Draft Slate of Recommendations for Public Comment

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https://health.maryland.gov/coph

The abbreviations MDH (Maryland Department of Health) and LHD (local health department) are used throughout this document to save space/avoid repetition.

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Strengthen Communication and Public Engagement Capacity

Public Information Officers in LHDs *(ID: CPE-004)*

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. (20 FTEs and related salaries)

Rationale: 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. In-house experts in health communications and health literacy in the form of dedicated PIOs is highly desired by local health departments. Full-time positions dedicated to communication and community engagement work will allow each health department to increase its capacity to learn about community information needs and develop plain language and language access strategies to improve public health information.

Plain Language Public Health Information Support *(ID: CPE-001)*

Provide funding to support dedicated access to plain language experts and contracts for public agencies, especially the Maryland Department of Health and Local Health Departments, to ensure that all public information shared by Maryland state and local agencies uses plain language in accordance with Maryland laws and executive orders.

Rationale: 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.").

Language Access Support *(ID: CPE-002)*

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 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.

Rationale: 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.

Health Communication Tools Modernization *(ID: CPE-005)*

Utilize and use 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.

Rationale: 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.

Health Communications Materials Dissemination Support *(ID: CPE-020)*

Prioritize existing funding, or if possible, allocate additional funding, to promote the dissemination of health communications materials to the public, state and local health departments and to enhance communication capacities, foster engagement with the public, and reduce rumors and misinformation.

Rationale: This recommendation expands state and local health departments' capacity to provide timely, tailored health messages and accurate health information and combat misinformation and reach priority populations through the most effective, data-informed communication channels; supports real-time dissemination of credible information during public health emergencies by building a skilled, well-resourced communication workforce.

Augment the Public's Voice

Public Feedback on Public Health Information *(ID: CPE-003)*

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.

Rationale: 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.

Enhance Effective Stakeholder Collaboration and Coordination

Community Health Needs Assessment (CHNA) Support for LHDs *(ID: CPE-018)*

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, nonprofit hospitals, or community health centers and thus reduce duplication of efforts, align priorities, and improve implementation of community health strategies.

Rationale: This recommendation could promote the efficient use of limited resources by avoiding duplication of CHNA efforts and aligning LHD and hospital priorities; strengthen cross-sector partnerships, allowing LHDs to leverage hospital data and community engagement to inform public health programming and investments, and ensure that CHNAs are more actionable, inclusive, and reflective of community health needs, supporting targeted interventions and measurable health outcomes.

Introduce Youth to Public Health and Health Literacy and Improve Visibility of Public Health

Increased Health Literacy Through Youth Education *(ID: CPE-019)*

Establish a Public Health Education for Youth Task Force to create a K-12 age-appropriate, standards-aligned, and culturally relevant public health curricula focusing on topics like disease prevention, health equity, communication, and critical thinking, The curricula will increase familiarity with and literacy of public health concepts in students so that as adults, community members will have improved understanding of personal and public health and also be inspired to join the public health workforce. The Task Force will be composed of educators, pediatricians, public health professionals, and curriculum designers to develop a curriculum)

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.

Improving the Visibility of Public Health *(ID: CPE-045)*

Develop a "Maryland Public Health Issue of the Month" series, MDH in collaboration with academic partners, to enhance the 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.

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.

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Strengthen Data and IT Systems to Support Effective and Efficient Decision-making

System Modernization *(ID: DIT-046)*

Establish a public-private system modernization standing commission to streamline and centralize decision making process for new needs and evolving technologies including Artificial Intelligence (AI), to improve efficiency, support flexibility, ensure security and effectiveness.

Rationale: This recommendation, and the following recommendations, will support 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 ability 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.

Enterprise Architecture *(ID: DIT-051)*

Design and implement a 5-year enterprise data and information technology (IT) system architecture plan for state and local health departments to ensure a roadmap for implementation. This will improve funding predictability as well system awareness and constituent buy-in. This plan should build in flexibility and check points to pivot to market and technology changes.

