementation decisions and process should be steered by local needs and persons closest to public health action.

- Establish a standing commission of public (including MDH, LHDs, MD Department of IT [DoIT], and CRISP) and private partners to identify opportunities and strategies for ongoing modernization of public health data and information systems. The commission could consider evolving technologies such as Artificial Intelligence (AI) and make recommendations for the state's public health system to improve efficiency, support flexibility, ensure security and effectiveness. **(ID: DIT-046)**

- Utilize the existing Maryland Department of Health's Roundtable meeting between the Public Health Services Administration and Local Health Officers to promote collaboration and coordination of public health program and service delivery at the local level. Fully realize the potential of the MDH Roundtable to maximize effective administrative and clinical public health service planning and delivery, health monitoring, and policy

development at the state and local level through enhanced collaboration and integration of Local Health Officer experience and knowledge in the development of policy positions and policy making. **(ID: PCP-069 - NEW)**

▪ Design and implement a 5-year enterprise data and information technology (IT) system architecture plan (or "Roadmap") for state and local health departments to ensure a coordinated strategy that creates funding and resource predictability, improves planning as well as system awareness, transparency and constituent buy-in. This plan should build in flexibility and check points to pivot to market and technology changes. **(ID: DIT-051)**

▪ Assess and implement streamlined technology platforms and databases to improve efficiency of health department business functions, such as budgeting/finance, accounts receivable, human resources, procurement, medical billing and grants management. Agencies should strongly consider consolidating into the fewest number of systems required to decrease redundancies, maximize revenue capture, improve accuracy and streamline processes. This effort should be coordinated through the State with LHD representatives in order to determine the systems that provide the most ease of reporting, analysis and accountability. **(ID: DIT-049)**

Enhance Health-related Data Collection, Management, and Analysis Capabilities

Rationale: Currently, many EHRs are used by the LHDs, and some that work better than others for public health needs. Simplifying the number of platforms used by LHDs by identifying a universal platform and/or reducing the number of universal systems needed will better address the needs of LHDs and their communities.

Only a fifth of the LHDs have fully automated case and syndromic surveillance reporting. More automation will avoid duplicative work, free up staff time, and improve timely access to needed data, leading to quicker responses.

Public health data are collected through many different systems. Accessing information from CRISP is already widespread among the LHDs. This recommendation will increase the ability to collect, access, link, analyze, interpret, and use data; assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes; and prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.

Current IT infrastructure has limited interoperability. This recommendation complements the previous recommendations to increase the availability of timely data which in turn would improve the use of data to drive prevention strategies and other public health activities.

This recommendation proposes a structure augmented by technical assistance and a streamlined data use or data sharing agreement process to facilitate data use by governmental public health and other public health constituent users.

This recommendation focuses on creating a process to accelerate data use approvals and sharing capacity.

One State Electronic Health Record System

▪ Determine and purchase a Universal Electronic Health Record (EHR) platform for MDH and all LHDs that can integrate at a minimum the six core foundational public health areas adopted by the Maryland Commission on Public Health (Behavioral Health, Environmental Public Health, Communicable Disease Control, Chronic Disease and Injury Prevention, Maternal Child and Family Health, and Access to and Linkage with Clinical Care). Incorporate input from counties to learn what EHRs are currently being used, the strengths and weaknesses of each system, what features are necessary for all jurisdictions and how LHDs could customize the system to their own programs and workflows. Leverage purchasing power to reduce costs and improve efficiencies of management and maintenance. If additional systems are required, ensure the minimum number of universal systems needed to achieve comprehensive public health data capture. Require all LHD and MDH EHRs to participate in data exchange with CRISP and other applicable systems while encouraging a transition to one system. **(ID: DIT-035)**

Centralized Data Repository

▪ Augment the Chesapeake Regional Information System for our Patients (CRISP), a health information exchange, to ensure that it is the primary centralized statewide data repository to receive structured data from multiple secure and approved sources including from health care, health departments and social service providers. This reflects the goal of improving government efficiency by reducing the number of places to access data and streamlining data requests while promoting the interconnectivity of data sets that address social determinants of health. This does not preclude additional interoperable data systems, if necessary. This repository should be utilized to its fullest extent and able to organize, cultivate, link, and release data sets for multiple stakeholders to engage in research and QI, analytics, resource management and public access to de-identified data. Expand the CRISP augmentation to include comprehensive ambulatory care data from health systems and private practice EMR, and dedicate funding to incentivize primary care practices to participate in data sharing. **(ID: DIT-032)**

