



Public Health Services Administration

# Public Health Services Strategic Plan 2024-2025



## Introduction

The Public Health Services Administration (PHS) at the Maryland Department of Health affirms the importance of an intentional commitment to building a healthier Maryland for all those who live, work, and play throughout our state. PHS initiated updating its strategic plan during the summer of 2022 with initial brainstorming of its current state and emerging trends. The vision and mission of PHS remained unchanged from the previous PHS Strategic Plan (2017-2019). Five priorities were identified as the emphasis for PHS's efforts for the next three years. New values were developed from the collective input of Local Health Department Health Officers and Public Health Services Directors.

The Strategic Plan 2024-2027 was approved by the Deputy Secretary for Public Health Services on May 1, 2024.

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## GUIDING PRINCIPLES

PHS envisions a future in which all Marylanders and their families enjoy optimal health and wellbeing. We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement. Applicable to all of our work are the values of collaboration and partnership, science and data-driven, equity, integrity, leadership, innovation and excellence.

## STRATEGIC PRIORITIES

- **Public Health Infrastructure** – including workforce – to respond to the urgent need for strengthening and modernization of Maryland's public health infrastructure.
- **Chronic Disease Prevention** – with an initial focus on diabetes – to increase efforts in the promotion of maintaining healthy weight and diabetes prevention, with enhanced focus on communities disproportionately affected by difficulties in maintaining healthy weight and preventing diabetes.
- **Women's Health** – to ensure access to culturally appropriate reproductive and sexual health care across all socioeconomic and racial demographics and geographic communities in Maryland.
- **Reduce Overdose and Negative Health Outcomes Associated with Substance Use** – to improve collaboration and coordination of care to support structural interventions that promote evidence-based harm reduction strategies and decrease barriers to improved well-being among individuals with lived experiences with substance use.
- **Violence Prevention** – to illuminate the role of the social determinants of health in violence prevention and increase capacity to decrease all forms of violence across Maryland through the promotion of conflict resolution and alternatives to violence.



*"Thank you to all of the employees of PHS for your efforts and dedication to the development of the updated PHS Strategic Plan. Your commitment to continuously improve the public health services provided to all Marylanders is greatly appreciated and manifests in the health of our residents. Overlying all of your hard work are the ongoing efforts towards the achievement of the greatest quality of life for all and health equity among our most vulnerable populations. I am excited to see how this Strategic Plan will evolve as it is operationalized by our dedicated public health staff and implemented within our communities."*

Dr. Nilesh Kalyanaraman  
Deputy Secretary for Public Health Services

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## Background

The Public Health Services (PHS) Administration in the Maryland Department of Health (MDH, or the Department) seeks to build a healthier Maryland, in which all Marylanders experience optimal wellbeing. MDH comprises five administrations, PHS, Behavioral Health, Healthcare Financing, Developmental Disabilities, and Operations, that work together to deliver comprehensive public health services across the state.

PHS is responsible for key public health services overseeing infectious disease control, chronic disease prevention, environmental health programs, maternal, child, and family health services, food safety, health care quality, and vital records. It also oversees the Office of the Chief Medical Examiner, the State Anatomy Board, and the activities of the state's 24 local health departments.

The COVID-19 pandemic created an unprecedented strain on public health systems nationwide. As the PHS Strategic Plan 2017-2019 came to completion, the Department's duty to provide continual response to the health needs of all Marylanders for the duration of the pandemic became paramount. The pandemic highlighted the need for a refreshed strategy. The purpose of this plan is to state the current priorities, goals, objectives, strategies, and performance measures that will guide the work of PHS over the next three years to build a healthier Maryland.

In Maryland, healthcare delivery operates under the Total Cost of Care (TCOC) Model, which emphasizes comprehensive healthcare strategies to control costs while improving hospital quality, fostering care transformation, and improving population health outcomes. The PHS Strategic Plan supports and complements the goals of the TCOC Model, furthering the state's commitment to ensuring all Marylanders have access to the nation's best health care and that crucial health needs are met.

PHS is committed to strategies that promote health equity through: improved access to resources for all Marylanders; better assessment of and consolidated efforts to promote interventions for at-risk and high need populations; disaggregating data across sociodemographics and geography, and collaborations to break down barriers created by the social determinants of health.