Rationale: The impact of this recommendation addresses similar issues and complements those to be addressed by the "Systems Modernization" recommendation.

Business Systems *(ID: DIT-049)*

Streamline health department business functions by selectively reducing the number of systems to create consistency across local health departments (LHDs). Cross jurisdictional business activities including, but not limited to, budgeting/finance, accounts receivable, human resources, Procurement, medical billing and Grants management that require collaboration should strongly consider implementing the same system to minimize redundancies, maximize revenue capture, and streamline processes.

Rationale: This recommendation focuses on business functions, 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 . It complements the previous two recommendations with the objective of achieving similar impact goals and aims for achieving consistency in business systems across Local Health Departments to facilitate collaborations among health departments.

Centralized Data Repository *(ID: DIT-032)*

Augment the Chesapeake Regional Information System for our Patients (CRISP), a health information exchange, to ensure that it is the centralized statewide data repository to receive structured data from multiple secure and approved sources including from health care, public health departments and social service providers. This repository should be 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.

Rationale: Public health data are collected through many different systems. Accessing information from CRISP is already widespread among the local health departments. 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.

Uniform Data Standards *(ID: DIT-033)*

Create and implement a uniform interoperability data standard for definitions and data sharing including data use agreements across health, 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.

Rationale: 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.

Hub and Spoke Analytic Model *(ID: DIT-034)*

Create 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 for multiple constituent end users.

Rationale: 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.

One State Electronic Health Record System *(ID: DIT-035)*

Determine and purchase a Universal Electronic Health Record (EHR) platform for MDH and all LHDs that can integrate the five core foundational public health areas, if possible. Leverage purchasing power to reduce cost 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.

Rationale: Currently, many EHRs are used by the LHDs, and some that work better than others for public health needs. The objective of this recommendation is to simplify the number of platforms used by LHDs by identifying a universal platform and/or reducing the number of universal systems needed to address the needs of local health departments and their communities.

Data Use Efficiency *(ID: DIT-036)*

Streamline the processes of data use, including data use agreements across state and local government agencies and non-government entities to maximize access to appropriate data for use in tracking, research, and funding to demonstrate savings/return on investment across agencies.

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

Environmental Health Systems *(ID: DIT-050)*

Identify and procure one environmental health system to use throughout the state, conducted as a collaboration between Maryland Department of the Environment, Maryland Department of Health and local health departments. While ideally incorporated into the 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.

Rationale: The impact of this recommendation would facilitate the accountability and performance management for services rendered by Local Health Departments for environmental health, one of the six foundational areas of public health that ensures that everyone has a safe place to live, work, play, learn and thrive.

Ensure IT and Data Analytics Workforce and Technology Funding Capacity

IT and Analytics Workforce *(ID: DIT-047)*

Invest in a state Public Health Information Technology (IT) workforce by supporting academic centers in training the current and future workforce in information technology, information systems and data analytics. Incentivize 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. Encourage a hybrid IT workforce that places individuals at the point of maximal effectiveness.

Rationale: This recommendation addresses the lack of and barrier to securing contemporary IT expertise in Maryland's public health workforce and proposes ways to achieve this expertise.

Dedicated Funding for Technology *(ID: DIT-052)*

Create a separate technology CORE funding budget line item that supports the current and emerging technology needs of State and the Local Health Departments.

Rationale: Dedicated funding is proposed to support continued quality improvement of the technology used for information services, including privacy and security.

Invest in the Public's Public Health Data Access Capacity

Central Community Portal *(ID: DIT-053)*

Create a central community portal designed for use by the public to include an interactive, downloadable dashboard, tools for community engagement with a data collection function, and education with a focus on Maryland specific data sets.

Rationale: 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.

Digitize Public Health Records *(ID: DIT-048)*

Digitize all public health records into redundant, secure systems. Reduce paper use/waste by 90% which will have a significant effect on the cost of products and space.