Uniform Data Standards

▪ Create and implement a uniform interoperability data standard for definitions and data sharing including data use agreements across healthcare, social service, and public health systems. Ensure a uniform master person index across data sets and unique systems. Develop a streamlined process of data use to maximize access to appropriate data for government and non-government agencies for use in tracking, research, and funding to demonstrate savings/return on investment. **(ID: DIT-033)**

Hub and Spoke Analytic Model

- Organize a Hub (Maryland Department of Health) and Spoke (Local Health Departments) model of analytic functions, with technical assistance and support to create consistency in outputs, efficiency in administration, and effective response to public health IT users. Create a streamlined process for data use requests from constituent end users to facilitate timely analysis responses. Creating this model will allow more effective and efficient use of data for policies, programs and research. **(ID: DIT-034)**

Data Use Efficiency

- Streamline the processes of data use, including data use agreements across state and local government agencies, as well as non-government entities, in order to maximize access to data while maintaining appropriate confidentiality controls. This data is routinely sent to CDC, CMS and others to analyze and publish. Increased access to data for applications in epidemiology, cost-benefit analysis, evaluation, and research will benefit public health outcomes, government efficiency, scientific advancement, and transparency while reducing the administrative burden for all entities. **(ID: DIT-036)**

Assess and Strengthen the Public Health Laboratory System

Rationale: A laboratory network that is responsive and modern is essential to a number of public health capabilities and functions. The Commission's assessment did not include a comprehensive study of the laboratory capabilities.

Appropriate funding for an assessment of the laboratory system (public and private) to meet Maryland's public health needs. Determine capacity and address the most crucial upgrades needed to the public health laboratory system in Maryland using recommendations from the HP2030 and the Association of Public Health Laboratories' (APHL) 2023 Public Health Laboratory Capability Assessment. Consider whether there are potential elements that could be adopted from models such as Maryland's Active Bacterial Core Surveillance (ABCs) Emerging Infection Program (EIP) or other lab networks such as PulseNet, Food Emergency Response Network, or the Laboratory Response Network. Explore and incorporate new technologies, such as wastewater surveillance for, and public reporting of, pathogens and toxins. Explore whether the Electronic Laboratory Reporting is used to best effect for data sharing and standardization. Explore cooperative agreements with other (private or public) laboratories or ways to establish an alternative sustainable support framework in the case of the absence of federal support. Investigate whether Maryland has a dedicated laboratory supply chain and/or stockpile that would be sufficient/able to meet increased demand during an emergency. If it doesn't already exist, fund a stockpile of any nonperishable laboratory materials. **(ID: CCR-058)**

Bolster Public Engagement and Health-related Communication

Rationale: Wide dissemination to the public and policy makers could enhance the trust in and visibility of the valuable work going on at the local level, clarify the scientific evidence around a timely topic, or call attention to an emerging issue or outbreak. The series can explain what solutions are being used today and what the needs are to strengthen Maryland's capacity to address the issue. Examples could include a short infographic on a particular topic with what solutions are being used today and what the needs are to strengthen Maryland's capacity to address the issue.

Established Community Health Assessment and Community Health Improvement processes recognize that public input is essential to identify community needs and develop realistic plans. This recommendation provides support for a stable messaging system that would include feedback loops to evaluate to what extent public health messages, programs, and services reach intended audiences and how feedback can continuously improve public access to messages, programs, and services. Effective community relationships and ongoing, bi-directional communication are necessary to inform all other aspects of public health services.

This recommendation would provide greater transparency and access to Maryland health and related data sets, which tend to be housed within their own sponsoring administration's website. It also can improve the ability of governmental public health to work with community partners to collect, report and use public health data. A central portal can facilitate the public's access and improve the ability to engage community and multi-sector partners in the community health improvement process and creation of a plan to address priority solutions.

According to the U.S. Census, 22% of Marylanders speak a language other than English at home, and about 8% report speaking English less than "very well." Currently, the state of Maryland provides a blanket contract mechanism for public agencies to streamline procurement for translation and interpretation services, but each agency must identify its own funds to procure the services. Investment in language access and bilingual/multilingual staff will allow health departments to serve all Marylanders in their jurisdictions and increase the likelihood that the public who use languages other than English will understand health recommendations and use public health programs and services.