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## Vision, Mission, Values

- **Vision:** A future in which all Marylanders and their families enjoy optimal health and well-being.
- **Mission:** We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.
- **Values:**
  - **Collaboration and Partnership:** We honor the expertise, diversity, and input of our staff and community partners as we work together to build strong relationships that foster enhanced communication, problem-solving, and increased capacity to achieve shared goals and our public health mission.
  - **Science and Data-Driven:** We analyze and apply the best available evidence-based science to develop and continually evaluate and improve our policies and programs.
  - **Equity:** We advocate for and implement public health strategies that seek to address the social determinants of health, advance health equity, and attain the highest quality of life and well-being for all Marylanders.
  - **Integrity:** We value the trust of all Marylanders by maintaining honest communication, transparency, accountability, and seeking to uphold the public's best interest in all of our actions.
  - **Leadership:** We serve as the premiere voice of public health promotion in the state of Maryland, leading and educating Marylanders on health and emerging public health issues.
  - **Innovation:** We promote a culture that supports inquiry, creative solutions and progressive approaches that surpass the status quo.
  - **Excellence:** We assure our partners, clients, funders, and all Marylanders that the work we do is done well, upholding a rigorous standard that promotes quality outcomes.

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## Planning Process

To develop the plan, PHS convened its first planning meetings in the summer of 2022 with local health department (LHD) Health Officers, PHS Directors, and PHS employees who were engaged in supporting the MDH application for accreditation. These partners shared perspectives on pressing public health concerns and performed strengths, weaknesses, opportunities, and threats (SWOT) analyses to guide the department's initial strategic planning. Participants prioritized public health concerns to develop a list of the top five requiring a strategic response. Workgroups were convened comprising MDH and LHD representatives, including subject matter experts.

The workgroups were assembled to further share insight, conceptualize, and propose the goals and objectives that the department would commit to over the next three years.

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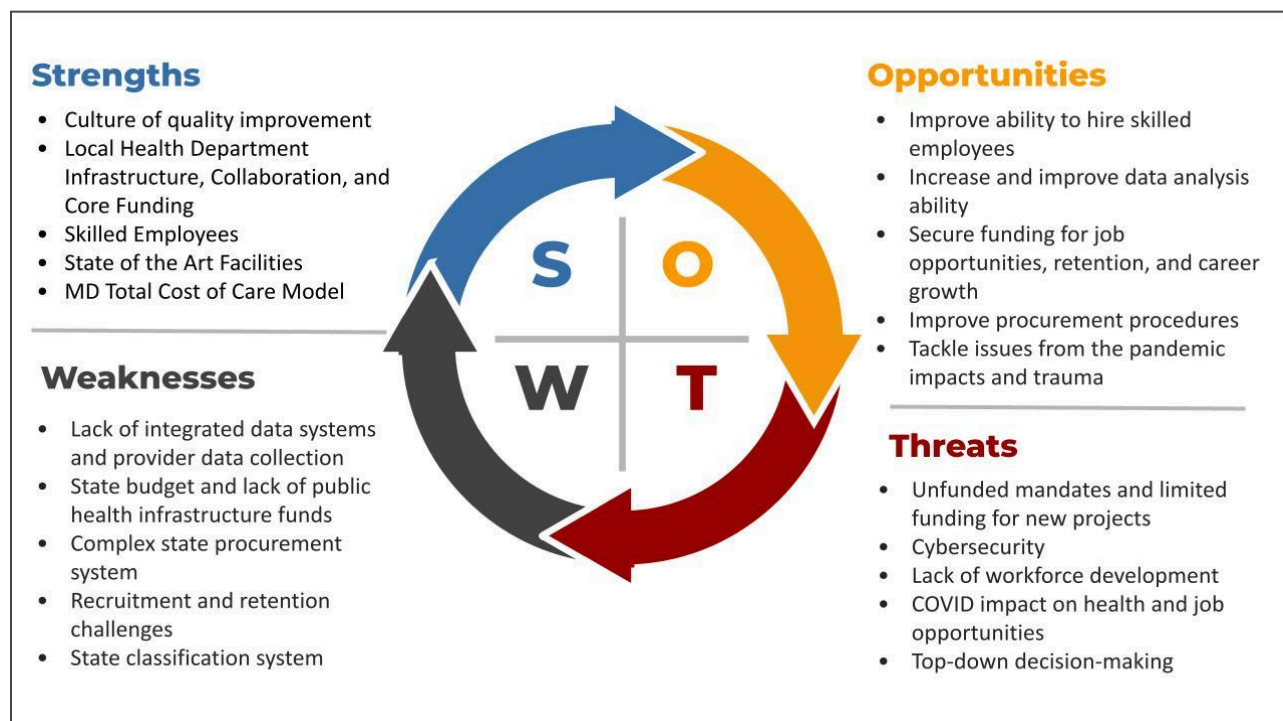


## PHS Strategic Planning Workgroup



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## PHS SWOT Analysis Results



## Implementation Plan

Health Officers, PHS Directors, and other employees throughout PHS are engaged in the shared responsibility to implement and provide feedback on necessary adaptations to the Plan. The Accreditation team is dedicated to reconvening each priority workgroup twice a year to review and discuss progress toward goal attainment.

