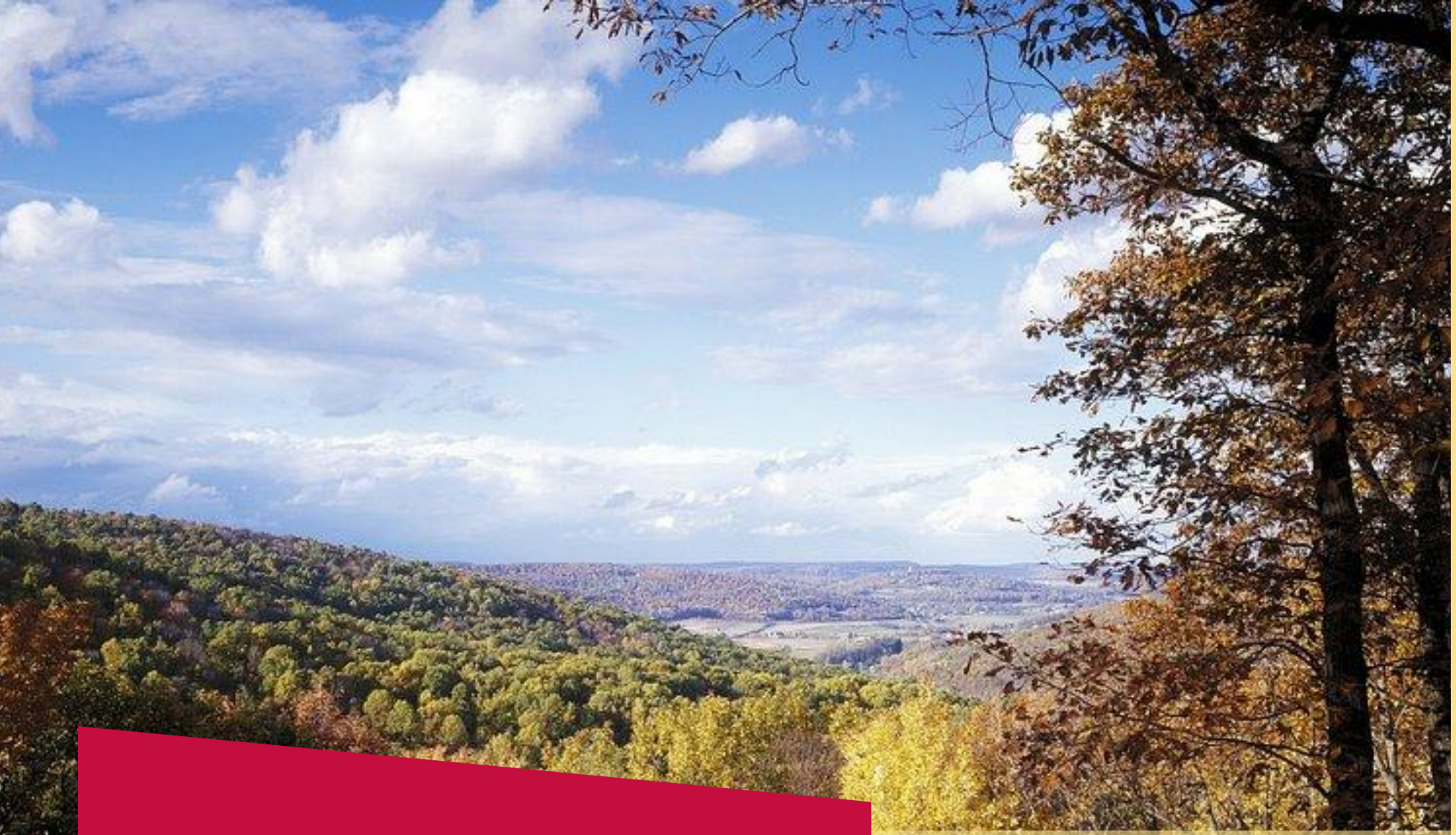

BUILDING A HEALTHIER MARYLAND

STATE HEALTH IMPROVEMENT PLAN

2024

Maryland
DEPARTMENT OF HEALTH

Public Health Services Administration

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September 10, 2024

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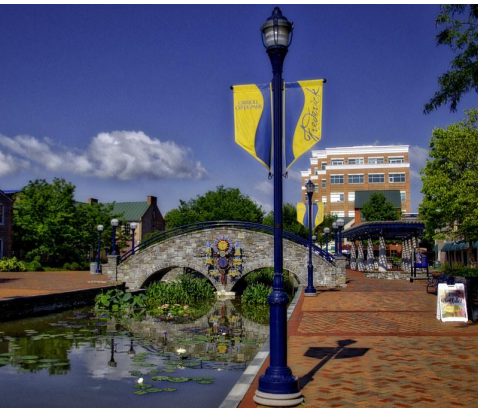
Background



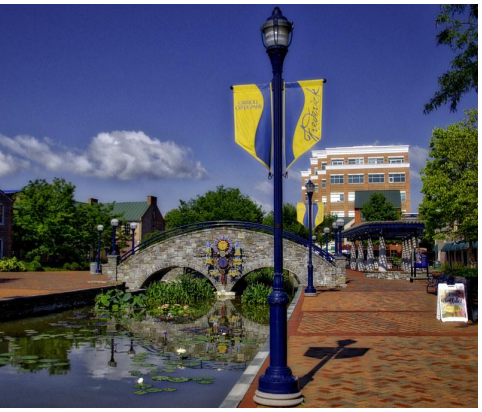
Welcome to ***Building a Healthier Maryland*** - the Maryland Department of Health's (MDH) state health improvement planning initiative. As part of this initiative, MDH is proud to present this State Health Improvement Plan (SHIP). The SHIP identifies the State's top health priorities and lays out associated goals and objectives for improved health outcomes in the next five years. This is a living document and will evolve to ensure alignment with the forthcoming State Health Equity Plan, as required by Maryland's participation in the States Advancing All-Payer Equity Approaches and Development (AHEAD) Model, the total cost of care model from the Centers for Medicare and Medicaid Services.

In 2014, MDH led planning activities that resulted in the release of the first SHIP for Maryland. While MDH led the effort, it was a broad-based collaborative with diverse community partners from across the state. After the plan's publication, subgroups were convened to plan work and monitor progress on the SHIP priority areas. The extraordinary demands of the COVID-19 pandemic derailed this important work as well as the anticipated timeline for revision of and updates to the SHIP.

In 2023, MDH reinvigorated state health improvement planning by launching ***Building a Healthier Maryland***, a collaborative effort that draws strength from diverse stakeholders committed to enhancing public health in Maryland. The Steering Committee for ***Building a Healthier Maryland*** guides the assessment and improvement planning activities; a list of Steering Committee members is available in Appendix I and the Steering Committee Charter is available in Appendix II.

The purpose of this living document is to define the State's top 5 health priority areas and present a plan - created in coordination with the ***Building a Healthier Maryland*** steering committee - to address and improve health outcomes and health equity in those 5 areas. Each health priority area has goals and objectives, along with suggested strategies that can be implemented to achieve the goals. In addition, this SHIP lays out the metrics that will be used to track progress toward each goal.

State Health Assessment (SHA) & State Health Improvement Plan (SHIP)



The creation of this State Health Improvement Plan (SHIP) was guided by the State Health Assessment (SHA), a compilation of primary and secondary data compiled to provide a comprehensive picture of the current state of Maryland's health.

The SHA:

- ★ Provides a comprehensive look at the state's current health status.
- ★ Includes a broad array of population-level metrics, including socioeconomic indicators that affect health outcomes.

The SHIP:

- ★ Establishes priorities, strategies and targets for improving the community's health based on the areas of greatest needs identified in the SHA.

State Health Improvement Plan: Methods

Maryland's State Health Improvement Plan (SHIP) is a long-term systematic plan that addresses issues identified in the State Health Assessment (SHA). Development of this plan utilized a participatory, community-driven approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process.

While the Maryland Department of Health (MDH) facilitated the development of the SHIP, it was a collaborative effort that spanned across state agencies, local health departments, local health improvement coalitions, and community based organizations. This ensures the SHIP is truly community-owned and reflects a diversity of voices and perspectives.

The Building a Healthier Maryland (BAHM) team at MDH convened a Steering Committee who came together with the purpose of crafting the goals, objectives and strategies that our State will work towards accomplishing over the next five years.

Steering Committee Meetings

MDH convened a series of Steering Committee meetings from December 2023 through March 2024 to review primary and secondary data as part of the state health assessment, identify state health priorities, and craft goals, objectives and strategies that address those priorities.

State Health Improvement Plan: Methods

During these meetings, the Steering Committee members:

- ★ Reviewed and discussed the primary and secondary data from the SHA
- ★ Discussed the importance of health equity and how that may be addressed in the SHIP
- ★ Conducted a root cause analysis on 8 identified health issues of concern
- ★ Came to consensus on the 5 health priority areas

Workgroup Meetings

Following the selection of the 5 health priority areas, a workgroup was created for each health priority. The workgroups met over the course of the next few months to solidify goals for their priority areas, as well as objectives and strategies that could be employed to achieve those goals, and metrics that should be tracked in order to see progress.

For a more detailed explanation of the Steering Committee and Workgroup meeting process, see Appendix III.

State Health Improvement Plan:
5 Health Priority Areas

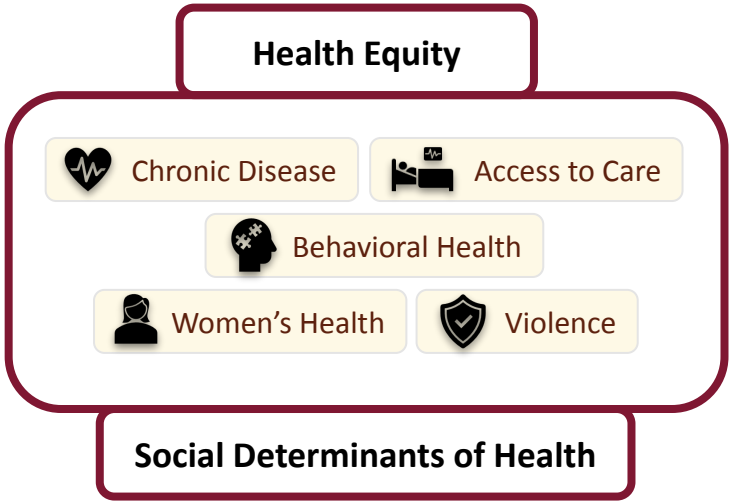
- **Chronic Disease**
- **Access to Care**
- **Women's Health**
- **Violence**
- **Behavioral Health**

State Health Improvement Plan:
A Note About Health Equity

At the outset of the SHIP process, the BAHM team aimed to ensure the inclusion and elevation of populations experiencing disparities in their health outcomes. Throughout the selection and analysis of the SHA data, the BAHM team disaggregated by race, ethnicity, age, sex and/or geographic location wherever possible. Then, when selecting the appropriate data to present to the Steering Committee during the initial meeting, the team provided data points that highlighted disparate outcomes.

During the second meeting, when the Steering Committee members engaged in discussions around top health issues of concern, whether it was maternal mortality among Black women or the uninsured rates among Hispanic residents, the desire to address equity was raised in every breakout room. These sentiments were echoed in the root cause analyses conducted during the third meeting, with issues such as racism, sexism and structural discrimination being highlighted as root causes impacting all eight health issues.

When selecting the top 5 health priority areas for the SHIP, it was initially suggested that health equity be a priority in and of itself. However, based on the data review and the conversations around the root cause analyses, it was clear that all health priorities must address health equity if true progress is to be made. Ultimately, rather than silo health equity in its own category, all five of the selected health priority areas incorporate health equity into the goals, objectives and strategies. When necessary, priority populations are elevated through targeted objectives and strategies. This approach underscores the need to work with a diversity of implementation partners with expertise and strong ties to those priority populations.