Updating and modernizing health communication tools could improve communication reach and accessibility through modern tools like SMS alerts, chatbots, and interactive portals for timely, multilingual communication. It also can build community trust by using local influencers and public spaces to deliver relevant, culturally tailored messages and drive innovation and impact through partnerships, behavioral science, and real-time feedback to refine and scale effective messaging.

Clear communication with the public is 1 of the 10 essential public health services because the public needs to know about and understand a wide range of topics for their personal and community health decisions. This recommendation will increase the likelihood the public will know about and understand public health information, programs, services, and

recommendations; increase the likelihood the public will use public health information, programs, and services, and act on recommendations. It also will build on Maryland's commitment to plain language (HB1082) (Effective Date: July 1, 2022, which designates the University of Maryland Herschel S. Horowitz Center for Health Literacy as the State's Consumer Health Information Hub; requiring State and local agencies to use plain language in public communications about health, safety, and social services benefits; and it will address the Maryland Executive Order on Plain Language (which states, "The State of Maryland is committed to creating an accessible, inclusive government that all Marylanders can easily access and to removing barriers that prevent engagement with government and access to public services.").

Improving the Visibility of Public Health

▪ Develop a communications initiative such as a "Maryland Public Health Issue of the Month" series run by MDH in collaboration with LHDs and academic partners, to enhance the visibility of the valuable public health work going on at the local level, clarify the scientific evidence around a timely public health topic, or call attention to an emerging issue or outbreak. Highlight and engage experts who may be from additional sectors, such as local and national professional associations, nonprofit organizations, volunteers, academia, public agencies, and other countries. Leverage existing efforts, such as the national Public Health Communications Collaborative, and collaborate with key partner organizations, such as MACHO and associations of primary care clinicians. **(ID: CPE-045)**

Public Feedback on Public Health Information

▪ Provide funding to support concerted and documented public feedback on public health information, programs, and services and to ensure that health departments engage in ongoing, bi-directional feedback with the public. **(ID: CPE-003)**

Central Community Portal

▪ Create a central community portal designed for use by the public to include interactive, downloadable dashboards, tools for community engagement with a data collection function, and education with a focus on Maryland specific data sets and incorporating plain language terms to remain accessible to the public. Work alongside existing resources like the health info hub. **(ID: DIT-053)**

Language Access Support

▪ Provide new and dedicated funding for public agencies, especially the Maryland Department of Health and Local Health Departments, to support dedicated translation and interpretation services, including languages other than Spanish, and to increase bilingual/multilingual staff in health departments to ensure that all public information shared by Maryland state and local agencies are in accordance with Maryland laws and executive orders on language access. **(ID: CPE-002)**

Plain Language Public Health Information Support

- Provide funding to support dedicated access to plain language experts and contracts for public agencies, especially the Maryland Department of Health and LHDs, to ensure that all public information shared by Maryland state and local agencies uses plain language in accordance with Maryland laws and executive orders. **(ID: CPE-001)**

Health Communication Tools Modernization

- Utilize all available and relevant communication methods, tools and partnerships to ensure Health Departments are meeting community needs and promoting modernization and expansion of health communications messages. **(ID: CPE-005)**

3. Leverage and Formalize Partnerships

Current Status
- Partnerships exist, but are not always formal and enduring
- Specific groups could serve as allies and help maximize efficiency in a time of scarce resources

Strategic Objectives

Partner with Governmental Agencies

Rationale: This recommendation calls for enhancing the community partnership development capability which emphasizes the value of cross-sector collaborations to promote health and collectively address health disparities and social determinants of health. Partnerships between MDH and many other governmental and nongovernmental entities are a critical part of the public health system.

Collaborating with Social Services, Housing, Aging and Transportation

- Collaborate with state agencies that address social service, housing, and aging to better understand the needs of vulnerable populations, identify service gaps, and coordinate responses to benefit health. Maryland Department of Health and Local Health Departments will examine barriers and facilitators to multi-sector partnerships at the state, regional, and local level to include problem-solving teams, "no wrong door" initiatives, assessment of policies/practices for health impacts, exploration of increased funding opportunities, and shared data systems. **(ID: GOC-027)**

Partner with Academic Institutions

Develop and Support Academic Health Department Partnerships

Rationale: Improved partnerships with academic institutions will strengthen the practice and study of public health by creating bidirectional relationships with local educational institutions. This will also reduce the time it takes for innovations and interventions to be implemented as part of normal practices by way of strong connection with programs grounded in evidence-based practices. AHDs provide opportunities for students to gain practical experience, access to real data, and fulfills service requirements for faculty positions. Additionally, this is a key component of the Commission on Education of Public Health (CEPH) accreditation for Schools and Programs of Public Health.