Each workgroup has a designated lead who will share data at regular intervals, as appropriate for each specific objective. Specific objectives and associated metrics in the plan will be incorporated into the organizational performance management system for the Department. The data will be analyzed and presented to leadership consistent with the routine for performance monitoring.

Where appropriate, revisions to the plan will be made based on state health improvement planning processes and the results of the performance measurement data. This process will allow for timely monitoring and consistent engagement.

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## Agency Infrastructure and Capacity

The Public Health Workforce and Infrastructure Office was created in 2023 in the Office of the Deputy Secretary for Public Health Services to manage PHS accreditation, data modernization, and workforce and infrastructure capacity building.

The Office has a dedicated Accreditation Team tasked with the oversight of maintaining public health accreditation, including the creation and implementation of the revised strategic plan and the state health assessment and improvement plan. The members of this Office possess skills and experience in strategic planning, quality improvement, performance management, data modernization, program administration and evaluation, and grants management integral to the efficient and effective management of the strategic plan. PHS was awarded the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant from the Centers for Disease Control and Prevention (CDC), a 5-year award that provides critical funds to improve workforce capacity to manage and implement the strategic plan. MDH has a dedicated office specialized in communications that will support dissemination of the strategic plan.

*Office of the Deputy Secretary for Public Health Services*



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## Link to *Building a Healthier Maryland*

This strategic plan is one element of PHS' broader endeavor to improve the state of health and well-being for Marylanders. Integrated within the plan are priorities, goals, and objectives that respond to disaggregated health outcome data in Maryland. These data, obtained in the process of conducting Maryland's state health assessment, present Maryland's current health landscape. The state health assessment set the stage for the launch of *Building a Healthier Maryland*, a collaborative state health improvement initiative. *Building a Healthier Maryland* engages organizations and partners across Maryland that are charged with prioritizing top health concerns and disparities and identifying strategies to address those priorities. The priorities identified in *Building a Healthier Maryland*, in turn, inform this strategic plan. The *Building a Healthier Maryland* planning process remains underway and as it is finalized during 2024, the need for reassessment and revision of this Strategic Plan may be necessary.



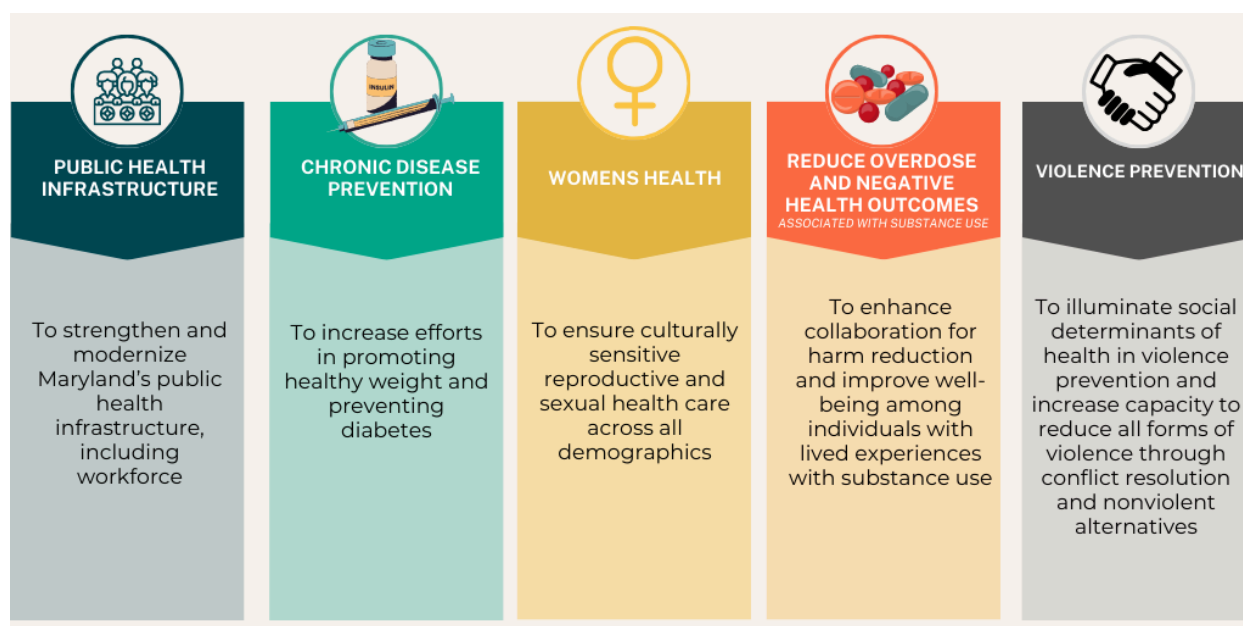
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## PHS Strategic Priorities