Rationale: This recommendation addresses the need for more automation to avoid duplicative work and free up staff time. It also will accelerate the ability to access needed data and respond. For example, only a fifth of the Local Health Departments have fully automated case and syndromic surveillance reporting.

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Review Existing and Explore New Funding Streams and Efficiencies

Streamline Health Insurance Carrier Contracting Process *(ID: FND-023)*

Streamline the health insurance carrier contracting process for Local Health Departments (LHD). The MDH Secretary shall delegate authority to Local Health Officers to enter into contracts with health insurance carriers once contracts are approved in writing by the Attorney General's Office or the respective County Attorney's Office. Review for legal sufficiency of all such contracts, when requested by Local Health Officers, shall be the responsibility of the Attorney General's Office. *(Will need to consult with the Department of Legislative Services)*

Rationale: This recommendation will streamline the contracting process and allow LHDs to increase reimbursement for clinical services, particularly for those who must provide expanded clinical services to fill service or access to care gaps. It also will increase revenue from a source that does not depend on federal or state grants.

Medicaid Rebates to Public Health Agencies *(ID: FND-025)*

Create a Maryland Medicaid rebates program to share cost savings with public health agencies that produce measurable reductions in Medicaid expenditures as a direct result of successful programs. Public health agencies shall be rebated 25-50% of cost savings realized by Medicaid as a direct result of program outcomes, minus the sum of any public money that funded the public health program. The use of rebated funds should be unrestricted to allow public agencies to optimally match funding to local needs and undertake innovative projects. *(Will need to consult with Department of Legislative Services and MDH Medicaid)*

Rationale: Improvements in preventive health efforts by public agencies can substantially lower Emergency Department and inpatient costs. Rebates to public health agencies based on cost-savings to the Medicaid system could incentivize LHDs to prioritize these types of programs and provide the resources to financially sustain successful programs. Rebates can be used to sustain services that are not billable, augment and expand successful programs that do not directly generate revenue, and launch innovative public health projects that have no viable external funding source or sufficient billable services.

Medicaid Reimbursement Equity *(ID: FND-008)*

Request that Medicaid reimbursement for services provided by LHDs and MDH should equal Medicaid reimbursement level for similar services provided by FQHCs. Equivalent higher Medicaid reimbursement to public health providers is needed to compensate for the equivalent degree of medical complexities and no-show rates that accompany socially high-risk, low-income populations. *(Will need to consult with Department of Legislative Services and MDH Medicaid)*

Rationale: Raising Medicaid rates to those paid to Federally Qualified Health Centers would reduce LHD dependence on grants and expand the types of services and number of services offered to the public. Grant funding does not necessarily match the health needs of the community.

Public Health Business Advisory Board *(ID: FND-010)*

Create a Public Health Business Advisory Board to stimulate public health funding from the business sector to prevent 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.

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.

Revisit Core Funding Formula *(ID: FND-054)*

Review the adequacy of the Core Funding model by Local Health Officers in terms of proportional allocation to each jurisdiction, percentage 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 the current model that was formalized in the 1990s.

Conduct an in-depth assessment of county-level funding models, service delivery activities, and capacity to fulfill foundational public health services to identify successful models that can be used in other settings. *(inserted language from CCR-060/County-level assessment)*

Rationale: Thoughtful revisions would better align Core Funding with modern foundational services. Additionally, the Academic Partner interviews and focus groups reveal that this topic is ripe for additional study. 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.

Facilitating Grants and Sponsored Initiatives

MDH Grant Team *(ID: FND-022)*

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.

Rationale: 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 (Departments of Environment, Aging, Housing, Transportation and more) to apply for grants that go beyond traditional health boundaries.

Funding from Charitable Foundations *(ID: FND-021)*

Pursue strategies to identify funding from charitable foundations by having MDH and LHDs coordinate with the Governor's Office to align public health initiatives with the goals of charitable foundations to bring more grant money to Maryland public health agencies.