- Develop and support academic health department partnerships to enhance the organizational capabilities of governmental public health systems and enrich academic public health practice programs. MDH, LHDs, and academic institutions should work towards implementing academic health department (AHD) models at state and local levels that involve formal agreements with academic institutions in the state, including Historically Black Colleges and Universities (HBCUs), Community Colleges, and Graduate

Medical Education programs. This effort may involve establishing an AHD community of practice in Maryland to develop template memorandum of understanding (MOUs), suggested actions that academic institutions can take to meaningfully engage with health departments, and defining standards for a well-functioning AHD model in Maryland. The effort should include partnerships with local primary care residency training programs (such as in family medicine) and medical schools for resident/student rotations in public health settings. These partnerships could create a pipeline of clinicians who understand and value public health approaches, ultimately strengthening collaboration between clinical and public health sectors. Further analysis by an AHD community of practice could resolve barriers and create expedited pathways for LHDs and the state health department to formally engage staff/faculty from academic institutions in conducting public health work for the department - including assessments, data analysis, evaluations, cost-benefit analyses, support sabbatical/details of faculty to public agencies, and providing scientific/subject matter expertise. **(ID: GOC-026)**

Utilize Umbrella Organizations

MACHO Partnership

Utilize MACHO as the collective voice for all twenty-four local health departments, the liaison between Local Health Officers as a group and the Maryland Department of Health, and the convener and collaborator to help achieve shared MDH-LHD shared goals, strengthen the public health workforce, and promote and advocate for public health messages. Recognize and strengthen the role of MACHO in working with MDH and LHDs to streamline workflows, processes and contract procedures and develop supportive policies. Establish clear guidelines and practices for forums such as creating a Public Health Policy Roundtable or enhance the Public Health Roundtable. **(ID: PCP-066 - NEW)**

Community, Advocacy and Professional Organizations

Formalize partnerships with state-wide non-profit organizations by specifying the activities that align with goals of improving Maryland's population health. Encourage engagement between the public health workforce and state public health associations to strengthen coalition-building, professional development, and policy advocacy efforts. These associations provide valuable platforms for sharing evidence-based practices, aligning community health priorities, and supporting legislative action that improves population health. **(ID: PCP-067 - NEW)**

Strengthen Connections with Health Care Organizations

Partner with Private Health Systems and the Private Sector

Rationale: Partnerships with health care systems, health care associations and providers are strong and an essential link to health promotion, disease prevention and health care services continuum. Enhancing these partnerships will benefit the State's commitment to health and wellbeing and health care reform innovation.

- Pursue collaboration with private sector health systems through partnerships, joint funding opportunities, research, communication, and coordination. Maryland Department of Health (MDH) will identify barriers and facilitators of state, regional, and local health department engagement with private sector health systems. MDH will review statutory, regulatory, and administrative barriers to establishing ethical and equitable public-private partnerships for funding to and from MDH and local health departments with the private sector. **(ID: GOC-029)**

Build Stronger Relationships with Community Partners

Leverage and Enhance LHD Public Information Officer Role

Rationale: The pandemic highlighted the value of personal, community-trusted communication. The complexity of communications in the world today has added enormous burdens to public health work, and the field has not been able to keep up in terms of resources, funding, or staffing. Full-time individuals with expertise in health communications, health literacy, and community engagement will allow each LHD to more fully understand community information needs and develop plain language and language access strategies to improve public health information. Assessment data indicated that while the function of communications can be regionalized or shared across communities, the greatest impact and reach of messaging was achieved by cultivating deep relationships with multiple community leaders and organizations within the jurisdiction. Some LHDs also noted that including the PIO in planning and policy work earlier in program development helped inculcate a practice of bidirectional community engagement throughout process. This is central to the implementation of recommendation **CPE-003** (Public Feedback on Public Health Information).

- Appoint a full-time dedicated Public Information Officer (PIO) for each local health department to ensure that communities are informed and prepared to understand and act on public health information, programs, and services. **(ID: CPE-004)**

Funding from Charitable Foundations

Rationale: Exploring partnerships between charitable foundations and public health agencies can help foundations better meet their goals of achieving healthier communities and increase the delivery of foundational public health services. In order for this partnership to thrive, a coordinated mechanism needs to be developed to match the health-related goals of charitable foundations with appropriate LHDs or divisions of MDH.