The following five strategic priorities and their associated objectives and performance measures are the product of the workgroup strategic planning discussions. Woven within the details of each priority's goals and objectives is the continuous emphasis on advancing health outcomes and health equity across the life course, improved coordination of resources and services across the Department, and enhanced utilization of data to inform our work. They were finalized with PHS Accreditation Team input, and approved by the PHS Deputy Director.

### *PHS Strategic Priorities*



- **Priority 1: Public Health Infrastructure**
- **Priority 2: Chronic Disease Prevention**
- **Priority 3: Women's Health**
- **Priority 4: Reduce Overdose and Negative Health Outcomes Associated with Substance Use**
- **Priority 5: Violence Prevention**

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## Priority 1: Public Health Infrastructure



The extraordinary demands of the COVID-19 pandemic led to the unfortunate loss of a substantial part of the public health workforce, as well as accentuated the urgent need for modernization of public health infrastructure equipped to respond to the public health needs of the modern world. The diversity of Maryland also necessitates the need for a workforce that is competent, understands the impact of health equity, and demonstrates cultural humility. Cultural humility fosters person-centered care by approaching others in a way that recognizes one is always learning from others while being aware of one's own cultural impact on others.<sup>1</sup> The goals and objectives listed below represent both critical needs of our public health system and tangible ways in which PHS can develop to meet the emerging public health infrastructure needs in the state of Maryland.

**1. Goal: Work with partners to address PH workforce needs.**

- 1.1. By January 31, 2025, create or update job classification series that reflect current public health priorities and their applicability to different settings (LHDs versus MDH).
- 1.2. By June 30, 2026, develop a portfolio of pipeline opportunities that include training in place.
- 1.3. By June 30, 2024, increase the number of community doulas/birth workers and home visitors who are reimbursed through Maryland Medicaid through the implementation of a doula training hub that provides technical assistance and scholarships to people who are interested in becoming certified as doulas and reimbursed from Medicaid.
- 1.4. By May 31, 2024, develop Community Health Worker (CHW) specialty curricula to support workforce development through the training and upskilling of the CHW workforce.

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## **Priority 1: Public Health Infrastructure**

- 2. Goal: Improve the cultural humility of and understanding of health equity in the PHS Workforce.**
  - 2.1. By January 31, 2026, offer training regarding cultural humility, implicit bias, and principles of health equity and the social determinants of equity and health among the MDH Workforce.
  - 2.2. By January 31, 2026, increase skills and competence in health equity of the public health workforce.
- 3. Goal: Promote public health accreditation for all health departments in Maryland (MDH and LHDs).**
  - 3.1. By January 31, 2025, maintain MDH's accredited status.
  - 3.2. By January 31, 2027, increase the number of local health departments that are accredited or that have achieved Pathways Recognition by the Public Health Accreditation Board.
  - 3.3. By January 31, 2026, offer training to MDH and LHD employees that build and increase the foundational public health services and activities (e.g., quality improvement, performance management, etc.).
- 4. Goal: Modernize public health data systems.**
  - 4.1. By June 30, 2024, understand the requirements for electronic health records and data exchange in local health departments.
  - 4.2. By June 30, 2024, develop a roadmap for public health data system modernization.
  - 4.3. By June 30, 2025, initiate two data modernization projects.
- 5. Goal: Work with partners to address PH workforce needs.**
  - 5.1. By January 31, 2025, create or update job classification series that reflect current public health priorities and their applicability to different settings (LHDs versus MDH).
  - 5.2. By June 30, 2026, develop a portfolio of pipeline opportunities that include training in place.
  - 5.3. By June 30, 2024, increase the number of community douglas/birth workers and home visitors who are reimbursed through Maryland Medicaid through the implementation of a doula training hub that provides technical assistance and scholarships to people who are interested in becoming certified as doulas and reimbursed from Medicaid.
  - 5.4. By May 31, 2024, develop Community Health Worker (CHW) specialty curricula to support workforce development through the training and upskilling of the CHW workforce.