State Health Improvement Plan:

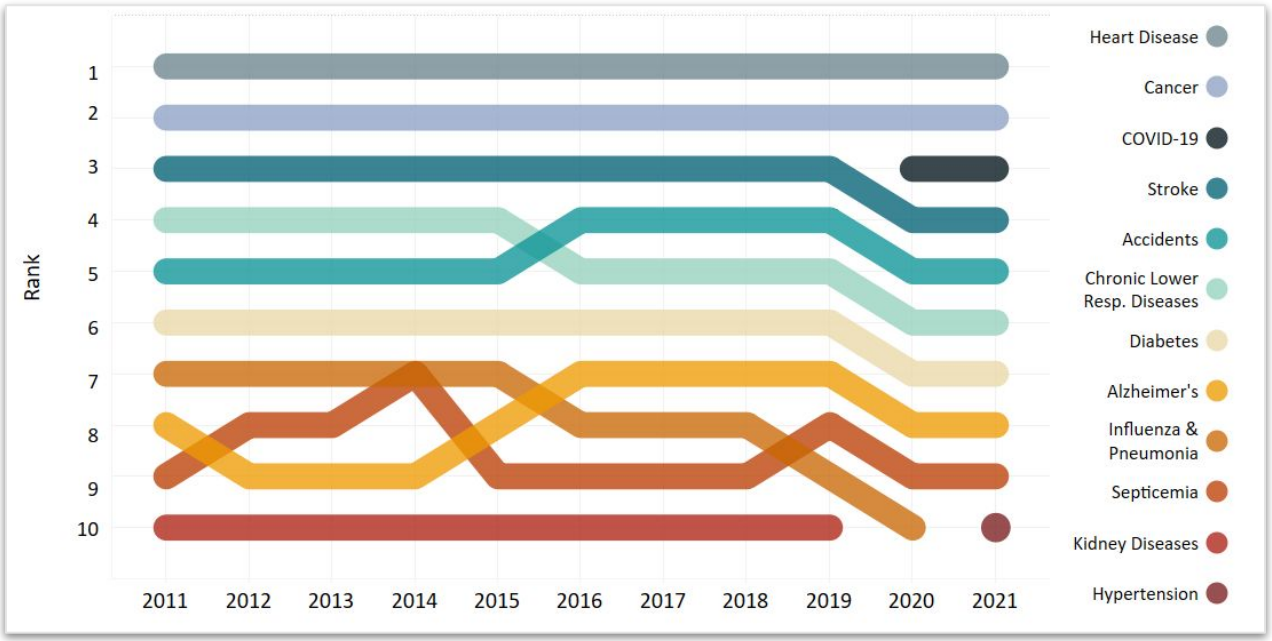
Icon Guide

Health Equity Strategy	
Social Determinants of Health Strategy	
Policy and Systems Level Strategy	
Local Health Improvement Coalition Aligned Strategy	
Health Disparity Objective	

State Health Improvement Plan:
Chronic Disease

Despite advances in screening, diagnosis, and treatment over the years, chronic disease remains the leading cause of death in Maryland, with heart disease (#1) and cancer (#2) as the top two leading causes of death for over a decade. Diabetes (#7) has also persistently been among the top causes of death for Maryland residents.

Top 10 Ranked Leading Causes of Death, Maryland, 2011-2021



Many factors contribute to persistently high mortality rates from chronic disease, including but not limited to unequal access to healthy food, built environment barriers (such as lack of spaces for physical activity), lack of access to accessible and affordable healthcare, insufficient insurance coverage for screening and prevention, and a breakdown in linkage to post-diagnosis care.

In addition to the state-level metrics that point to chronic disease as a health priority area, chronic disease was the #4 top health issue of concern selected in the Community Input Survey. Many respondents wrote about how chronic disease continues to impact their communities - and highlighted the importance of access to healthy food and physical activity as protective factors.

Priority Area 1: Chronic Disease

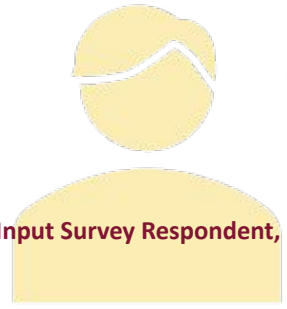
Chronic Disease Workgroup Members			
Reena Rambharat - Lead *Howard County Local Health Improvement Coalition*	Della Leister *Baltimore County Local Health Improvement Coalition*	Nora Hoban *Mid-Atlantic Association of Community Health Centers*	Meghan McClelland *Maryland Hospital Association*
Sec. Carmel Roques *MD Dept of Aging*	Tiffany Erbelding *MD Dept of Aging*	Suzanne Dorsey *MD Dept of the Environment*	Aneca Atkinson *MD Dept of the Environment*
Malcolm Furgol *Coalition for a Healthier Frederick County*	Ronya Nassar *Harford County Health Department*	Christopher Rogers *Montgomery County Local Health Improvement Coalition*	Danielle Stahl *Healthy Washington County*
Amber Starn *Partnerships for a Healthier Charles County*	Mary Golway *Calvert Health*	Melissa Nething *Allegany County Health Planning Coalition*	Jackie Ward *Worcester County Health Planning Advisory Council / Local Health Improvement Coalition*
Daniel Coulter *Cecil County Health Department*	Elise Bowman *Baltimore City Local Health Improvement Coalition*	Maggie Kunz *The Partnership for a Healthier Carroll County*	Andra J. Taylor *Healthy Somerset*
Tammy Griffin *Wicomico Local Health Improvement Coalition*			

Priority Area 1: Chronic Disease

Goal 1: Enhance primary prevention of chronic disease

Goal 2: Enhance screening, treatment and care for chronic illness

"Chronic Diseases are prevalent in [my community]. Heart disease and Cancer are running neck in neck. High blood pressure and diabetes are a close second. Usually by the time an individual goes to a doctor, it is to late. We need early detection and intervention."



Community Input Survey Respondent, Kent County

Priority Area 1: Chronic Disease

Goal 1: Enhance primary prevention of chronic disease

Target: The rate in Washington State - picked due to its population similarity to Maryland.

OBJECTIVE 1.1.1: By 2029, lower the percentage of households experiencing food insecurity due to resource limitations from 9.5% to 8.3%.	
Strategy: Increase Maryland Woman, Infants, and Child (WIC) Program participation and enrollment to allow more families access to nutritious food benefits (e.g., fruits and vegetables)	
Strategy: Increase outreach activities to ensure vulnerable populations are aware of the availability, eligibility requirements, application procedures, and benefits of the Supplemental Nutrition Assistance Program (SNAP)	

Data Source: U.S. Department of Agriculture, Household Food Security in the United States Report Series, 2020-2022

Priority Area 1: Chronic Disease

Goal 1: Enhance primary prevention of chronic disease

Target: The rate in Washington State - picked due to its population similarity to Maryland.

OBJECTIVE 1.1.2: By 2029, decrease the percentage of adults reporting no physical activity or exercise other than their regular job in the past 30 days from 21.2% to 17.5%.	
Strategy: Promote free and low cost community wellness and fitness classes through targeted communications, partnerships with local organizations, and the utilization of public spaces.	
Strategy: Promote and increase movement-promoting community programs, such as walking, group fitness activities.	
Strategy: Engage communities in enhancing the safety and accessibility of community spaces through improvements to the built environment.	

Data Source: Behavioral Risk Factor Surveillance System, 2022

Priority Area 1: Chronic Disease

Goal 2: Enhance screening, treatment and care for chronic illness

Target: Current highest rate is in Connecticut at 75.3%.

OBJECTIVE 1.2.1: By 2029, increase the percentage of adults ages 45-75 who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval from 71.8% to 75.3%.
OBJECTIVE 1.2.2: By 2029, increase the percentage of high risk populations receiving lung cancer screenings from 2.9% to 4.5%.

Target: The current national average.

Strategy: Mitigate structural barriers (such as cost, transportation and other issues) to cancer screening.	
Strategy: Enhance access to targeted, culturally, and linguistically sensitive cancer and prevention care resources.	

Data Source (1.2.1): National Health Interview Survey, 2022
Data Source (1.2.2): American Lung Association's "State of Lung Cancer" report, 2023

Priority Area 1: Chronic Disease

Goal 2: Enhance screening, treatment and care for chronic illness

Target: Developed with MDH Environmental Health Bureau.

OBJECTIVE 1.2.3: By 2026, reduce the rate of emergency room visits for asthma among children from 7.8 per 1,000 to 5.3 per 1,000, and for Black children from 19 per 1,000 to 9 per 1,000.	
Strategy: Develop culturally appropriate education materials for parents covering topics like vaping, secondhand smoke, peak flow meters, self-administration for children, inhaler storage, and questions for healthcare providers.	
Strategy: Conduct home visits to identify and address asthma triggers present in the home environment.	
Strategy: Implement asthma action plans for all students with diagnosed asthma, including a parent education plan distributed through schools.	 

Data Source: Maryland Health Services Cost Review Commission, 2019

Targeted Health Disparity Objective

Priority Area 1: Chronic Disease

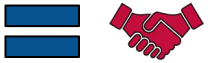
Goal 2: Enhance screening, treatment and care for chronic illness

Target: The Healthy People 2030 target.

OBJECTIVE 1.2.4: By 2029, reduce the proportion of adults with diabetes who have an A1c value above 9% from 33.9% to 11.6%.

Target: The Healthy People 2030 target.

OBJECTIVE 1.2.5: By 2029, increase the proportion of adults 18–85 years of age who have a diagnosis of hypertension and whose blood pressure was adequately controlled to 18.9%.

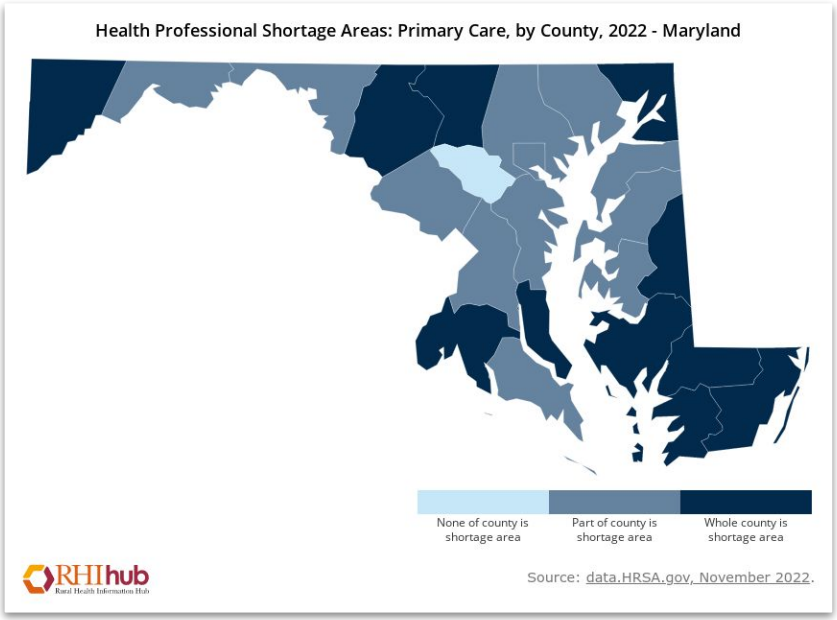
Strategy: Enhance disease management and early intervention for diabetes and heart disease.	
Strategy: Increase cultural competency of, and participation in, evidence-based chronic disease self-management classes (e.g., local health department *Living Well Chronic Disease Self-Management Programs; Diabetes Self Management, Education, and Support Programs (DSMES)*).	
Strategy: Enhance coordination among healthcare providers, specialists, and support services to ensure comprehensive care for individuals with diabetes or heart disease.	
Strategy: Raise awareness about prediabetes, individual risk and how to modify risk for developing diabetes, such as through communications campaigns (e.g., the MDH Prediabetes Communication Campaign), self-administered surveys (e.g., "Know Your Risk" survey), and other awareness mechanisms.	

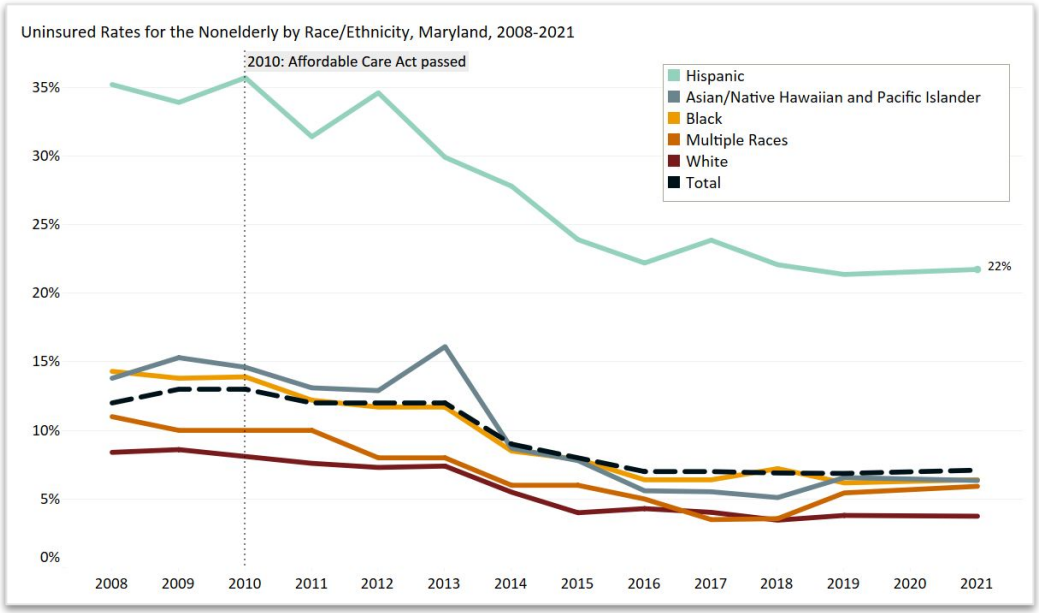
Data Source (1.2.4): National Committee for Quality Assurance
Data Source (1.2.5): National Health and Nutrition Examination Survey

State Health Improvement Plan:
Access To Care

Evidence-based prevention, necessary screening tests, life saving medication, and innovative treatment are useless if they can't be accessed by the people who need them. Access to quality, appropriate and affordable healthcare remains an issue across the United States, and Maryland is no exception.

In Maryland, some of the barriers include a healthcare professional shortage, both for primary and specialty care (particularly in more rural areas), lack of health insurance (particularly for Maryland's Hispanic population), and a need for improved health literacy.





The need for improved healthcare access was highlighted by community members, who selected access to affordable healthcare as the #1 response to the question "what are the most important things that make a community healthy?"