- MDH, LHDs, and the Governor's Office should collaborate in pursuing strategies to identify funding from charitable foundations. Public health initiatives have natural alignment with the goals of many charitable foundations; foundation grants steered by health departments may be vital to advancing community health in Maryland. **(ID: FND-021)**

Public Health Business Advisory Board

Rationale: This recommendation could facilitate employer funding of public health initiatives that would reduce business losses from preventable illnesses. Businesses have a financial self-interest in investing in prevention efforts to keep workers healthier. The economic losses to businesses from many health problems are greater than the associated medical costs.

- Create a Public Health Business Advisory Board to stimulate investment in public health from the business sector; such investment prevents health problems such as diabetes and substance use disorders that lead to higher employer costs. As a result of preventable somatic and behavioral health problems, Maryland businesses lose significant amounts of money to workplace absences, poor productivity, workplace errors that result in injuries and lawsuits, employee turnover, and higher health insurance premiums. Utilize partnerships with entities like the MD Chamber of Commerce, academia and local and state officials to support recruitment and general needs for Advisory Board. **(ID: FND-010)**

4. Create Bridges Between Public Health and Health Care Service Delivery

Current Status
- Incomplete understanding of the value of public health
- Visibility of public health is limited
- Strong willingness among primary care providers to partner with public health
- Relationships with health care systems exist, but could be strengthened
- Current activities of LHDs span a broad continuum of health services in addition to traditional public health areas

Strategic Objectives

Clarify Public Health Capabilities for the Legislature and the Public

Rationale: The greater the understanding and awareness that elected officials at the local and state level have for public health practice, the greater the opportunity for positive outcomes for the legislative and budgetary actions.

Enhance Understanding of Public Health for Elected Officials
- Develop and provide onboarding education for LHDs on how to engage with newly elected state and local public officials about public health and responsibilities, including duties of local boards of health. This will be created by Local Health Departments, MACHO, and the Maryland Department of Health to supplement what the Department of Legislative Affairs and the Maryland Association of Counties offer. **(ID: GOC-028)**

Enhance Connections between Public Health and Primary Care

Rationale: Like many states, Maryland struggles with access to primary care clinicians with variation sometimes based on geography. MDH currently operates primary care access programs for certain clinicians, but additional opportunities exist to expand and enhance those programs.

Maryland's LHDs are involved in clinical care in their counties and, together with Federally Qualified Health Centers and Community Health Centers, serve as a vital safety net for their communities. With additional resources, these operations could be scaled and expand access to help address the persistent primary care gap while integrating public health programs along the way.

Supporting Primary Care

- MDH, in collaboration with LHDs and essential partners such as associations of primary care clinicians, should develop and implement strategies that enhance existing and create new incentive programs to expand and support the primary care workforce in Maryland. Strategies should give special attention to the primary care shortages in rural areas, and consider options to support telehealth access to primary care clinicians working in Maryland. **(ID: CCR-056)**

Public Health and Primary Care Continuum

- Acknowledge and support Maryland's local health departments' provision of basic primary care services in counties where there is a lack of clinical providers. Together with the provision of foundational public health services, these services contribute to Maryland's health and health care improvement initiatives. Governmental public health is an essential component of Maryland's continuum of health, wellbeing, and health care. **(ID: CCR-065)**

Create Synergy between Public Health and the Health Care Delivery Systems

Rationale: Public Health Navigators could help function as clinical extenders and public health educators that penetrate hard-to-reach segments of the community that may need additional support or resources to have their health needs met. These Navigators would refer community members to programs, educate on evidence-based programs, and be focused on the needs of the community and communicate clearly to them.

Placing Public Health Navigators in the Community

- Create non-clinical and clinical friendly "resource hubs," led by local health departments, within brick-and-mortar community locations (such as public shopping districts, schools, food bank locations, or FQHCs where residents can learn about and access assistance with a variety of health-related needs. These spaces would be serviced by public health navigators, such as community health workers; have state-of-the-art technology; and be able to provide information on a variety of topics, like home health for elderly populations, when to consider mental health assessments and how to access them if needed, the benefits of screening for medical and dental health and many other public health-oriented activities. **(ID: CCR-055)**

5. Pave the Way for Future Public Health Leaders

Current Status
- Workforce shortages are pervasive
- Limited visibility of public health as a career
- Educational offerings are mostly traditional
- Career pathways into governmental public health are not attractive

Strategic Objectives

Stimulate Youth Interest in Public Health

Rationale: Public health literacy begins in childhood. By embedding public health concepts into K–12 education, Maryland can create generational change, empowering youth to become informed decision-makers, effective communicators, and future contributors to the public health system. This recommendation can support communication and public engagement, health equity and community partnership, and public health infrastructure.

