



Maryland Commission on Public Health Timeline

	Gov. & Org. Capabilities What should the public health system look like and what does it include?	Funding How can funding be optimized and more flexible to deliver public health?	Workforce What are the needs of today's and tomorrow's public health workforce?	Data & Information Tech What are the data and IT needs for tomorrow's public health system?	Comms & Public Engagement What are the best ways to share information with and get meaningful input from the public?
Workgroup Specific Activities	<ul style="list-style-type: none"> Accountability and performance management Identify and make recommendations for organizational competencies Identify primary lead for FPH area recommendations and implementation Address linkage to clinical care concerns/challenges Study organization of state and local PH depts 	<ul style="list-style-type: none"> Document investments in both FPH capabilities and FPH areas Document funding for each FPH area Identify ways to maximize funding flexibilities while promoting fiscal transparency Identify ways to reduce process friction for procurement, contracting, and other administrative processes Integrate community health benefit and other plans into broader PH system Consult with Dept of Mgmt & Budget 	<ul style="list-style-type: none"> Identify the diversity of the PH workforce Review and analyze PH WINS and other data sets to identify trends Review workforce in context of FPH areas, especially access to behavioral and primary care Make recommendations for talent development pipelines, recruitment, retention, and onboarding processes Improve Medical Reserve Corps recruitment and processing 	<ul style="list-style-type: none"> Characterize assessment and surveillance systems capabilities and limitations Make recommendations on cybersecurity, protection of data, system integration and maintenance Assess system capabilities of LHDs Make recommendations to improve systems, especially centralized administrative systems/software Identify procurement and contractor oversight challenges as pertains to systems and projects 	<ul style="list-style-type: none"> Identify communication channels preferred and used by public Assess effectiveness of public health outreach and messaging Assess engagement of the public and community-based partners in PH work Identify ways to improve health literacy, cultural humility, and accessible resources Identify best practices for maintaining inclusion and engagement from public in public health policymaking
Workgroups Basic Activities	<p>Research, analyze, and assess the MD public health system at all levels. Define current state and future state gaps, opportunities, and vision for future. Collaborate with other workgroups as needed.</p> <p>Identify exemplar states, best in class practices, and other innovations to be studied. Host speakers and subject matter experts from across the country to help inform analysis.</p> <p>Identify stakeholders, key informants, and other relevant data to inform the Commission's work. Track themes and incorporate into research.</p> <p>Draft workgroup sections of report based on template/format outlined by Commission, including findings. Assist with editing and review based on input.</p>				
Cross-cutting Themes	<ul style="list-style-type: none"> Integration of Behavioral Health, Clinical Medicine, and Public Health Procurement and Contractor Oversight Infant Mortality Rates SUD/ODU-related Deaths Health Equity COVID-19 Response (and general emergency preparedness) Maternal Mortality Rates Other public health issues/areas of concern 				

FPH = Foundational Public Health. Refers to PHAB's FPHS framework.

All workgroups will explore the content assigned to them in addition to discussing and analyzing how the cross-cutting themes interact or impact their specific areas. Workgroup basic activities are the baseline effort that each workgroup should undertake in order to achieve the statutory requirements for the Commission. Workgroup specific activities address more granular concerns or questions that have emerged during discussion, analysis, and discovery. Workgroup Co-Chairs should convene the workgroups and/or subcommittees at least once a month to maintain member engagement and ensure sufficient time to incorporate expert testimony, rich discussion, and generating well-crafted recommendations.