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.

Advocacy for Federal Grants with Longer Duration and More Local Flexibility *(ID: FND-007)*

Advocate for federal grants with longer duration and more local flexibility. Request MDH to join other states and National Association of County and City Health Officials (NACCHO) in advocating Congress to recommend two changes for federal grantees to better address complex, chronic disease prevention: recommend federal agencies: 1) create longer (3-5 year) grant award funding terms for chronic disease projects and 2) provide more flexibility in approaches to address underlying diverse factors at local and state levels.

Rationale: This recommendation 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 alter their funding approaches to ensure more impactful program/project health outcomes. Specific case studies would be provided to demonstrate the need for modified duration and funding flexibility.

Realize Benefits of a Shared Governance Structure

Continued support and enhancement for shared governance in Maryland public health *(ID: GOC-052)*

Continue to support and enhance Maryland's Public Health shared governance structure. The Commission affirms its support for shared governance of the public health system that empowers state and local 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
- 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 Payment Model
- Improve the ability of Health officers to act as agency heads to increase the government efficiencies in public health systems

Rationale: Enhanced shared governance will provide for more definition and mutual understanding between state and local partners on how best to implement public health programming and essential public health services. This undergirds organizational competency and policy development/support services that enable the delivery of foundational public health areas within communities.

Strengthening the Public Health System Through Establishing a Co-Creation Framework *(ID: GOC-011)*

Develop and implement a policy framework based on consistent and equitable collaboration between state and local public health entities; which 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.

Rationale: This recommendation ensures consistent and equitable collaboration between state and local public health entities; 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.

Public Health Resource Team *(ID: GOC-042)*

Establish a Public Health Resource Team (hire 10-12 staff level positions at the MDH) which will be responsible for executing the CoPH's recommendations and other related recommendations 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, or policy development. These individuals would be primarily responsible for implementing the recommendations of the Maryland Commission on Public Health, and monitoring the success of changes made to the system as a result. Moreover, they could be instrumental in designing and implementing large cross-cutting public health initiatives by leverage multiple governmental state agencies and external partners.

Rationale: This team of experts can assist LHDs and MDH with emerging public health issues, public health crises, or policy development. These individuals would be primarily responsible for implementing the recommendations of the Maryland Commission on Public Health, and monitoring the success of changes made to the system as a result. Moreover, they could be instrumental in designing and implementing large cross-cutting public health initiatives by leverage multiple governmental state agencies and external partners.

MDH Public Health Grand Rounds Series *(ID: GOC-043)*

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. LHDs could participate as well as audience members or presenters. Community partners, the public and legislators could be invited to the Grands Rounds presentations.

Rationale: This recommendation would provide visibility to public health initiatives within MDH, how they interact with other parts of MDH, the LHDs and partners beyond. It would create a routine gathering time and place for mutual learning, networking and broadly communicating lessons learned from successful programs.

Listserv for Local Health Departments *(ID: GOC-044)*

Establish and maintain a listserv for the LHDs to facilitate communication between them and to share resources and announcements. This listserv can enhance program collaborations, resource sharing, scaling up effective programs and other collective work.

Rationale: Several LHD position specific listservs, such as the one for Public Information Officers, exist. However, there was interest in a more extensive listserv as one mechanism to support the longevity of partnerships and ongoing collaborations and funding.

Leverage Stakeholders/Partners to Enhance the Public's Health

Development and Support of Academic Health Department Partnerships *(ID: GOC-026)*

Development and support of 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). 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 public health departments, and defining standards for a well-functioning AHD model in Maryland.

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 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.

Collaborating with social service, housing, and aging *(ID: GOC-027)*

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 the 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, and shared data systems.

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.

Enhance Understanding and Capacity of Public Health

Enhance Understanding of Public Health for Elected Officials *(ID: GOC-028)*

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 and the Maryland Department of Health to supplement what the Department of Legislative Affairs and the Maryland Association of Counties offer.