Increased Health Literacy Through Youth Education

- Support providing preK-12 age-appropriate, standards-aligned, and culturally relevant public health curricula, such as that being developed by the Comprehensive Health Education Standards & Frameworks Validation Committee (SFVC) and setting standards that outline a specific number of minutes for health education for students and specified education requirements for who is allowed to teach health education classes. SFVC provides the Maryland State Board of Education with a recommendation to revise or validate the current comprehensive health education standards and framework by studying emerging state and national public health trends to ensure Maryland's PreK-12 comprehensive health education programs meet the complex needs of all students. SFVC is composed of parents, teachers, local education agency leaders, and associated content experts. The Commission supports curricula that will increase familiarity with and literacy of public health concepts, such as chronic and infectious disease, disease prevention, health equity, communication, mental and emotional health, and critical thinking. It is important to familiarize these concepts in students so that as adults, community members will have improved understanding of personal and public health and also inspire them to join the public health workforce. **(ID: CPE-019)**

Design and Develop Innovative Educational and Service Offerings

Rationale: These recommendations address how to address the lack of and barrier to securing contemporary IT expertise in Maryland's public health workforce. In addition, adding public health track to existing service programs would expose young Marylanders to public health careers.

IT and Analytics Workforce

- Invest in a state Public Health Information Technology (IT) workforce by supporting academic centers in training the current and future workforce in information technology, data science, computing technology, information systems, software development, human-centered design, agile project management, product management and data analytics. Incentivize public health information technology workforce retention through loan forgiveness, in-state tuition and following commitment to public sector employment. Use the savings from consolidation of electronic systems to translate into more competitive hiring practices for public health information technology professionals. Encourage a hybrid IT workforce that places individuals at the point of maximal effectiveness. **(ID: DIT-047)**

Expand the Maryland Corps to include a Public Health Pathway into Governmental Public Health Careers

- Expand the existing Maryland Corps program under the Department of Service and Civic Innovation to include a dedicated public health pathway into governmental public health careers. With this change, the legislature would support a structured, service-based entry point into careers within the MDH (MDH) and Local Health Departments (LHD). With the direct input of the LHDs, this initiative would build a diverse, skilled, and mission-driven pipeline of future public health professionals equipped to meet the state's evolving health needs. **(ID: WKF-016)**

Invest in public health workforce planning, policy and development

Rationale: The public health workforce is comprised of personnel with multidisciplinary skills and expertise, covering functions such as strategic public health leadership and policy development, program planning and evaluation, data collection and analyses, as well as clinical and administrative services. No entity exists in the state that can provide   Maryland with the infrastructure, expertise, and data necessary to proactively address workforce challenges, build capacity, and drive equitable, evidence-based policymaking. By promoting transparency and aligning resources with real-time workforce needs, this initiative will strengthen the state's public health system and enhance its ability to protect and promote the health of all Marylanders—now and into the future.

By investing in a coordinated and forward-looking workforce development strategy, the legislature will strengthen Maryland's public health infrastructure, promote equity and consistency across jurisdictions, and build a pipeline of skilled professionals prepared to meet current and future public health needs.

Establish a Public Health Workforce Commission

- Establish a multidisciplinary Public Health Workforce Commission to study, assess, and track the state and local governmental public health workforce throughout Maryland to inform workforce investments and policy decisions. The legislature should establish the Commission, housed in partnership with a qualified academic or research institution, to provide strategic leadership and oversight of the state's public health workforce and its development. **(ID: WKF-012)**

Develop and Implement a Statewide Public Health Workforce Training Strategy

- Develop and implement a statewide public health workforce training strategy to ensure a well-prepared, effective, sustainable and flexible governmental public health workforce aligned with Maryland's broader public health development goals and with a focus on professional development, advancing career pathways, expanding skills, improving job satisfaction and retention and skill development for emerging public health challenges. The legislature should allocate the necessary resources for this strategy to be developed in collaboration with academic institutions, local health departments, and other key partners and could be led by MDH or a new Public Health Workforce Commission. **(ID: WKF-013)**