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## PHS Strategic Priorities

### Priority 1: Public Health Infrastructure

6. **Goal: Improve the cultural humility of and understanding of health equity in the PHS Workforce.**
  - 6.1. By January 31, 2026, offer training regarding cultural humility, implicit bias, and principles of health equity and the social determinants of equity and health among the MDH Workforce.
  - 6.2. By January 31, 2026, increase skills and competence in health equity of the public health workforce.
7. **Goal: Promote public health accreditation for all health departments in Maryland (MDH and LHDs).**
  - 7.1. By January 31, 2025, maintain MDH's accredited status.
  - 7.2. By January 31, 2027, increase the number of local health departments that are accredited or that have achieved Pathways Recognition by the Public Health Accreditation Board.
  - 7.3. By January 31, 2026, offer training to MDH and LHD employees that build and increase the foundational public health services and activities (e.g., quality improvement, performance management, etc.).
8. **Goal: Modernize public health data systems.**
  - 8.1. By June 30, 2024, understand the requirements for electronic health records and data exchange in local health departments.
  - 8.2. By June 30, 2024, develop a roadmap for public health data system modernization.
  - 8.3. By June 30, 2025, initiate two data modernization projects.

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## Priority 2: Chronic Disease Prevention



Chronic diseases, such as heart disease and cancer, remain the top causes of death in Maryland. Diabetes has persistently been among the top ten causes of death in Maryland during 2011-2021.<sup>2</sup> It is well known that the etiologies of these diseases are multifactorial, yet largely impacted by the effects of long-term lifestyle behaviors. Additionally, the incidence of these diseases tend to disproportionately afflict those adversely affected by health-related social needs. Obesity, which is associated with an increased risk of developing type 2 diabetes, affects over one third of Maryland adults.<sup>3</sup> PHS seeks to prevent diabetes and its complications through the promotion of healthy lifestyles, increased awareness and screening, as well as improved care for those living with prediabetes and diabetes, especially in communities experiencing higher rates of obesity and other risk factors for diabetes. The chronic nature of these diseases means that it will be difficult to achieve the ultimate desired outcome for this priority in the short span of this strategic plan; however, this plan aspires to lay the foundation for long-term changes in lifestyle behaviors among Marylanders.

1. **Goal: Use community-wide approaches to implement multi-faceted, multi-sector collaborations to make healthy eating and active living accessible, affordable, and convenient.**
  - 1.1. By January 31, 2025, increase access to healthy nutrition, with specific focus on areas with inadequate or limited access, to improve equitable access.
  - 1.2. By January 31, 2027, achieve and maintain recommended physical activity levels for Marylanders.

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## Priority 2: Chronic Disease Prevention

- 2. Goal: Reduce overweight and obese populations in Maryland.**
  - 2.1. By January 31, 2027, improve clinical care services for overweight and obese children and adults by increasing referrals of patients to lifestyle change programs.
  - 2.2. By January 31, 2027, implement and expand the availability of healthy lifestyle options and programs for overweight and obese adults.
  - 2.3. By January 31, 2027, improve the availability of healthy lifestyle options and programs for overweight and obese children.
- 3. Goal: Increase screening for prediabetes and diabetes in adults.**
  - 3.1. By January 31, 2025, increase awareness of one's risk of prediabetes through the MDH Prediabetes Communication Campaign.
  - 3.2. By January 31, 2027, increase the number of healthcare providers caring for women with a history of gestational diabetes during the postpartum period that screen for prediabetes and diabetes and facilitate referrals to lifestyle change programs.
  - 3.3. By January 31, 2027, link to community resources and clinical services that support self management and lifestyle change to address social determinants that put priority populations at increased risk for diabetes.
  - 3.4. By January 31, 2027, increase the number of providers from the MD Primary Care Program and Medicaid that refer at-risk patients to diabetes prevention programs to prevent progression to type 2 diabetes and improve management for patients diagnosed with diabetes.
- 4. Goal: Improve the use of standardized quality of care for people with diabetes at all levels of the health care system.**
  - 4.1. By January 31, 2027, increase the number of providers in MD Primary Care and Medicaid that utilize the American Diabetes Association's (ADA) 2019 Standards of Medical Care in Diabetes.
  - 4.2. By January 31, 2025, charge the Diabetes Quality Task Force to develop a Diabetes Dashboard.
  - 4.3. By January 31, 2027, implement and expand Diabetes Self Management, Education, and Support (DSMES) Programs in the state.
  - 4.4. By January 31, 2027, provide education and quality improvement technical assistance to primary care providers in Maryland (e.g., via MDPCP network, other primary care networks) to promote best practices that improve diabetes outcomes.
  - 4.5. By January 31, 2025, reduce the number of hospitalizations and emergency department visits, each by 5 percent, for people with diabetes in the state of Maryland.