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.

Partnering with private health systems and the private sector *(ID: GOC-029)*

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.

Rationale: Partnerships with health care systems, health care associations and providers are strong and an essential link to the 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.

Facilitate Local Health Department Accreditation *(ID: GOC-057)*

MDH should 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.

Rationale: Having all LHDs accredited or designated as Pathways Recognized would provide a high level of assurance to the communities they serve by instilling a culture of quality improvement and excellence.

Create Racial Equity Impact Assessment Policies

Establishing a Statewide Racial Equity Impact Assessment Policy for the Executive Branch *(ID: GOC-061)*

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.

Rationale: Racial Equity Impact Assessment in All Policies operationalizes the equity lens across sectors and governance levels, aligning with Maryland's focus on health equity (e.g., Maryland's Payment Model, State Health Improvement Plan, State Health Equity Plan)

Establishing a Racial Equity Impact Assessment Policy for the General Assembly *(ID: GOC-062)*

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.

Rationale: The impact of this recommendation is the same as for GOC-061 with a focus on the Maryland General Assembly.

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Ensure a Robust and Supported Public Health Workforce

Establish a Public Health Workforce Commission *(ID: WKF-012)*

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.

Rationale: Establishing this commission and standardized reporting framework will equip 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.

Develop and Implement a Statewide Public Health Workforce Training Strategy *(ID: WKF-013)*

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.

Rationale: 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.

Strengthen Legal Protections for Public Health Employees Through Enhanced Penalties for Threats, Harassment, and Acts of Violence *(ID: WKF-015)*

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 in the course of their official duties. This measure is critical to ensure the safety of the workforce and the uninterrupted delivery of essential public health services.

Rationale: 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.

Strengthen Emergency Preparedness and Response

Broaden & Strengthen Medical Reserve Corps *(ID: WKF-014)*

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 and (2) supporting more robust, locally-focused and trained county-based volunteer corps. The legislature should allocate dedicated resources for this expansion and provide grants to Local Health Departments to recruit needed non-clinical personnel and build a more robust, locally focused and trained county-based volunteer corps and ensure emergency public health response readiness.

Rationale: By investing in the continued development, health expansion, sustainability and enhancement of the 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.

Appoint a Statewide Volunteer Coordinator for Emergency Preparedness *(ID: WKF-053)*

Appoint a Statewide Volunteer Coordinator for Emergency Preparedness to oversee a process to maximize human resources in an emergency and accelerate the process of hiring, deployment, placement, procurement, and resource distribution.

Rationale: This recommendation would enhance the ability to rapidly deploy and maximize human resources from one region to another region within the state during an emergency. The benefit of a centralized system is the ability to redistribute resources to where they are most needed.

Expand Talent Pipeline and Human Resource Management Capacity

Expand the Maryland Corps to include a Public Health Pathway into Governmental Public Health Careers *(ID: WKF-016)*

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 Maryland Department of Health (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.

Rationale: By creating the public health pathway, the state will not only strengthen its current public health capacity but also build a robust, resilient pipeline of professionals ready to serve and lead in a healthier Maryland.

Support Full Implementation of the 2023 State Personnel System Task Force Recommendations *(ID: WKF-039)*

Prioritize the timely and full implementation of the recommendations outlined in the 2023 State Personnel System Task Force report.

Rationale: 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 delivery.

Ensure Full Access to State Job Classifications for LHDs *(ID: WKF-037)*

Grant Local Health Departments full access to the complete range of job classifications within the state personnel system. This includes access to higher-grade classifications commonly used in other state health agencies. *(In concert with WKF-038/Created a Dedicated Public Health Job Classification System and WKF-040/Commission a Study on Human Resources)*

Rationale: Enabling full access to job classifications is 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 roles.