Priority Area 2: Access to Care

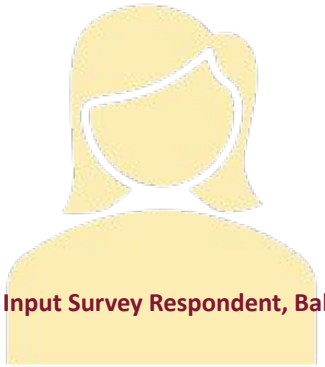
Access to Care Workgroup Members			
Nicole Morris - Lead *Mid Shore Health Improvement Coalition*	Earl Stoner *Washington County Health Department*	Danielle Weber *Somerset County Health Department*	Jacqueline Wells *St. Mary's County Local Health Improvement Coalition*
Dr. Nilesh Kalyanaraman *MDH PHS Deputy Secretary*	Deputy Secretary Ryan Moran *MDH Health Care Financing*	Meghan McClelland *Maryland Hospital Association*	Erin Roth *MD Dept of Labor*
Stuart Campbell *MD Dept of Housing and Community Development*	Sec. Carmel Roques *MD Dept of Aging*	Tiffany Erbelding *MD Dept of Aging*	Lynn Farrow *MD Dept of Transportation*
Suzanne Dorsey *MD Dept of the Environment*	Aneca Atkinson *MD Dept of the Environment*	Christopher Rogers *Montgomery County Local Health Improvement Coalition*	Melissa Nething *Allegany County Health Planning Coalition*
Jackie Ward *Worcester County Health Planning Advisory Council / Local Health Improvement Coalition*	Jean Marie Kelley *Cecil County Community Health Advisory Committee*	Kimberly Stinchcomb *Prince George's Healthcare Action Coalition*	Andra J. Taylor *Healthy Somerset*
Tammy Griffin *Wicomico Local Health Improvement Coalition*			

Priority Area 2: Access to Care

Goal 1: Enhance care delivery models to meet the needs of different populations

Goal 2: Recruit and retain high quality healthcare and public health workforce

Goal 3: Reduce barriers to care



Community Input Survey Respondent, Baltimore County

"Access to health care, in a City with world-renowned health care facilities, is expensive and difficult. Too many primary care providers are shifting to concierge medicine, which marginalizes out people of lower income. Primary care should be readily accessible and low cost--that is critical to prevention; this is how early detection happens."

Priority Area 2: Access to Care

Goal 1: Enhance care delivery models to meet the needs of different populations

Target: Highest rate in Maryland in the past 5 years.

OBJECTIVE 2.1.1: By 2029, increase the proportion of statewide behavioral health outpatient service recipients who receive services via telehealth from 59.1% to 67%.	
Strategy: Provide technical support and training to healthcare providers to support care delivery via telehealth in underserved areas, such as rural areas, in Maryland.	
Strategy: Increase consumer awareness of available educational support on how to use telehealth and digital technology.	
Strategy: Coordinate with external agencies to identify additional data on targeted care delivery models.	

Data Source: Medicaid, 2023

Priority Area 2: Access to Care

Goal 1: Enhance care delivery models to meet the needs of different populations

Target: Based on guidance from the School Based Health Alliance.

OBJECTIVE 2.1.2: By 2029, increase the total percentage of students enrolled in School Based Health Centers from 35% to 70% at that school.	
Strategy: Create new, sustainable school based health centers (SBHCs) in schools that serve under-resourced communities.	
Strategy: Investigate key drivers of a successful enrollment process and implement them across SBHCs.	
Strategy: Increase the number of schools whose students and families are served by a nearby SBHC.	
Strategy: Create and promote participation in an internal SBHC program learning collaborative.	

Data Source: Maryland School Based Health Center Program, 2023

Priority Area 2: Access to Care

Goal 2: Recruit and retain high quality healthcare and public health workforce

OBJECTIVE 2.2.1: By 2029, reduce the average wait time for primary care first appointment.	
Strategy: Recruit a workforce that reflects Maryland's diversity.	
Strategy: Provide incentives to current students and providers to enter and remain in under-resourced specialties and regions.	
Strategy: Promote the adoption of mental health resources and tools for providers to prevent burnout.	
Strategy: Expand and promote registered apprenticeship opportunities.	
Strategy: Explore and implement solutions to expand transportation services, especially in rural areas.	
Strategy: Facilitate learning collaboratives to share best practices regarding transportation.	

Data Source: Medicaid, CAHPS Survey

Priority Area 2: Access to Care

Goal 3: Reduce barriers to care

Total Population Target: Developed with Maryland Health Benefit Exchange

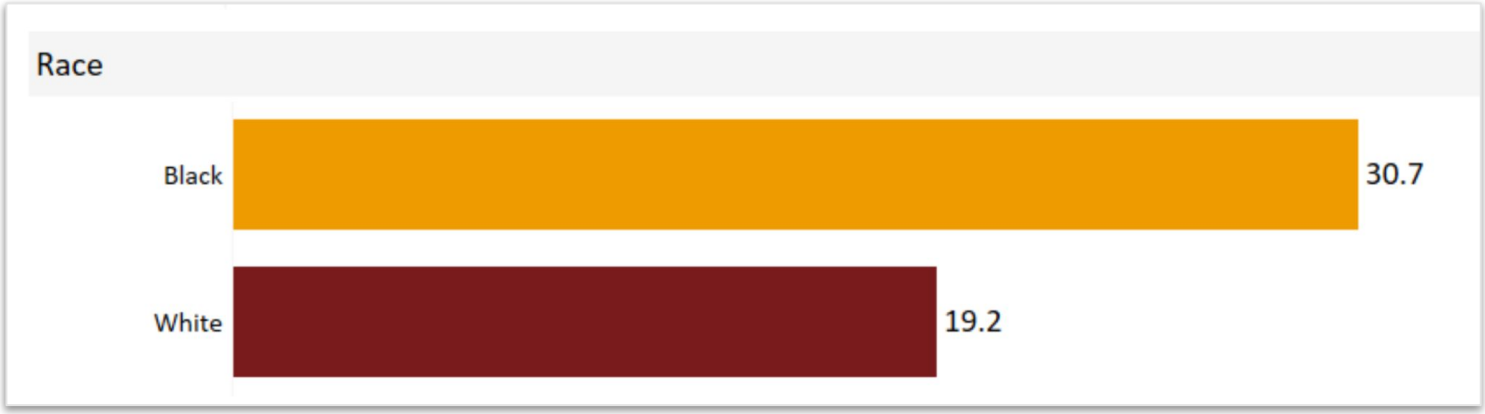
OBJECTIVE 2.3.1: By 2029, reduce the total proportion of individuals not covered by private or public health insurance from 7% to 5.5%.	
Strategy: Increase the adoption of a plain language checklist by state and local government agencies.	

Data Source: U.S. Census Bureau, American Community Survey, 2022

Targeted Health Disparity Objective

State Health Improvement Plan:
Women's Health

While the overall maternal mortality rate in Maryland (23.7 per 100,000) is lower than the US average, our state is no exception to the national trend in stark disparities between White and Black women. Recent data shows that Black women experience maternal mortality at a rate that is 60% higher than White women. To best address maternal mortality, it is vital that this plan work to not only improve maternal care throughout the entire life cycle of pregnancy and postpartum, but also take a targeted approach to reducing the disparities in maternal outcomes.



Maternal Mortality by Race, Maryland 2017-2021, Rate per 100,000 births

As women's health extends beyond just maternal health, this priority area will also work to improve prevention, screening and care coordination for breast and cervical cancer. Rates of women receiving mammograms in the past 2 years (81.3%) and women receiving pap smears in the past 3 year years (79.8%) are in line with national average, however Maryland has a higher breast cancer incidence rate (128.6 per 100,000).

When the community was asked "are you concerned about the health and wellbeing of any particular populations in your community?" the #4 top response was "women", with over 60% of respondents indicating that they had concerns about maternal health outcomes, and the health of women of color.

Priority Area 3: Women's Health

Women's Health Workgroup Members			
Shelley Argabrite - Lead *Garrett County Local Health Improvement Coalition*	Dr. Elizabeth Kromm *MDH Prevention and Health Promotion Administration*	Malcolm Furgol *Coalition for a Healthier Frederick County*	Ronya Nassar *Harford County Health Department*
Jackie Ward *Worcester County Health Planning Advisory Council/Local Health Improvement Coalition*	Jean Marie Kelley *Cecil County Community Health Advisory Committee*	Kimberly Stinchcomb *Prince George's Healthcare Action Coalition*	

Priority Area 3: Women's Health

Goal 1: Improve maternal health outcomes through improved maternal care before, during and after pregnancy

Goal 2: Increase breast and cervical cancer prevention, screening and care

"Women are not treated fairly; we cannot even make all of our own, private decisions about our own bodies' care."

Community Input Survey Respondent, Prince George's County

"Black women are not surviving childbirth and have less access to healthcare and services for their families."

Community Input Survey Respondent, Baltimore County

Priority Area 3: Women's Health

Goal 1: Improve maternal health outcomes through improved maternal care before, during and after pregnancy

Target: Healthy People 2030.

Target: Developed with the MDH Maternal and Child Health Bureau

OBJECTIVE 3.1.1: By 2029, reduce the rate of preterm births from 10.7% to 9.4%.	
OBJECTIVE 3.1.2: By 2029, reduce the infant mortality rate from 6.5 per 1,000 live births to 5.2 per 1,000 live births.	
OBJECTIVE 3.1.3: By 2029, reduce the percentage of babies born with low birth weight from 8.5%.	
Strategy: Expand the use of preterm birth risk prevention and risk stratification models and other tools to identify women at risk for preterm birth.	
Strategy: Promote tobacco cessation among pregnant women.	
Strategy: Promote cessation of other substance use, including marijuana, among pregnant women.	
Strategy: Expand and increase the number of early child home visiting programs (e.g. Healthy Families of America,Family Connects Frederick County etc.)	

Data Source: Maryland Department of Health, Vital Statistics Administration

Priority Area 3: Women's Health

Goal 1: Improve maternal health outcomes through improved maternal care before, during and after pregnancy

Target: Healthy People 2030

OBJECTIVE 3.1.4: By 2029, reduce unintended pregnancy rate from 42% to 36.5%, with a focus on addressing health disparities.	
Strategy: Introduce emergency contraception to non-clinical sites, such as universities and colleges (i.e. vending machines).	
Strategy: Expand access to contraception and client-centered contraceptive counseling at Maryland Family Planning Program (MFPP) sites, primary care settings, colleges, and universities.	
Strategy: Conduct a Statewide Needs Assessment for Adolescent Sexual and Reproductive Health to understand the gaps and strengths in Maryland	

Data Source: Maryland Pregnancy Risk Assessment Monitoring System, 2020

Targeted Health Disparity Objective

Priority Area 3: Women's Health

Goal 1: Improve maternal health outcomes through improved maternal care before, during and after pregnancy

OBJECTIVE 3.1.5: By 2029, increase the percentage of deliveries in which individuals were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.	
Strategy: Evaluate what programs and screenings are currently provided to identify gaps in care coordination.	
Strategy: Increase postpartum depression screening and referral to treatment	

Priority Area 3: Women's Health

Goal 1: Improve maternal health outcomes through improved maternal care before, during and after pregnancy

Total Population Target: Developed with the MDH Maternal and Child Health Bureau
Target for Black Women: Current rate for White women

Target: Developed with the MDH Maternal and Child Health Bureau

OBJECTIVE 3.1.6: By 2029, reduce the total maternal mortality rate from 21.7 to 17.2 per 100,000 live births, and for Black women from 30.7 to 19.2 per 100,000 live births.

OBJECTIVE 3.1.7: By 2029, increase the percentage of pregnant women who receive prenatal care beginning in the first trimester from 78.1% to 82%.

Strategy: Increase access to prenatal care and the number of Medicaid recipients receiving prenatal care.		**Strategy**: Increase access to doulas and midwives across the state.	
Strategy: Increase utilization of WIC among mothers that qualify.		**Strategy**: Establish holistic perinatal care targeted for Black pregnant women.	
Strategy: Promote social determinants screenings prior to delivery to link women to basic needs, such as housing, food, and transportation.		**Strategy**: Increase the number of healthcare providers receiving implicit bias training.	
Strategy: Introduce the AIM-Bundle with providers to address maternal/postpartum hemorrhage and hypertension.			
Strategy: Expand group-based prenatal care, specifically for Black pregnant women.			

Data Source: Maryland Department of Health, Vital Statistics Administration

Targeted Health Disparity Objective

Priority Area 3: Women's Health

Goal 2: Increase breast and cervical cancer prevention, screening and care

Target: Current highest rate is in Rhode Island at 86%.

OBJECTIVE 3.2.1: By 2029, increase the number of women receiving a breast cancer screening for which one is indicated from 83.2% to 87%.	
Strategy: Provide patient education around prevention services covered by health insurance options and low-cost or no-cost screening programs.	 
Strategy: Promote and strengthen the services provided by Maryland Breast and Cervical Cancer Programs.	
Strategy: Increase care coordination across the healthcare delivery system for women with abnormal cancer screenings.	