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## PHS Strategic Priorities

### Priority 3: Women's Health



PHS emphasizes the need to ensure access to culturally appropriate reproductive and sexual health care across the life course, to include contraceptive care, sexually transmitted infection (STI) prevention and treatment, high quality primary and obstetrical care, abortion services, and goals that promote the physical, mental, and emotional well-being of the whole person. There are nearly 3.2 million women in Maryland, with over one third of those women being of childbearing age.<sup>4-5</sup> Currently not all women in Maryland experience similar health outcomes due to systemic inequities. Black women are more likely to experience pregnancy-related complications, even when controlling for income or education. When compared to White Non-Hispanic women, Black women in Maryland are twice as likely to experience complications and recent statistics demonstrated they had four times the rate of maternal mortality.<sup>6-7</sup> Geographic differences contribute to health equity as well, with women living in rural areas being more likely to have reduced access to primary, reproductive and maternal care services. The details of this priority build on ongoing work in Maryland, including the Maternal Health Improvement Program Task Force, Maternal Health Strategic Plan, and the Maryland Cancer Control Plan.

#### 1. **Goal: Expand and promote access to reproductive health services.**

- 1.1. By January 31, 2025, expand access to contraception and client-centered contraceptive counseling at Maryland Family Planning Program (MFPP) sites, primary care settings, colleges, and universities.
- 1.2. By June 30, 2025, conduct a Statewide Needs Assessment for Adolescent Sexual and Reproductive Health to understand the gaps and strengths in Maryland.

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### Priority 3: Women's Health

- 1.3. By March 31, 2025, expand comprehensive sexuality education and youth-friendly services through needs-driven funding and partnerships with schools, clinics, and youth advisory councils.
- 1.4. By January 31, 2025, perform an abortion care access needs assessment to better understand areas of greatest need and expand abortion care statewide.
- 1.5. By July 31, 2024, protect data about abortion care, particularly Mifepristone data, through promulgation of regulations (House Bill 812/Senate Bill 786, Chapters 248 and 249 of the Acts of 2023).
2. **Goal: Advance birth equity, with a focus on Black Maternal and Infant Health, by ensuring a healthy care continuum across pregnancy, birth, and the post-partum periods with enhanced linkages to care.**
  - 2.1. By June 30, 2025, expand evidence-based Maternal, Infant, Early Childhood Home Visiting (MIECHV) from 10 to 19 jurisdictions.
  - 2.2. By January 31, 2025, increase referral and access to behavioral health services, particularly for postpartum depression, postpartum anxiety, and substance use, through [Strengthening Families in Recovery](#) and [Maryland Addictions Consult Services \(MACS\) for MOMs](#).
  - 2.3. By January 31, 2025, increase enrollment of and enhance perinatal care coordination through the Perinatal Infant Health Grant Funding, previously known as the “Thrive by Three Funding.”
  - 2.4. By January 31, 2026, increase the completion rate of referrals to perinatal care coordination through existing referral mechanisms such as the Medicaid Prenatal Risk Assessment (PRA) and the Postpartum and Infant Referral Form (PIMR).
  - 2.5. By January 31, 2025, promote healthy weight among women of childbearing age (18-50 years) by increasing awareness of physical activity and nutrition recommendations, as well as increasing enrollment in interventions promoting healthy weight in women.
3. **Goal: Target the social drivers of health and chronic disease prevention and treatment among women through strengthened community engagement and addressing systemic barriers.**
  - 3.1. By January 31, 2025, increase [Maryland Woman, Infants, and Child \(WIC\) Program](#)'s participation and enrollment to allow more families access to nutritious food benefits (e.g., fruits and vegetables) and breastfeeding/chestfeeding support.
  - 3.2. By January 31, 2025, reduce transportation barriers for accessing healthcare services through the [Maryland Prenatal and Infant Care Coordination Services Grant Program Fund](#) to pay for transportation to and from services while providing perinatal care coordination.

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## *PHS Strategic Priorities*

### **Priority 3: Women's Health**

- 3.3. By January 31, 2025, increase intimate partner violence screening and the percentage of those with positive screenings that complete follow-up referrals from the Maryland Maternal, Infant, Early Childhood Home Visiting Program (MIECHV) Program.
- 3.4. By July 31, 2024, conduct community awareness campaigns to increase knowledge of available services for chronic and infectious diseases such as HIV, STIs, viral hepatitis, hypertension, overweight/obesity, and diabetes.
- 3.5. By June 30, 2024, increase referrals for women to the Maryland Tobacco Quitline to quit smoking.
- 3.6. By June 30, 2024, increase cancer screenings, early diagnoses, and link more women to treatment for breast, cervical, colorectal, and lung cancers.