Create a Dedicated Public Health Job Classification System for State and Local Health Departments *(ID: WKF-038)*

The Maryland General Assembly should require the Department of Budget and Management (DBM), in collaboration with the Maryland Department of Health (MDH) and local health departments (LHDs), to establish a distinct job classification system tailored specifically to the needs of the governmental public health workforce—including both MDH and LHDs. *(In concert with WKF-037/Access to State Job Classifications for LHDs and WKF-040/Commission a Study on Human Resources)*

Rationale: A dedicated 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. The Maryland General Assembly should require the Department of Budget and Management (DBM), in collaboration with the Maryland Department of Health (MDH) and local health departments (LHDs), to establish a distinct job classification system tailored specifically to the needs of the governmental public health workforce—including both MDH and LHDs.

Commission a Study on Human Resources Reform *(ID: WKF-040)*

Authorize a comprehensive study to strengthen Local Health Officer's autonomy and explore independent human resources (HR) system for the Maryland Department of Health (MDH). The study will examine reforms to the state's human resources system with two primary goals: (1) increasing the autonomy and authority of local health officers as agency heads and operational leaders, and (2) evaluating the feasibility of establishing an independent HR function for the Maryland Department of Health (MDH), modeled on agencies like the Maryland Department of Transportation. *(In concert with WKF-037/Access to State Job Classifications for LHDs and WKF-038/Created a Dedicated Public Health Job Classification System)*

Rationale: Duplication of effort and unclear lines of authority hinder the full capabilities of MDH and local health officers. By reducing duplication and better utilizing flexibilities within the personnel system, public health can be responsive and adaptable to the concerns of their respective communities.

Enhance the Organization and Structure of Governmental Public Health

Establish a Bureau of LHD Assistance and Support to Strengthen Coordination Across LHDs *(ID: WKF-041)*

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. 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.

Rationale: By functioning as a hub for coordination and problem-solving—not control—this Bureau would strengthen Maryland's shared-governance public health system, enabling local departments to more effectively serve their communities and collectively advance the health of all Marylanders.

Appoint a Statewide Chief Nursing Officer *(ID: WKF-054)*

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.

Rationale: This recommendation would facilitate nursing-related workforce activities and provide technical assistance specific to nursing. It also reaffirms the role of nurses in the delivery of public health services and integrates the activities and concerns across multiple functional areas.

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The Cross-Cutting Recommendations propose ways to enhance delivery across foundational public health capabilities and public health community-specific services, such as programs that facilitate access to and linkage with clinical care and partnerships that connect to social and behavioral services. These also help strengthen the public health infrastructure and improve its ability to respond to issues such as infant/maternal mortality, substance use disorder/opioid use disorder, epidemics/pandemics, and other emergencies.

Population Health Improvement Fund *(ID: CCR-063)*

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.

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.

Governmental public health foundational services and behavioral health services coordination *(ID: CCR-064)*

Create an efficient and cost-effective strategy to coordinate governmental public health foundational services and behavioral health services to minimize inefficiencies and to maximize timely and effective services for community populations. While the Maryland Department of Health 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.

Rationale: Behavioral/mental health is an essential component of whole-person health and must be reflected in any analysis of overall community wellbeing. Issues of behavioral/mental health can have broad impact and affect multiple individuals within a community. It is therefore right to ensure alignment between the behavioral health system and public health system by viewing these services as primary care safety net programs.

Placing Public Health Navigators in the Community *(ID: CCR-055)*

Create non-clinical and clinical friendly "resource hubs," led by local health departments, within brick and mortar public shopping districts 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.

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.

Supporting Primary Care *(ID: CCR-056)*

MDH, in collaboration with essential partners, should enhance existing and develop additional formal incentive programs for primary care clinicians to work in Maryland, especially in rural areas. *(This is in concert with CCR-065/Public Health and Primary Care Continuum)*

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.

Public Health and Primary Care Continuum *(ID: CCR-065)*

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. *(This is in concert with CCR-056/Primary Care)*

Rationale: 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.

Assessing and Strengthening the Public Health Laboratory System *(ID: CCR-058)*

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 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.

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.

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