Data Source: Behavioral Risk Factor Surveillance System, 2021

Priority Area 3: Women's Health

Goal 2: Increase breast and cervical cancer prevention, screening and care

Target: Healthy People 2030

OBJECTIVE 3.2.2: By 2029, increase the proportion of adolescents ages 13-17 who are up to date on HPV vaccine from 72% to 80%.	
Strategy: Educate providers on the importance of HPV vaccination for children as young as age 9 and encourage discussion of HPV vaccination during well child checks.	

Data Source: CDC Teenvax, 2022

Priority Area 3: Women's Health

Goal 2: Increase breast and cervical cancer prevention, screening and care

Target: Current highest rate is in Connecticut.

OBJECTIVE 3.2.3: By 2029, increase the proportion of females who receive a cervical cancer screening based on the most recent guidelines from 79.3% to 82.5%	
Strategy: Work with existing Maryland Breast and Cervical Cancer Programs to address current health disparities for cervical cancer.	
Strategy: Increase care coordination across the healthcare delivery system for women with abnormal cancer screenings.	

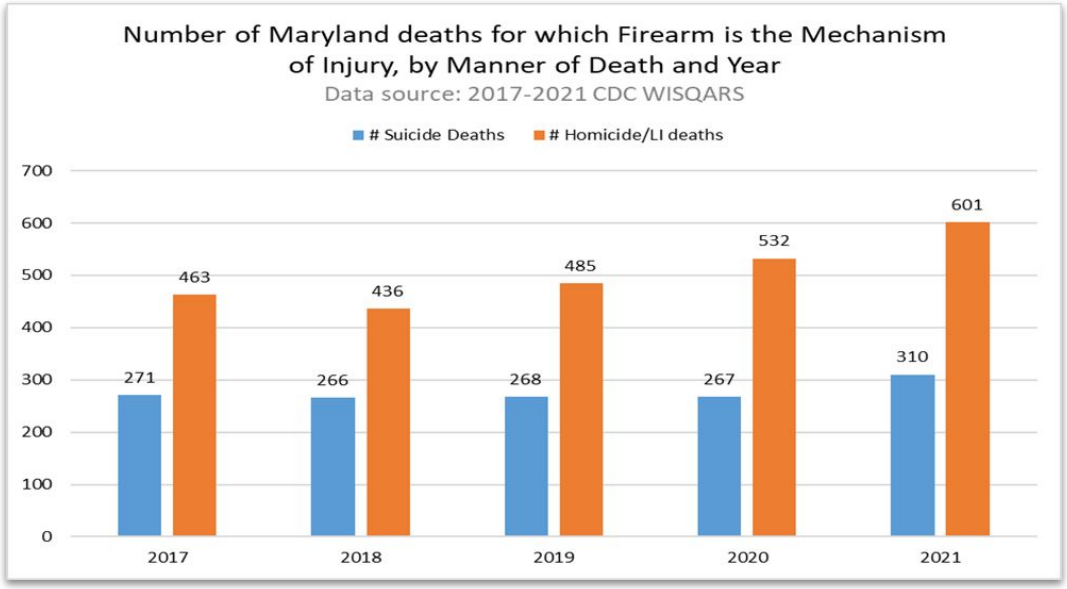
Data Source: Behavioral Risk Factor Surveillance System, 2021

State Health Improvement Plan:

Violence

Maryland's violent crime rate (454.1 per 100,000) is 16% higher than the national average (379.4 per 100,000). A large component of this issue, and a topic that was selected as the #5 most important factor impacting the health and wellbeing of Maryland, is gun violence. The number of firearm related deaths has increased steadily over the past 5 years - with guns as the mechanism of use in over 86% of homicides and over 50% of suicides.

Many factors contribute to the increasing rates of gun violence, including ease of access to guns, poverty, lack of safe spaces and opportunities for youth, racism and lack of community investment. However, the recent recognition of gun violence as a public health concern is a promising development, allowing for a more holistic approach to the issue.



In addition to firearm related homicide, suicide and injury, the need to address intimate partner (IPV) and sexual violence (SV) was identified as a goal for this priority area. While objectives and strategies to reduce gun violence can certainly positively impact rates of IPV and IPV related fatalities, additional attention should be paid to enhancing IPV related screening and data collection as a way to better understand the nature and scope of the issue.

Priority Area 4: Violence

Violence Workgroup Members			
Dr. Kisha Davis *Montgomery County Health Department*	Mary Beth Haller *Baltimore City Health Department*	Dr. Nilesh Kalyanaraman *MDH PHS Deputy Secretary*	Camille Blake Fall *MDH Office of Minority Health and Health Disparities*
Jay Hessler *Coalition for a Healthier Frederick County*	Mindi Garrett *Healthy Anne Arundel Coalition*	Jackie Ward *Worcester County Health Planning Advisory Council/Local Health Improvement Coalition*	

Priority Area 4: Violence

Goal 1: Reduce firearm-related suicides, homicides, and injuries

Goal 2: Reduce the rates of, and harms associated, with intimate partner and sexual violence (IPV/SV)

Community Input Survey Respondent, Baltimore City

"I work in Baltimore City Public Schools. I see on a weekly basis the effect that gun violence has on ALL of our communities. That we must manage our daily lives with the expectation that being on the street INHERENTLY risks gunshot and death is a profound daily stressor and insidious threat to our health and wellbeing. This year alone, to date, there have been THREE gunshot episodes immediately on my campus or within shooting distance of my campus. How am I (a mental healthcare provider) and the other adults I work with supposed to support our students if we cannot simply establish safety for us and them, let alone begin to make progress on their health and education goals when we fear for our lives by simply going to work, school, or walking home."

Priority Area 4: Violence

Goal 1: Reduce firearm-related suicides, homicides, and injuries

Target: Current lowest rate, New Jersey.

OBJECTIVE 4.1.1: By 2029, reduce the age-adjusted rate of firearm-related suicides from 4.7 to 2 per 100,000.	
Strategy: Implement educational/communications campaign on gun safety as a suicide prevention measure.	
Strategy: Address mental health and suicide in priority populations, including youth and older adults.	
Strategy: Enhance protective services for high risk individuals.	
Strategy: Enhance awareness of and access to crisis response services.	

Data Source: WISQARS, 2021

Priority Area 4: Violence

Goal 1: Reduce firearm-related suicides, homicides, and injuries

Target: Current US rate

OBJECTIVE 4.1.2: By 2029, reduce the age-adjusted rate of firearm-related homicides from 10.3 to 6.6 per 100,000.	
Strategy: Introduce and enhance violence interruption initiatives.	
Strategy: Engage with youth who are at risk for experiencing firearm violence.	
Strategy: Identify and engage with communities that have been impacted by gun violence.	

Data Source: WISQARS, 2021

Priority Area 4: Violence

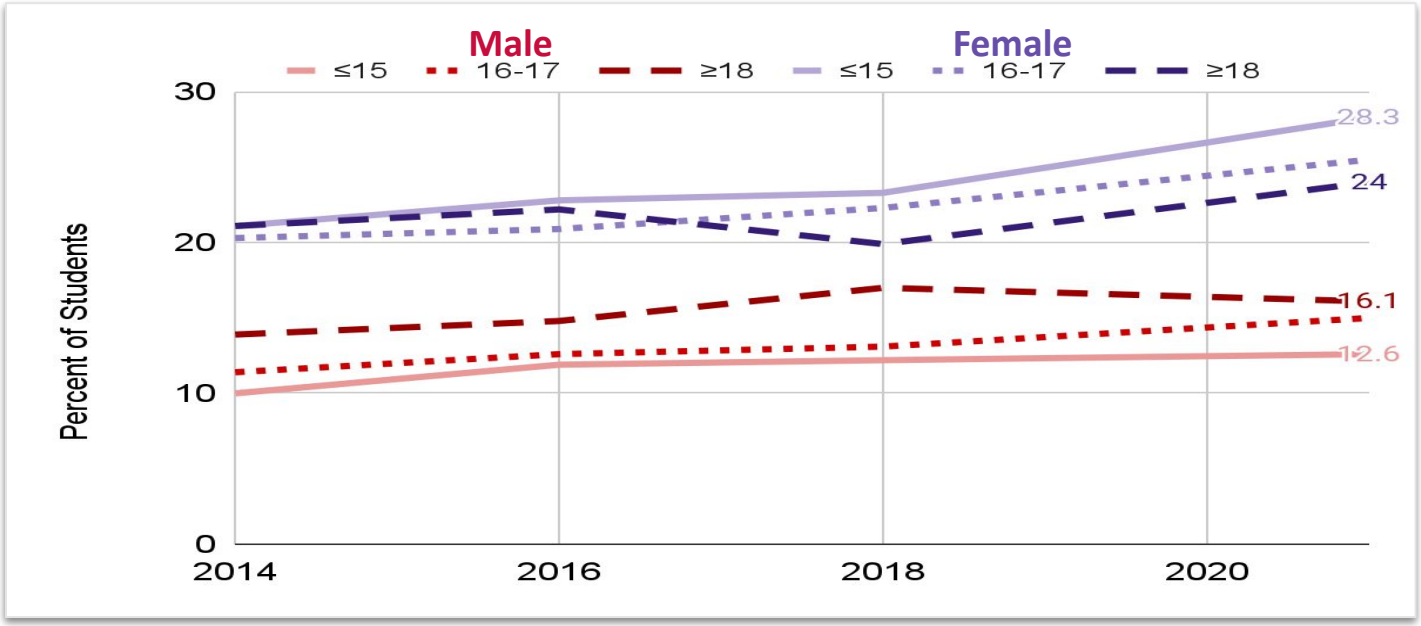
Goal 2: Reduce the rates of, and harms associated, with intimate partner and sexual violence (IPV/SV)

OBJECTIVE 4.2.1: By 2029, reduce emergency department visits related to intimate partner violence (IPV).	
Strategy: Engage men and boys as partners in reducing intimate partner and sexual violence (IPV/SV) through communications campaigns around healthy relationships, respect and consent.	
Strategy: Engage men and boys through sports teams and coaches to develop mentorship and role model relationships.	
Strategy: Enhance education about and access to safe/transitional housing.	
Strategy: Enhance education about and access to job training for those leaving IPV situations.	
Strategy: Expand access to legal support and advocacy organizations for those reporting IPV and SV.	
Strategy: Engage with priority population of pregnant and postpartum women through home visiting programs.	
Strategy: Increase education and outreach about what to do if experiencing violence at home and/or in relationships for youth.	

State Health Improvement Plan:
Behavioral Health

When asked the question "what are the most important factors impacting the health and wellbeing of your community", the #1 answer provided by respondents was "Mental Health". It is clear that mental health, and behavioral health more broadly, is a topic of great importance and concern and was a clear choice for inclusion as one of the state's health priority areas.

In addition to continuously climbing overdose rates, rates of suicidal ideation among youth has also continued to increase, particularly among females.



High School Students Who Seriously Considered Attempted Suicide by Age and Sex, Maryland, 2014 - 2021

The root cause analysis for this topic included the identification of barriers such as ongoing stigma around accessing mental health services, language and cultural barriers in treatment, a need for enhanced coordination of care and wraparound services, affordability and accessibility of treatment, and poverty.

Priority Area 5: Behavioral Health

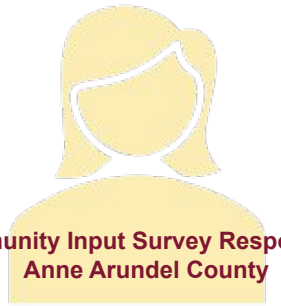
Behavioral Health Workgroup Members			
Malcolm Furgol - Lead *Coalition for a Healthier Frederick County*	Shelley Argabrite *Garrett County Local Health Improvement Coalition*	Deputy Secretary Alyssa Lord *MDH Behavioral Health Administration*	Meghan McClelland *Maryland Hospital Association*
Mary Gable *MD State Dept of Education*	Mindi Garrett *Healthy Anne Arundel Coalition*	Jackie Ward *Worcester County Health Planning Advisory Council/ Local Health Improvement Coalition*	Daniel Coulter *Cecil County Health Department*
Elise Bowman *Baltimore City Local Health Improvement Coalition*			

Priority Area 5: Behavioral Health

Goal 1: Expand access to, and utilization of, behavioral health services

Goal 2: Reduce disparities in mental health outcomes

Goal 3: Reduce overdose and the negative health outcomes associated with substance use



Community Input Survey Respondent, Anne Arundel County

"Mental health I think is one of the most important health issues to address - it can have such a detrimental impact on individuals ability to survive and thrive. And when struggling with your mental health,you're less able to handle a shock or acute stressors, as you are already experiencing chronic stressors."

Priority Area 5: Behavioral Health

Goal 1: Expand access to, and utilization of, behavioral health services

OBJECTIVE 5.1.1: By 2029, reduce the rate of emergency department visits for mental health conditions from 4,510 per 100,000.	
OBJECTIVE 5.1.2: By 2029, reduce the rate of suicides from 9.9 per 100,000 to 9.1 per 100,000.	
Strategy: Partner with support service organizations to increase awareness and referrals to crisis care services.	
Strategy: Increase access to walk-in crisis stabilization centers.	
Strategy: Increase mobile crisis response teams.	
Strategy: Increase awareness of 988 Suicide and Crisis Lifeline	

Target: 2014 Maryland SHIP target.

Data Source (5.1.1): Maryland Health Services Cost Review Commission, 2022
Data Source (5.1.2): Maryland Department of Health Vital Statistics Administration

Priority Area 5: Behavioral Health

Goal 1: Expand access to, and utilization of, behavioral health services

Target: Aligned with Maryland Managing for Results target.