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## **Priority 4: Reduce Overdose and the Negative Health Outcomes Associated with Substance Use**



The negative health outcomes associated with substance use have touched nearly every community across the state in some fashion. They can result in isolation, criminal-legal consequences, physical and mental health impacts, the loss of stable housing, and even death. The drug-induced death rate in Maryland quadrupled between 2010 to 2020 with over 2,800 people dying in Maryland in 2020 as a result of drug overdose.<sup>8</sup> Nearly 90% of these deaths occurred in individuals between the ages of 25 to 64. Additionally in 2018, the leading cause of pregnancy-associated mortality in Maryland was unintentional overdose from substance use.<sup>9</sup>

The MDH Behavioral Health Administration is the lead administration in programming and services related to behavioral health interventions. PHS supports BHA's work to improve collaboration and coordination of care to support structural interventions that can improve access to social services and housing, increase evidenced-based harm reduction strategies and services, improve integrated behavioral health services, and provide persons who use drugs a voice in how to best provide care to meet their needs.

- 1. Goal: Increase collaboration across MDH programs and state agencies to support structural interventions that address negative health outcomes associated with substance use and health disparities.**
  - 1.1. By January 31, 2027, coordinate and/or braid funding to MDH to increase impact and reduce disparities (i.e. funding from Substance Abuse and Mental Health Services Administration (SAMHSA), CDC, Restitution Funds, and General Funds).

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## **Priority 4: Reduce Overdose and the Negative Health Outcomes Associated with Substance Use**

- 1.2. By January 31, 2027, fund, provide technical assistance, and promote as a priority the housing first infrastructure for persons who use drugs.
- 1.3. By January 31, 2027, reduce barriers to access social services and housing by reducing restrictions related to prior convictions or active drug use.
- 1.4. By January 31, 2027, commit to meaningful involvement of PWUD in planning, implementation, and evaluation of programs.
- 2. Goal: Improve linkages to harm reduction services and evidence-based care (i.e. - Medications for opioid use disorder (MOUD)).**
  - 2.1. By January 31, 2027, increase implementation of harm reduction services.
    - 2.1.1. By January 31, 2026, Increase naloxone distribution to people most likely to witness an overdose (persons who use drugs, friends, family, EMS).
    - 2.1.2. By January 31, 2027, increase accessibility of [syringe service programs](#) (SSPs).
    - 2.1.3. By January 31, 2027, increase availability and utilization of community-based drug checking services.
    - 2.1.4. By January 31, 2027, increase provision of harm reduction services.
  - 2.2. By January 31, 2027, increase access and linkage to MOUD.
    - 2.2.1. By January 31, 2027, increase low barrier MOUD across MDH programs.
    - 2.2.2. By January 31, 2027, increase the number of eligible clinicians prescribing MOUD.
- 3. Goal: Improve accessibility and communication surrounding overdose data and prevention and response activities.**
  - 3.1. By January 31, 2025, coordinate and collaborate across MDH programs to develop and implement an MDH data communications strategy to improve consistent and accurate data dissemination to leadership, programs and local partners.
  - 3.2. By January 31, 2025, increase sharing of more timely, detailed, comprehensive, and actionable surveillance data.
  - 3.3. By January 31, 2026, develop interagency overdose prevention and response priorities for state and local implementation.
- 4. Goal: Enhance health system engagement in overdose response and integrated behavioral health care.**
  - 4.1. By January 31, 2027, increase eligible individuals trained on implementing 2022 CDC Clinical Practice Guidelines for prescribing opioids for pain.

## *PHS Strategic Priorities*

### **Priority 4: Reduce Overdose and the Negative Health Outcomes Associated with Substance Use**

- 4.2. By January 31, 2026, increase health systems implementing or improving protocols or policies for evidence-based substance use disorder (SUD) treatment or referrals.
- 4.3. By January 31, 2026, reduce stigma surrounding substance use disorder among healthcare providers.
- 4.4. By January 31, 2025, increase linkages to care and integrated care between primary care, mental health and substance use disorder services.
- 4.5. By January 31, 2025, increase capacity to screen and treat comorbid disorders, such as hepatitis C and HIV.
- 4.6. By January 31, 2027, pilot value-based payment strategies for patients with SUD needs via Medicaid reimbursement strategy note: to pay for same-day services in places where patients may access SUD care e.g., methods for reimbursement in primary care offices.