OBJECTIVE 5.1.3: Increase the number of youth substance use treatment providers by 2% each year.	
Strategy: Utilize findings from gap analyses and needs assessments to inform where service delivery is needed and the types of services (inpatient, outpatient, community settings) to be deployed	
Strategy: Enhance partnerships with local and state health departments, local behavioral health authorities, local addictions authorities and core service agencies to identify strategic provider collaborations to bring services online based on identified needs	

Data Source: Maryland Public Behavioral Health System

Priority Area 5: Behavioral Health

Goal 1: Expand access to, and utilization of, behavioral health services

Target: Developed in conjunction with MDH Behavioral Health Administration.

OBJECTIVE 5.1.4: By 2026, increase utilization of public behavioral health services by 4%.	
Strategy: Improve public knowledge of behavioral health conditions, needs and resources for support and treatment.	
Strategy: Reduce stigma around behavioral health treatment.	
Strategy: Increase behavioral health providers that can accept insurance.	
Strategy: Increase access and use of telehealth for behavioral healthcare services.	

Data Source: Maryland Public Behavioral Health System

Priority Area 5: Behavioral Health

Goal 2: Reduce disparities in mental health outcomes

OBJECTIVE 5.2.1: By 2029, reduce the percentage of students who felt sad or hopeless most days for more than 2 weeks in the past 12 months from 42% for all students, and from 64.6% for LGBTQ students.	
Strategy: Increase the use of evidence-informed primary prevention factors (e.g., CDC *What Works In Schools;* SAMHSA *Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth*) that contribute to improved mental health for youth, such as creating safe and supportive environments for LGBTQ youth.	=

Data Source: Youth Risk Behavior Survey, 2021

Targeted Health Disparity Objective

Priority Area 5: Behavioral Health

Goal 2: Reduce disparities in mental health outcomes

OBJECTIVE 5.2.2: By 2029, increase availability of affordable housing from 46.1% as a way to improve health outcomes, including mental health.	
Strategy: Expand the availability of permanent supportive housing and the services that community organizations provide to include permanent supportive housing.	
Strategy: Work to identify permanent supportive housing providers in underserved jurisdictions.	

Data Source: Maryland Department of Planning, 2019

Targeted Health Disparity Objective

Priority Area 5: Behavioral Health

Goal 3: Reduce overdose and the negative health outcomes associated with substance use

Target: Developed in conjunction with MDH Behavioral Health Administration.

OBJECTIVE 5.3.1: By 2029, reduce the opioid fatality rate by 20%.			
Strategy: Expand syringe service programs.		**Strategy**: Promote evidence-based alternatives to pain management and reduce inappropriate prescribing of opiates.	
Strategy: Increase naloxone distribution to people most likely to witness overdose.		**Strategy**: Educate the public on the purpose and benefit of substance use strategies (ie. harm reduction, recovery oriented programs, recovery houses).	
Strategy: Increase access to drug-checking services.		**Strategy**: Educate the public on drug interactions - especially between cannabis, alcohol, cocaine and opiates.	
Strategy: Increase low-barrier medication for opioid use disorder (MOUD).			

Data Source: Maryland Department of Health Vital Statistics Administration

Priority Area 5: Behavioral Health

Goal 3: Reduce overdose and the negative health outcomes associated with substance use

OBJECTIVE 5.3.2: By 2029, reduce emergency department visits related to addictions-related conditions.	
Strategy: Promote evidence-based integrated care for people with co-occurring conditions across lines of service and care settings.	
Strategy: Increase access to job training and vocational services post-treatment.	
Strategy: Expand access to recovery support communities.	

Data Source: Maryland Health Services Cost Review Commission

Resources and Assets

Public Health Systems Assessment

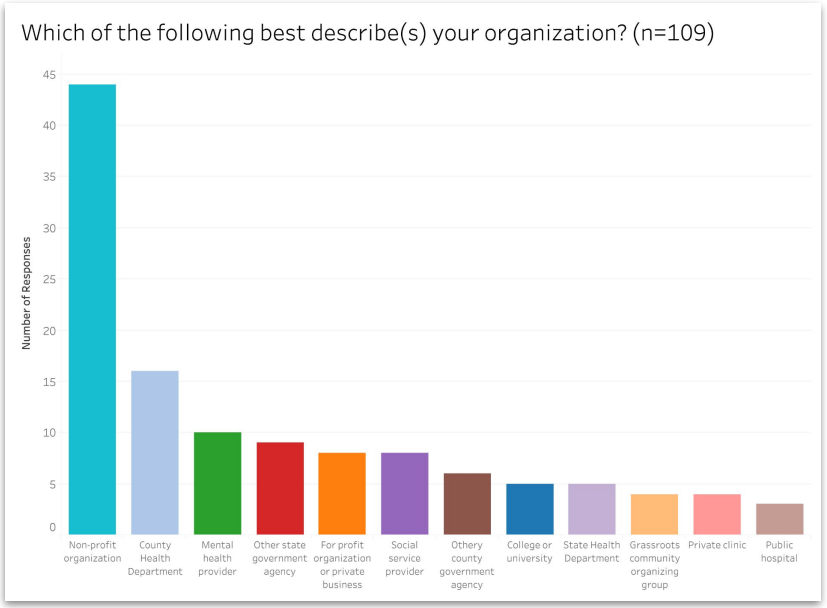
An integral part of the creation and ultimate implementation of the SHIP is having a comprehensive understanding of the resources and assets available in the state of Maryland for the delivery of public health services. In order to accomplish this, a Public Health Systems Assessment was conducted. The purpose of this assessment was two-fold:

- ★ Better understand the public health services provided and the populations served, the health concerns that they address, and what community-building activities are occurring across the state in order to identify strengths and gaps
- ★ Compile a directory of resources we can tap into for the implementation of our plan's strategies

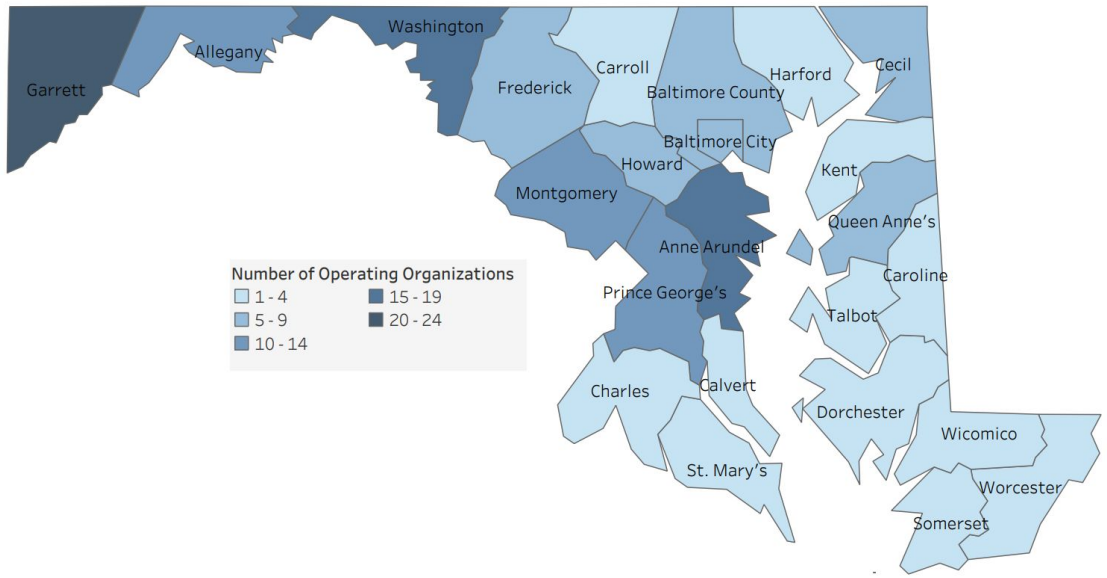
The assessment instrument was adapted from the MAPP 2.0 Community Partner Assessment. BAHM partners were asked to complete one survey on behalf of their organizations, and distribute the survey to other external partners they work with.

As of May 2024, The BAHM team has received 109 responses; the survey will remain open for the duration of the SHIP process so that organizations can be continuously added to the directory.

The majority of responses are from non-profit organizations (n=44, 40%), however local health departments, colleges and universities, other state agencies and medical clinics are also represented.



24 organizations indicated that they serve individuals throughout Maryland.
For the 83 other responding organizations, here is where they operate:

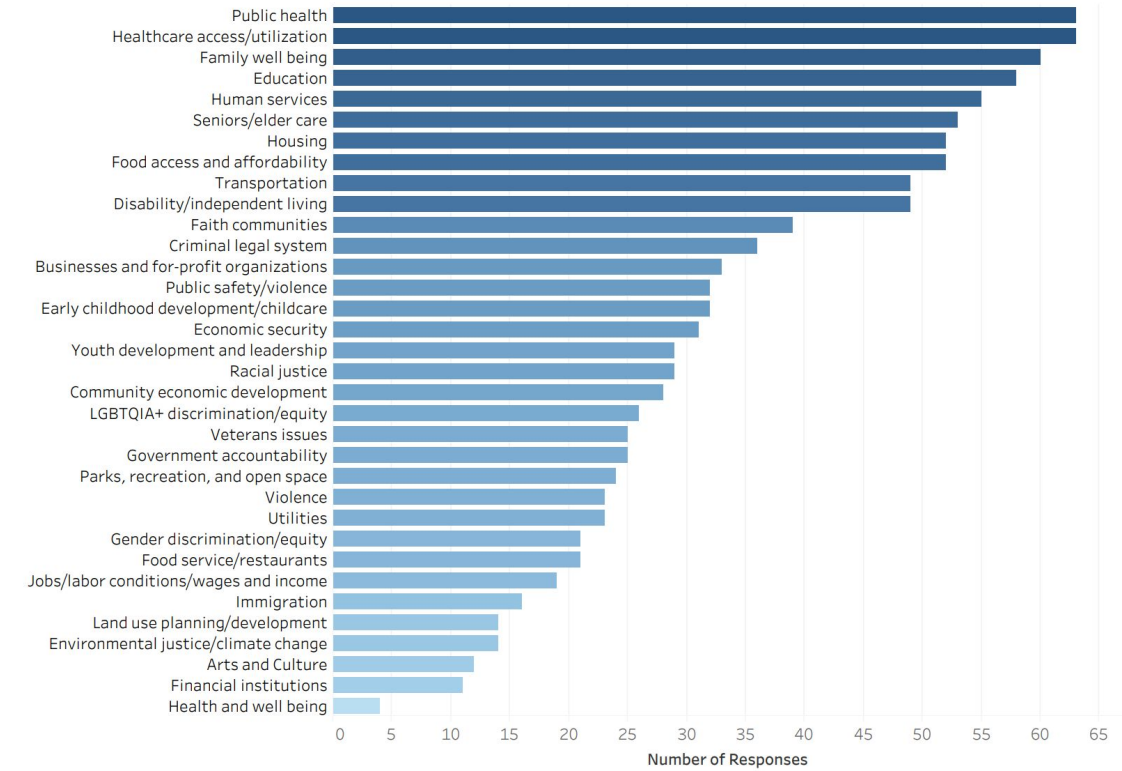


In accordance with the MAPP 2.0 instrument, the BAHM Public Health Systems Assessment asked organizations to provide information on the demographics and characteristics of their clients served, their organizations' area of focus, organizational capacity and strengths, community engagement practices, policy and advocacy practices and data and evaluation practices.

Of the responses received to date, 24 operate across the entire state of Maryland. The remaining 85 are spread throughout the state, with at least one organization being present in each of the 24 jurisdictions.

Ongoing efforts will be made to identify and include additional organizations from jurisdictions with fewer responses.

Which of the following areas does your organization work on/with?

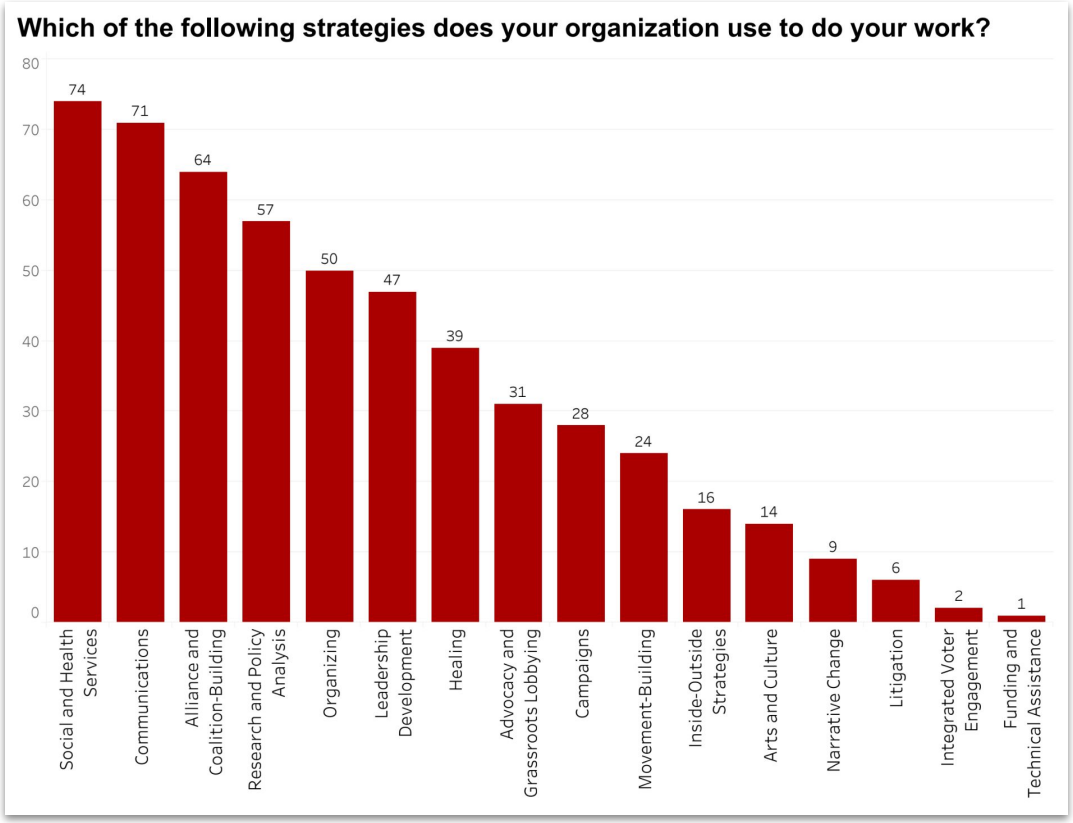


The majority of the responding organizations work in the public health space (n=65, 60%). Additionally, there is organizational representation across many of the health priority areas, identified strategies and priority populations including:

- ★ Healthcare access/utilization - 63 responses
- ★ Seniors/elder care - 53 responses
- ★ Housing - 52 responses
- ★ Food access - 52 responses
- ★ Public safety/violence - 32 responses
- ★ Youth development/leadership - 29 responses
- ★ Racial Justice - 29 responses
- ★ Parks and recreation - 24 responses

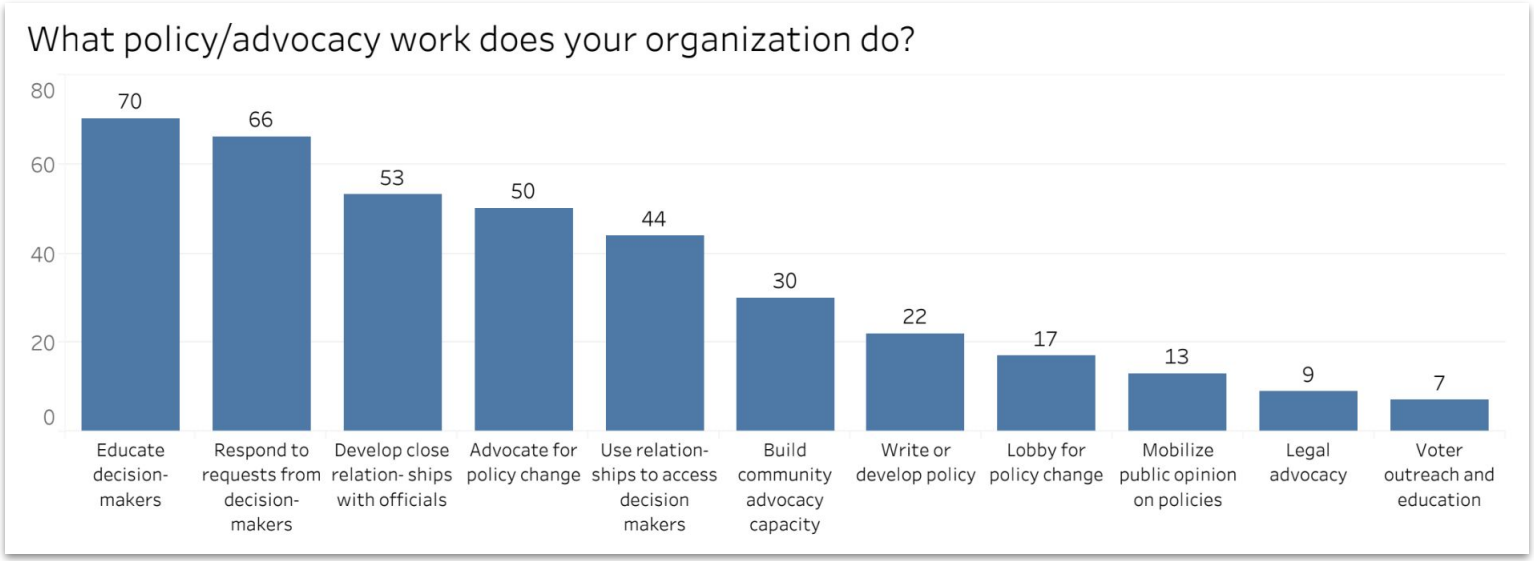
Note: This question was "mark all that apply".

Note: These questions were "mark all that apply".



In addition to organizational focus, many of the responding organizations work on the health topics that are in alignment with our state's health priority areas, including chronic disease, health care access and behavioral health.

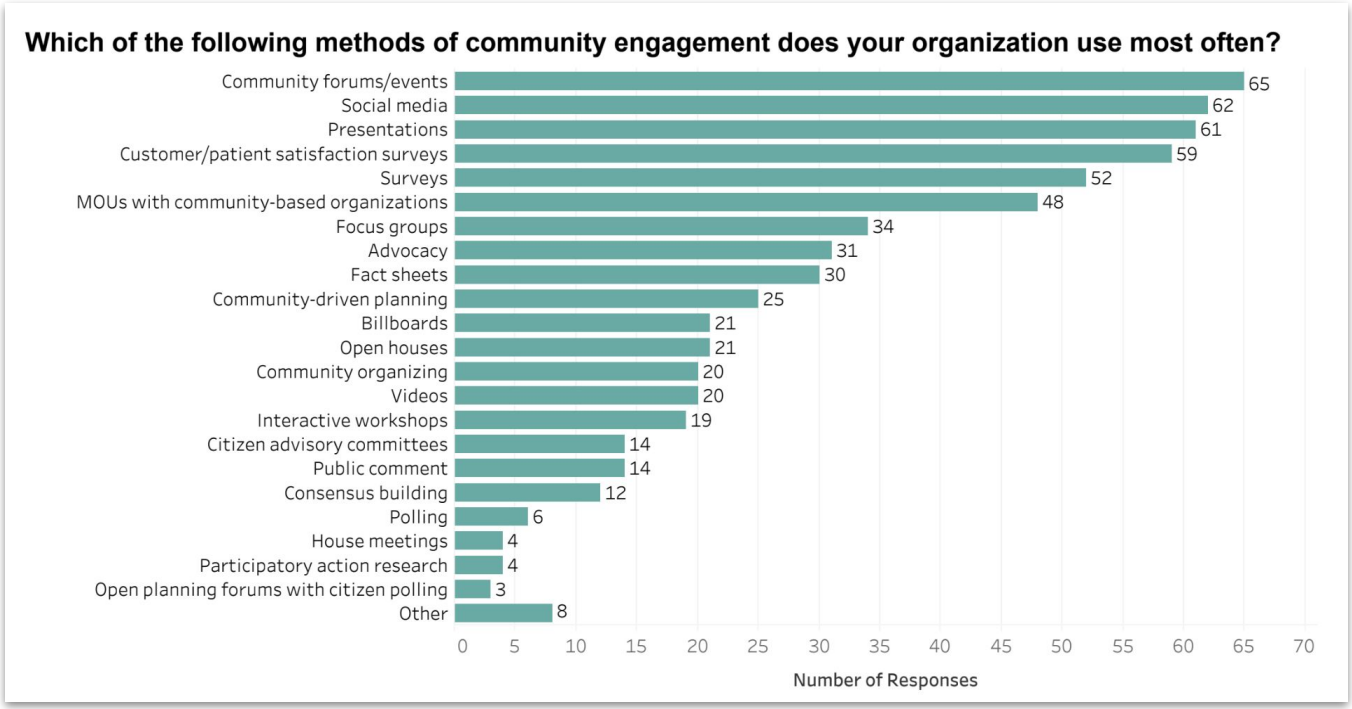
The responding organizations employ a wide variety of strategies and services in order to meet the needs of the individuals they serve. The vast majority of organizations provide basic social and health services (n=74, 68%), however in addition, 64 (59%) organizations said they engage in alliance and coalition building, 57 (52%) reported conducting research and policy analysis and 47 (43%) reported that they provide leadership development.



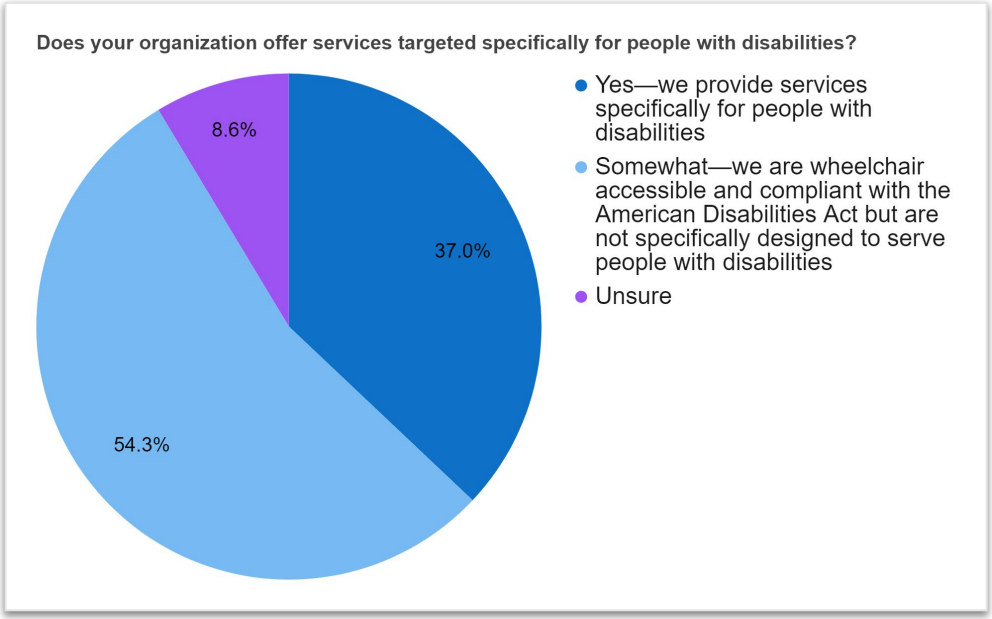
Note: These questions were "mark all that apply".

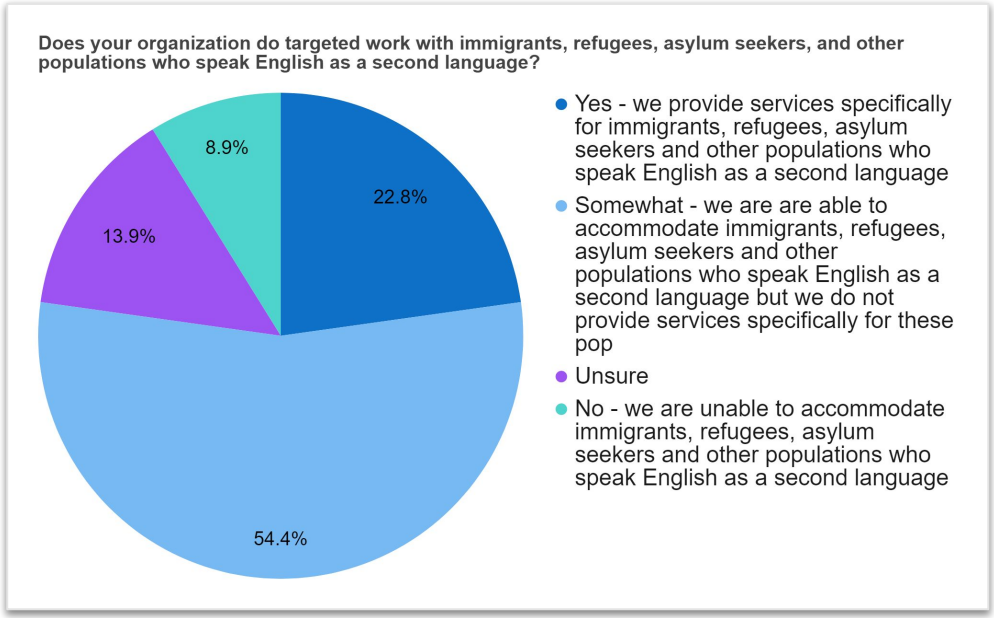
As policy and systems changes will play a major role in the implementation of the SHIP resulting in permanent change, organizations were asked to define what types of policy and advocacy work they do.

Almost all respondent organizations participate in some soft of policy work, with the majority conducting education with and responding to questions from decision-makers.