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## Priority 5: Violence Prevention



Preventing violence, in all its forms, is a critical need for communities everywhere. According to 2016-2020 WISQARS data, over time the homicide (by any mechanism) death rate in Maryland has remained higher than the US rate, while the suicide death rate has been lower than the US rate.<sup>10</sup> However, the death rates for both homicide and suicide have had similar upward trajectories in Maryland. According to the MDH Environmental Health Bureau's analysis of WISQARS and HSCRC data (unpublished), over 2,200 Marylanders are injured or killed each year by a firearm with almost one third of firearm injuries being fatal. Additionally, Black Marylanders are murdered at substantially higher rates than other racial groups.<sup>11</sup> Violence is a public health issue that is ripe and acknowledges the need for violence prevention to be viewed through a public health lens. The ultimate goal of the activities outlined below are to change social norms and shift community attitudes to promote conflict resolution and alternatives to violence.

1. **Goal: Expand partnerships and collaborate with agencies and academic partners across the state to build an understanding of current approaches being used to address violence, the root causes of violence across different sectors, and the role of the social determinants of health in violence prevention, to better inform plans for system-level change.**
  - 1.1. By January 31, 2025, develop a white paper that a) summarizes the research on violence, violence prevention, root causes of violence and social determinants of health and b) recommends system level change in Maryland.
  - 1.2. By January 31, 2027, establish a community of practice (CoP) composed of local health departments and their community-based partners to share current activities and best practices for community violence prevention.

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## Priority 5: Violence Prevention

### 2. Goal: Increase public health capacity to address gun violence and violence in general.

- 2.1. By January 31, 2025, collaborate with state agency partners to reduce violence by leveraging resources and coordinating policy implementation and evaluation.
- 2.2. By September 31, 2024, develop an educational series to raise awareness and educate partners (i.e., state and local government agencies, community- and faith-based organizations, academia, and clinical communities) on public health-centered approaches, social determinants of health, and shared risk factors and protective factors for violence prevention (i.e. suicide, domestic violence, rape, and homicide).
- 2.3. By July 31, 2024, increase awareness on safe gun storage through an electronic educational communications campaign.
- 2.4. By January 31, 2027, identify and promote grant opportunities for public health agencies that facilitate the implementation of evidence-based violence intervention strategies in Maryland.

### 3. Goal: Increase data access and dissemination regarding gun violence and violence in general.

- 3.1. By July 31, 2024, create a health-centered public-facing dashboard with county-level filters that shares violence data.
- 3.2. By January 31, 2026, develop interagency data-sharing agreements with state agency partners.

## Data Sources

Priority: Public Health Infrastructure

<sup>[1]</sup> Lekas et al., 2020 doi: [10.1177/1178632920970580](https://doi.org/10.1177/1178632920970580)

Priority: Chronic Disease Prevention

<sup>[2]</sup> CDC WONDER Underlying Cause of Death, 1999-2020. <https://wonder.cdc.gov/ucd-icd10.htm> Accessed 21 July 2023.

<sup>[3]</sup> Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. <https://www.cdc.gov/nccdp/dnpao/data-trends-maps/index.html>. Accessed 21 July 2023.

Priority: Women's Health

<sup>[4]</sup> US. Census Bureau. Maryland Quick Facts. <https://www.census.gov/quickfacts/MD>. Accessed 21 July 2023.

<sup>[5]</sup> Maryland Vital Statistics Administration. Maryland Vital Statistics Annual Report 2020. Accessed 21 July 2023.

<sup>[6]</sup> Maryland Health Services Cost Review Commission. Statewide Integrated Health Improvement Strategy, Annual Report: January 2023.

<sup>[7]</sup> 2020 Maternal Mortality Review Report.

Priority: Reduce Overdose and the Negative Health Outcomes Associated with Substance Use

<sup>[8]</sup> CDC WONDER Underlying Cause of Death, 1999-2020. <https://wonder.cdc.gov/ucd-icd10.htm> Accessed 21 July 2023.

<sup>[9]</sup> 2020 Maryland Maternal Mortality Review Report. 2020

Priority: Violence Prevention

<sup>[10]</sup> WISQARS Injury Data. <https://www.cdc.gov/injury/wisqars/index.html>

<sup>[11]</sup> CDC WONDER Underlying Cause of Death, 1999-2020. <https://wonder.cdc.gov/ucd-icd10.htm> Accessed 21 July 2023.

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