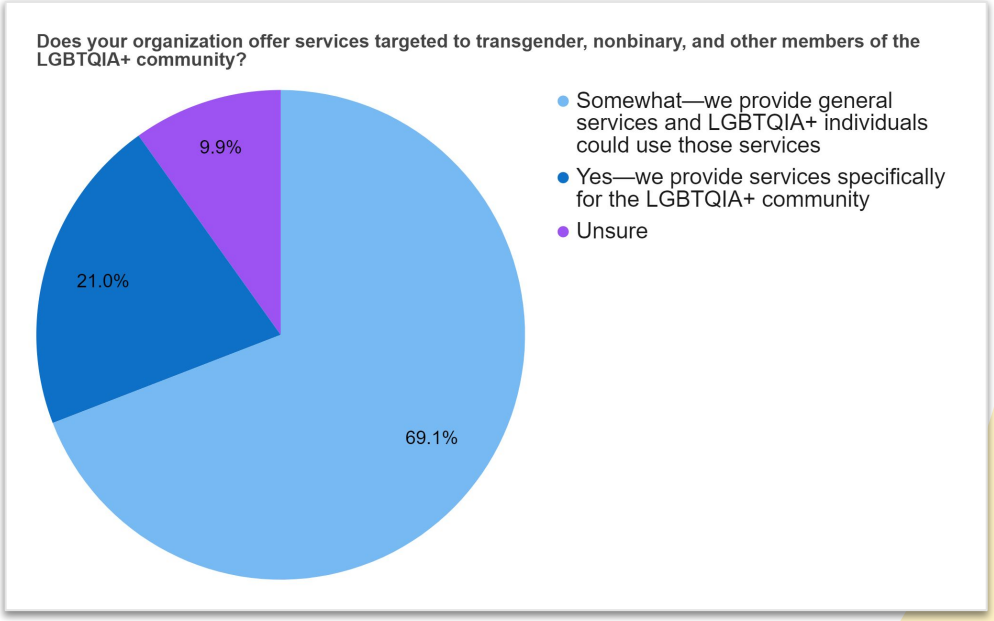
Because the SHIP is a community-driven plan, engagement with the community and community building will be vital to the success of the plan. To this end, organizations were asked to identify the types of community engagement activities they participate in. The most common type was engagement with community forums or events (n=65, 60%), but many organizations also employ social media strategies, presentations to the public and community surveys as a way to gauge satisfaction and gather feedback.



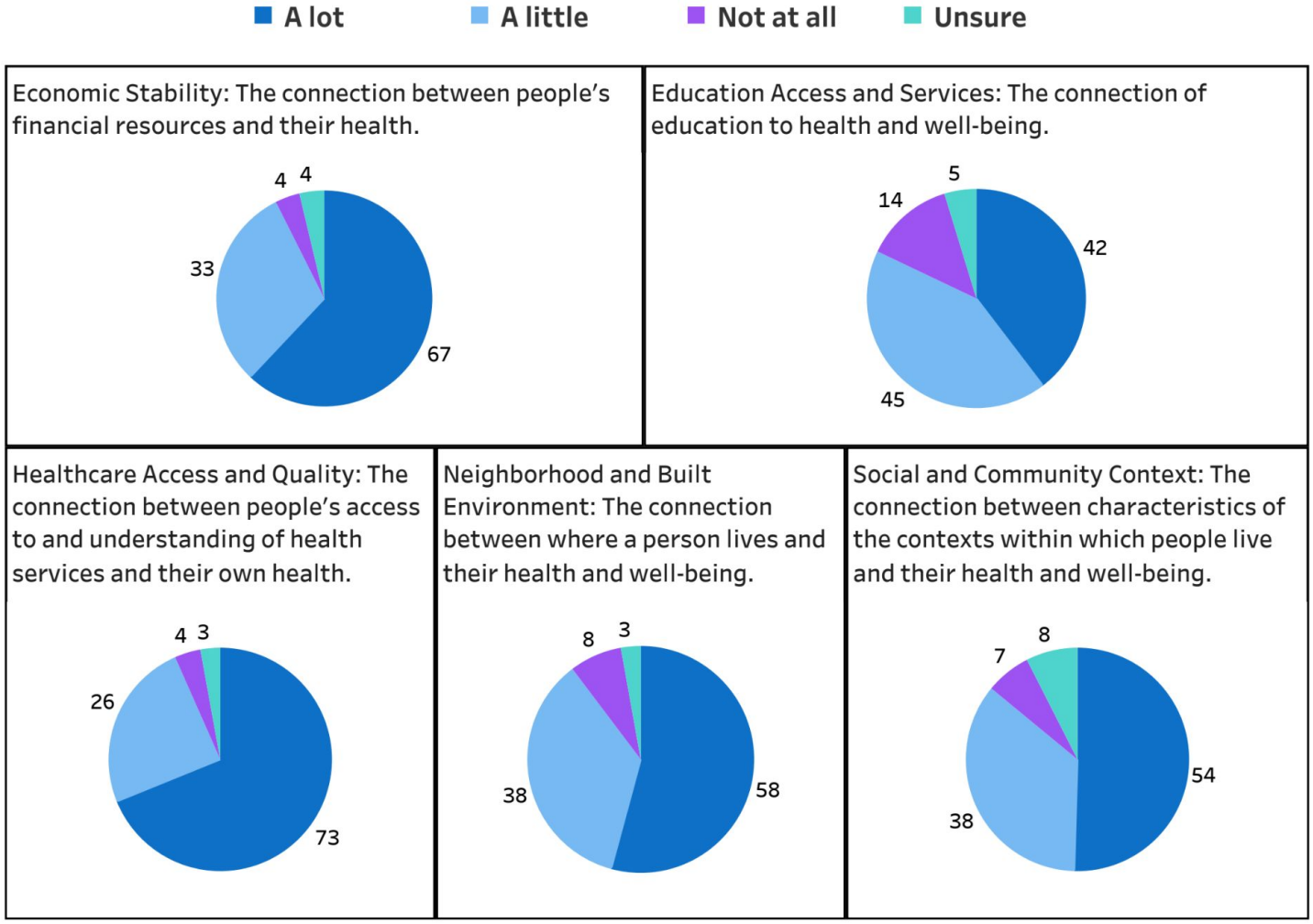


Addressing health equity was an essential element of consideration when selecting objectives and strategies for the SHIP. In order to ensure that implementation of targeted activities reach the appropriate populations, BAHM must be able to link with organizations working with those populations.

Based on responses, BAHM has access to organizations who, in addition to serving the general population, do targeted work with all of the priority populations identified in the SHIP. This includes expertise on working with racial and ethnic minorities, immigrants and people who speak English as a second language, older adults, the LGBTQ+ community, and individuals with disabilities.



How much does your organization focus on each of these topics?

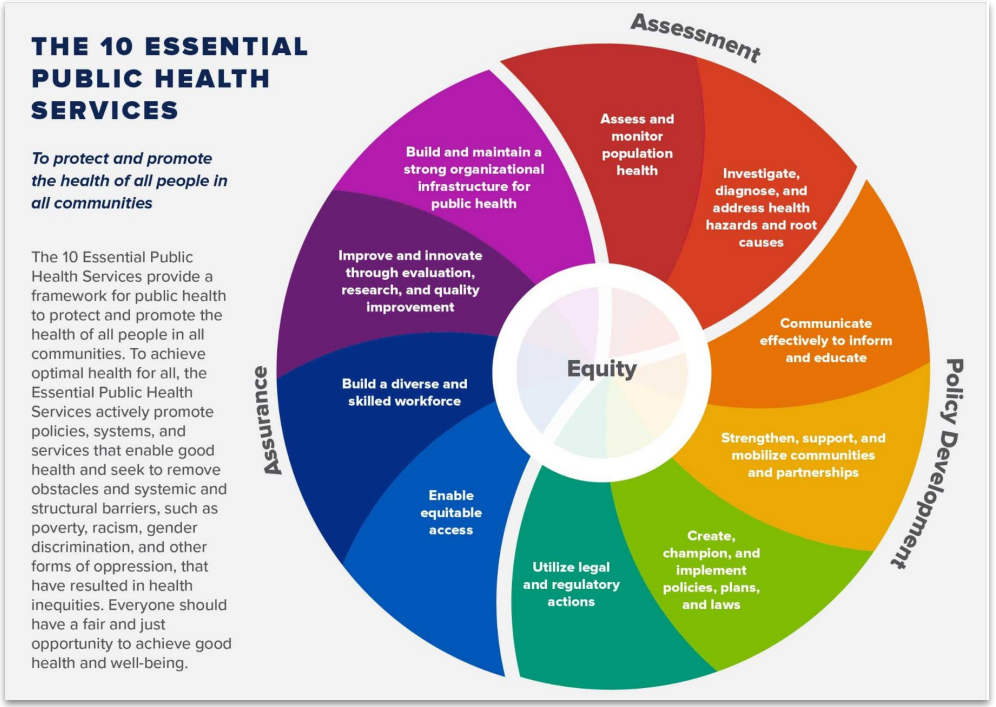


In addition to considerations of health equity, when crafting the objectives and strategies, the BAHM steering committee made sure to consider social determinants of health, defined as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." The social determinants of health are generally grouped into five domains: economic stability, education access and services, healthcare access and quality, neighborhood and built environment, and social and community context.

In order to best address factors in each of these five domains, BAHM will need partner organizations who conduct work across the spectrum of the social determinants of health. The above pie charts demonstrate that BAHM has access to at least 40 organizations to tap into for each of these vital areas.

Finally, of primary importance is the need to work with organizations that address the 10 essential public health services, the framework for public health to protect and promote the health of all people in all communities.

Based on current responses, all ten essential public health services are well represented across responding organizations. Over 80% of organizations report that they conduct activities that strengthen, support, and mobilize communities and partnerships to improve health (#4 above) and communicate effectively to inform and educate people about health, factors that influence it, and how to improve it (#3 above). The public health service with the least amount of representation is "utilize legal and regulatory actions designed to improve and protect the public's health" (#6 above), with only 24% of organizations reporting providing this service. As we recruit more partner organizations, a concerted effort will be made to include more organizations who provide this service.



As Maryland's State Health Improvement Plan moves into the implementation phase, it will be vital to have access to community programs across the state that provide a broad range of services, serve diverse populations, and employ a multitude of different strategies. Based on current responses to the Public Health Systems Assessment, the BAHM team will have many resources to tap into and have potential partner organizations who work not only on the SHIP's health priority areas, but also with many of the priority populations identified. In addition, BAHM will have access to organizations that work to address the five domains of social determinants of health and across the ten essential public health services.

Public Health Systems Assessment: Full List of Respondent Organizations To Date

Local Health Departments
Allegany County Health Department
Anne Arundel Co Mental Health Agency
Baltimore County Department of Health
Carroll County Health Department
Carroll County Health Department, Local Behavioral Health Authority and Bureau of Prevention, Wellness and Recovery
Cecil County Health Department
Charles County Department of Health
Frederick County Health Department
Garrett County Health Department
Howard County Health Department
Kent County Health Department
Montgomery County Public Health Services
Prince George's County Health Department
Somerset County Health Department
St. Mary's County Health Department
Washington County Health Department
State Health Department
MDH Center for Cancer Prevention and Control, Comprehensive Cancer Control Program
Office of Population Health Improvement, Maryland Department of Health
Maryland Primary Care Program
Other Local Government Agency
Anne Arundel County Department of Aging and Disabilities
Anne Arundel County Mental health Agency Inc
Anne Arundel Department of Aging and Disabilities
Baltimore County Department of Aging
Garrett County Dept. of Technology & Communications
Garrett County Government
Washington County Board of Education
Washington County Department of Social Services

Hospital/Medical Clinic/FQHC
August Rose Health Center
Canopy Family Care
Garrett Regional Medical Center
H&G Elite Wellness, LLC
Johns Hopkins Howard County Medical Center
Luminis Health
Meritus Medical Center
Mountain Laurel Medical Center
Muslim Community Center DBA MCC Medical Clinic
Premier Spine and Sports Medicine
Tri-State Community Health Center
UPMC Western Maryland
West Cecil Health Center
College/University
Coppin State University
Johns Hopkins Bloomberg School of Public Health
The Hilltop Institute at the University of Maryland, Baltimore County
University of Maryland Extension
University of Maryland, School of Social Work
Library
Ruth Enlow Library of Garrett County
Non-Profit Organization
Accessible Resources for Independence, Inc. (ARI)
Addiction Recovery, Inc DBA Hope House Treatment Centers
AHEC West
Allegany County Human Resources Development Commission
Anne Arundel County Mental Health Agency
Appalachian Parent Association, Inc
Assn of Community Services of Howard Co

Public Health Systems Assessment: Full List of Respondent Organizations To Date

Non-Profit Organization Continued
Autism Society of Maryland
Baltimore Safe Haven
Centro De Apoyo Familiar
Chesapeake Regional Information System for our Patients (CRISP)
Chinese Culture and Community Service Center, Inc. (CCACC)
Circle of Rights Inc.
Community Free Clinic, Inc.
Deep Creek Lake Lions Club
Food & Friends, Inc.
Fort Ritchie Community Center Corporation
Garrett County Area Agency on Aging at Garrett County Community Action Committee, Inc
Garrett County Community Action (Senior Health & Fitness Club)
Garrett County Community Action/Garrett Transit Service
Horizon Foundation of Howard County
Hospice of Garrett County, Inc.
Job Opportunities Task Force
Maryland Children's Alliance, Inc.
Maryland Rural Health Association
Mid Shore Health Improvement Coalition
Mountain Laurel Medical Center
Muslim Community Center DBA MCC Medical Clinic
Parish Nursing Network of the Tri-State Region
People Encouraging People Inc.
Primary Care Coalition of Montgomery County, Maryland
Proyecto Salud Clinic
Reach of Washington County
Robert W Johnson Community Center
Serenity Sistas Inc
Smart Public Health Consulting (SPHC) & SPHC Foundation

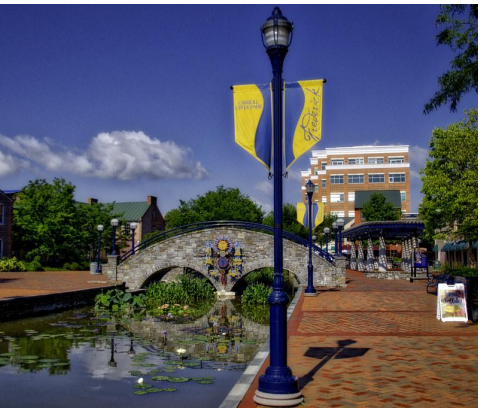
Non-Profit Organization Continued
The Community Ecology Institute
The Coordinating Center
The Hilltop Institute at the University of Maryland, Baltimore County
UPMC Western Maryland
Voices of Hope, Inc.
Western Maryland Allied Health Education Center
Grassroots Community Organizing Group/Organization
Child and Adolescent Health Work Group
Horizon Foundation of Howard County
Muslim Community Center DBA MCC Medical Clinic
NAACP Howard County Branch
Smart Public Health Consulting (SPHC) & SPHC Foundation
Social Service Provider
Autism Society of Maryland
Maryland Living Well Center of Excellence, a Division of MAC, Inc. AAA
Mountain Laurel Medical Center
Muslim Community Center DBA MCC Medical Clinic
People Encouraging People Inc.
The Partnership Development Group, Inc.
Mental Health Provider
Aspire Wellness Center, Inc
August Rose Health Center
Canopy Family Care
Connected Communities For Behavioral Wellness
I-Matter, LLC
Mountain Laurel Medical Center
Muslim Community Center DBA MCC Medical Clinic
People Encouraging People Inc.
The Mental Health Center of Western Maryland Inc.

Public Health Systems Assessment: Full List of Respondent Organizations To Date

Foundation/Philanthropy
Horizon Foundation of Howard County
Smart Public Health Consulting (SPHC) & SPHC Foundation
For Profit Organization/Private Business
Aspire Wellness Center, Inc
Beach to Peak Yoga
Canopy Family Care
Elevate Recovery Centers, LLC
Hub City Nutrition
Jazzercise Oakland MD of Simon Pearce Outlet
Smart Public Health Consulting (SPHC) & SPHC Foundation
Tereance Moore Consulting
The Partnership Development Group, Inc.
Unraveling Obesity Inc
Faith Based Organizations
Muslim Community Center DBA MCC Medical Clinic
Parish Nursing Network of the Tri-State Region

Next Steps

Next Steps



Following completion of the planning phase of this iteration of the SHIP, the process will then move to the implementation phase. In order to implement the strategies outlined in this document, the BAHM team will facilitate the following:

- ★ Annual Steering Committee Meetings: Starting with an in-person implementation phase kickoff summit, the entirety of the steering committee will come together annually to report of progress, share lessons learned and work collaboratively to update the SHIP as needed.

- ★ Monthly Workgroup and Sub Workgroup meetings: Each priority area will continue to have a workgroup that facilitates and guides progress towards that priorities goals and objectives. As needed, additional sub workgroups will be formed in order to address and carry out specific strategies. Current members of the workgroups will be encouraged to continue their participation while additional identified partners will also be invited to join.

The SHIP is a living document. As the implementation phase progresses, the BAHM team will ensure the plan is responsive to suggested alterations or additions either from community feedback or from steering committee or workgroup members.

Together, we look forward to Building a Healthier Maryland!

Appendices

Appendix I: Steering Committee Members

Local Health Departments	Kisha Davis	Health Officer	Montgomery County HD
	Earl Stoner	Health Officer	Washington County HD
	Danielle Weber	Health Officer	Somerset County HD
	Mary Beth Haller	Interim Health Commissioner	Baltimore City HD
Local Health Improvement Coalitions	Reena Rambharat	LHIC Lead	Howard County LHIC
	Della Leister	Deputy Health Officer and LHIC POC	Baltimore County LHIC
	Jacqueline Wells	Director of Community Engagement and Policy	St. Mary's County LHIC
	Shelley Argabrite	Health Strategist & Director of the Population Health, Innovation & Informatics Unit	Garrett County LHIC
Maryland Department of Health	Nilesh Kalyanaraman	MDH PHS Deputy Secretary	PHS Deputy Secretary
	Ryan Moran	MDH Health Care Financing Deputy Secretary	Health Care Financing
	Alyssa Lord	MDH BHA Deputy Secretary	Behavioral Health Administration
	Camille Blake Fall	Director, Office of Minority Health and Health Disparities	Office of Minority Health and Health Disparities
	Elizabeth Kromm	Director, MDH Prevention and Health Promotion Administration	Prevention and Health Promotion Administration
Non-Profit & Other Community Organizations	Nora Hoban	Chief Executive Officer	Mid-Atlantic Association of Community Health Centers
	Meghan McClelland	Chief Operating Officer & Senior Vice President	Maryland Hospital Association
	Jonathan Dayton	Executive Director	Maryland Rural Health Association
	Gene M. Ransom III	Chief Executive Officer	Maryland State Medical Society (MedChi)
Other State Agencies	Erin Roth	Assistant Secretary	MD Dept of Labor
	Stuart Campbell		MD Dept of Housing and Community Development
	Heather Zenone	Assistant Secretary for Policy	MD Dept of Human Services
	Carmel Roques	Secretary	MD Dept of Aging
	Tiffany Callander Eberling		MD Dept of Aging
	Lyn Farrow	Director of External Affairs	MD Dept of Transportation
	Mary Gable	Assistant State Superintendent of Student Support, Academic Enrichment, & Educational Policy	MD State Dept of Education
	Suzanne Dorsey	Deputy Secretary	MD Dept of the Environment
	Aneca Atkinson	Assistant Secretary of Environmental Justice	MD Dept of the Environment

Appendix I: Steering Committee Members - LHIC Partners

Coalition for a Healthier Frederick County	Malcolm Furgol	Executive Director
Harford County Health Department	Ronya Nassar	Director of Population Health / Public Information Officer
Healthy Anne Arundel Coalition	Mindi Garrett	Health Policy Analyst
Mid Shore Health Improvement Coalition	Nicole Morris	Director
Montgomery County LHIC	Christopher Rogers	Acting Chief
Healthy Washington County	Danielle Stahl	Co-chair for HWC and Program Manager
Partnerships for a Healthier Charles County	Amber Starn	Epidemiologist and Director
Calvert Health	Mary Golway	Director of Education & Training and Community Wellness
Allegany County Health Planning Coalition	Melissa Nething	Health Planner
Worcester County Health Planning Advisory Council / Local Health Improvement Coalition	Jackie Ward	Health Planner III
Cecil County Community Health Advisory Committee	Jean-Marie Kelly	Director of Policy, Planning & Assessment
Baltimore City Local Health Improvement Coalition	Elise Bowman	
The Partnership for a Healthier Carroll County	Maggie Kunz	Health Planner
Prince George's Healthcare Action Coalition	Kimberly Stinchcomb	
Healthy Somerset	Andra J. Taylor	Director of Planning, Prevention and Communication
Wicomico Local Health Improvement Coalition	Tammy Griffin	

Appendix II: Steering Committee Charter

Purpose

The Maryland State Health Improvement Plan (SHIP) Steering Committee provides oversight and guidance for the revision and implementation of an updated State Health Assessment (SHA) and SHIP. The SHIP Steering Committee consists of partners from various and diverse sectors across the state.
The Steering Committee's main purpose is to identify state health improvement priorities as indicated by a systematic state health assessment and to champion and oversee the implementation of data-informed and evidence-based initiatives that address the priorities and enhance the well-being of all residents in Maryland.

Primary Functions & Activities

- Provide input during all phases of the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP)
  - Review and provide input on SHA data
  - Prioritize issues for action
  - Identify metrics associated with each priority that can demonstrate progress, be used as Total Cost of Care population health measures, be used for local health department priority setting, and be incorporated into the performance management system
- Review and approve final SHA, SHIP and other work products (i.e., documents, assessment tools)
- Oversee and monitor the implementation of the SHIP strategies and goals; direct changes as needed
- Identify opportunities to partner and build on existing efforts
- Advocate for SHA and SHIP activities in their respective agencies and organizations and across the state
- Meet at least annually and attend SHIP events
- Discuss, revise and approve the SHIP, annually

Benefits of Participation

- Improved organizational and community coordination and collaboration
- Increased knowledge of public health and interconnectedness of activities
- Strengthened partnerships within state and local public health systems
- Identified strengths and weaknesses to address in quality improvement efforts
- Benchmarks for public health practice improvements

Member Time Commitment, Meeting Frequency and Process

- Membership will be maintained for the duration of the State Health Improvement Plan, which is a five-year plan.
- In the first 6 months of standing up the Steering Committee, the members shall meet at least five (5) times with additional meetings as needed for the completion of the State Health Assessment and the development of the State Health Improvement Plan, and after that at least two times per year for the duration of the Plan.
- Decisions will be based either on consensus or by majority vote of the members present at a meeting.

Participants

- The Steering Committee will be chaired by the Maryland Department of Health Deputy Secretary for Public Health Services.
- Steering Committee membership may consist of the representatives of partner organizations from various and diverse sectors across the state.

Appendix III: Detailed Steering Committee Process

Steering Committee Meeting #1 - December 4th, 2023

In the fall of 2023, MDH convened the first Building a Healthier Maryland Steering Committee meeting. At this meeting, Steering Committee members were introduced to the SHA and SHIP processes and were provided with an overview of the Building a Healthier Maryland mission. In addition, as a way to begin laying the foundation for the future decisions that needed to be made, a comprehensive data review was conducted. The BAHM team provided an overview of both the qualitative and quantitative data from the Community Input Survey as well as the secondary data from the SHA. Special attention was paid to providing disaggregated data wherever possible and highlighting metrics with stark health disparities.

Steering Committee Meeting #2 - December 15th, 2023

In order to continue underscoring the importance of prioritizing health equity in the development of our SHIP, the Director of MDH's Office of Minority Health and Health Disparities was invited to kick off the second Steering Committee meeting. This conversation, in addition to the data review conducted in the first meeting, laid the groundwork for the Steering Committee's first task - the group was divided into four breakout rooms, with each room discussing two questions:

- ★ What are the most important issues affecting the health and wellbeing of your communities?
- ★ Are you concerned about the health and wellbeing of any particular populations in your community?

From those discussions, each room was asked to identify their top four health concerns, which were as follows:

Room 1	Room 2	Room 3	Room 4
• Community Safety • Access to Care and Workforce • Substance Use • Chronic Disease	• Nutrition/Food Security • Physical Activity • Lack of Equity • Substance Use Disorder	• Access to Care • Chronic Disease • Air, Land and Water Pollution • Env health metrics	• Chronic Disease • Income Inequality • Technical Literacy Access • Economy/Living Wages

Appendix III: Detailed Steering Committee Process

Steering Committee Meeting #3 - January 8th, 2024

During the third meeting, the Steering Committee was tasked with conducting a root cause analysis on eight of the major health concerns that were identified from the previous meeting's discussions:

- ★ Violence and crime are issues in Maryland
- ★ Inadequate and inconsistent access to health care in Maryland
- ★ Persistently high rates of substance use in Maryland
- ★ Challenges with aging in place in Maryland
- ★ Obesity and related comorbidities are increasing in Maryland residents
- ★ Disparities in reproductive health outcomes in Maryland
- ★ Certain populations in Maryland are disproportionately affected by pollution
- ★ People who live in poverty in Maryland have worse health outcomes

The group once again broke out into four rooms, each room conducting an analysis on two topics. Robust discussions were held and common themes were identified across rooms, including poverty, food and nutrition access, racism and systemic discrimination and structural barriers to accessing high quality affordable health care. Identifying common themes and upstream factors to each health issue allowed the steering committee to gain a more holistic view of the factors impacting the health of Maryland's residents.

Steering Committee Meeting #4 - January 22nd, 2024

The fourth meeting began with an overview and breakdown of LHIC priorities, shared as way to ensure alignment of objectives and strategies moving forward. Then, taking into account those LHIC priorities, along with all primary and secondary data and the discussion held during the second and third meeting, the Steering Committee came to a consensus on the SHIP's top 5 Health Priority Areas:

- ★ Chronic Disease
- ★ Access to Care
- ★ Behavioral Health
- ★ Women's Health
- ★ Violence

Workgroups and Next Steps

Following the selection of the 5 Health Priority Areas, a workgroup was created for each health priority. Steering committee members were invited to join as many of the workgroups as they wished, and each workgroup had an identified Steering Committee lead as well as an MDH liaison to provide logistical support. The workgroups met over the course of the next few months to solidify goals for their priority areas, as well as objectives and strategies that could be employed to achieve those goals, and metrics that should be tracked in order to see progress.

In addition, workgroups discussed potential partners and resources that could be utilized during implementation. As the SHIP moved from the planning phase into the implementation phase, workgroups will continue to meet and efforts will be made to connect with and include these additional potential partners wherever possible.