



**Maryland Advisory Council on Health and Wellness Council
Minutes
July 16, 2025, 4-6:00 PM**

Members Present

Pamela R. Williams
Kirsten Bosak
Lindsay Lotter
Casey Scott
Seth S. Martin
Darryl Heggans
Esa Davis
Mychelle Y. Farmer
Vaple I. Robinson
Lusi Martin-Braswell
Mary Backley
Jared Meacham
Crystal N. Bell
Sam Zisow-McClean
Jonathan Dayton
Jeffrey Duong Le
Marsha Seidelman
Jonas Nguh
Tara Clemons Johnson
Leigh Ann Eagle
Camren Pollock
Amarachi Uzosike

Members Absent

Jason Semanoff
Gary Gerstenblith
Aruna Nathan
Teresa Titus-Howard

MDH Staff Present

Kate Natafji
Christa Thornton
Muftau Shinaba
Ilene Cervantes del Toro
Ali MacStudy
Brian Mattingly
Matthew Kinney
Sadie Peters

Members of the Public Present

Jocelyn Collins

I. Open Maryland Advisory Council on Health and Wellness

Pamela Williams of MDH facilitated this meeting to fill in for Council Chair, Dr. Titus-Howard while she was away on vacation. Ms. Williams called the meeting to order at 4:00 PM and welcomed attendees. Ms. Williams introduced the new Director of the Center of Chronic Disease Prevention and Control, Guilmate Fuller to the council and reviewed the agenda. Kate Natafji of MDH called roll and a quorum was present (23 members).

Ms. Williams briefly reviewed the minutes from the May 21 meeting for the group. Citing no edits to the meeting minutes, Mychelle Farmer motioned to approve the May minutes, Esa Davis seconded the motion. Ali MacStudy of MDH provided a brief update about the federal BOLD grant and the PHS Block grants.

II. Presentation- Maryland SHIP Measures

Pamela Williams (MDH) introduced the first presentation on Maryland SHIP measures, led by Pamela Tenemaza and Laura Lee Wight from MDH. Ms. Lee-Wight outlined the purpose and structure of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP), which together form the “Building a Healthier Maryland” framework. The SHA compiles primary community survey data, secondary health indicators, and local health priorities to assess the state’s health status, while the SHIP sets five-year goals, strategies, and metrics to address the greatest areas of need. Key health priority areas identified by the SHIP steering committee are chronic disease, access to care, women’s health, violence, and behavioral health. Ms. Lee-Wight and Ms. Tenemaza reviewed selected chronic disease goals and objectives, including targets for physical activity, cancer screenings, lung cancer detection, asthma-related ER visits, diabetes management, and hypertension control.

The presentation also covered SHIP implementation plans, which include aligning state and local priorities, supporting priority-area workgroups, sharing best practices, and tracking progress through an online Clear Impact dashboard and annual reports. Fall 2025 will mark the official SHIP kickoff, with diverse stakeholder participation encouraged. Audience questions touched on ensuring a life-course approach to health indicators and maintaining dashboard accessibility. Presenters noted that indicator selection was influenced by data availability and that SHIP remains a flexible, iterative plan open to refinement. They also promoted the SHIP Health Action Newsletter as a resource for updates, engagement opportunities, and sharing data or success stories.

III. Presentation- Longevity MD

Andrew Baker from the Maryland Department of Aging presented on Longevity Ready Maryland (LRM), the state’s multi-sector plan to prepare for longer lifespans. He explained that the Department’s vision is to transform institutions, systems, and norms so that older adults can live healthy, financially secure, socially connected, and purposeful lives—planning for a 100-year lifespan. The initiative responds to demographic shifts, with Maryland’s over-60 population projected to grow from 1 in 5 residents in 2025 to 1 in 4 by 2030, surpassing the youth population for the first time. Governor Moore’s executive order established LRM as a whole-of-government approach, integrating the state’s federally mandated plan on aging with a 10-year strategy addressing health, economic, housing, and social needs.

The plan is organized into four goal areas: building a longevity ecosystem, promoting economic opportunity, preparing Marylanders to afford longevity, and optimizing health,

wellness, and mobility. Priority actions include cross-sector coordination, improving caregiving supports, enhancing employment opportunities, expanding access to affordable housing and healthcare, and strengthening transportation, healthy food access, and social connection. Mr. Baker outlined MDOA's three roles: leading in core program areas (e.g., no-wrong-door access, caregiver supports), partnering across sectors on housing, workforce, and poverty reduction, and elevating related research and resources. He encouraged agencies and community groups to align existing work with the plan, contribute to progress tracking, and leverage partnerships to secure funding and modernize programs. Resources and the full plan are available on the LRM website.

IV. Presentation-Advance Directives Presentation

Dr. Sadie Peters from the Maryland Department of Health presented on the state's Advanced Directive Program, highlighting its role in supporting all adults, including young adults, as part of a broader health and wellness framework. She reviewed the program's history, starting with the 1991 Health Care Decisions Act, and described Maryland's long-standing efforts to encourage advanced care planning—documenting medical preferences, designating a trusted decision-maker, and making those records accessible to providers. Despite over three decades of work, completion rates remain low, with a 2010 survey showing only one-third of adults had an advanced directive. Barriers include lack of awareness and misconceptions about age or health status. Since 2014, Maryland has leveraged digital tools through CRISP and MyDirectives to connect electronic directives to the state's health information exchange.

Between 2017 and 2019, MDH funded over 16 organizations to host community conversations reaching 16,000 residents, though men, minority groups, younger people, and rural residents participated less. The COVID-19 pandemic paused many efforts, but legislative recommendations continued, including integrating directive completion into routine state services and improving access in nursing homes. The program relaunched in late 2023 with new staff, a pilot partnership with Luminis Health and MyDirectives, and a goal of boosting completion rates—especially naming healthcare agents. Current efforts center on four pillars: community awareness, clinical engagement, technology/data integration, and insurance collaboration.

MDH's current outreach promotes completion beginning at age 18, offering online guides, legal resources, and a free platform for creating or uploading directives. The agency's call to action—"Name a healthcare agent. Do it now and do it online."—is supported by targeted initiatives in rural areas, at fairs and community events, and through social media campaigns. Plans for the future include integrating education into driver's license renewals, employment onboarding, and school curricula, while strengthening partnerships with the Department of Aging, healthcare providers, and insurers. The overarching aim is to normalize early, proactive care planning and make advanced directives more accessible and widely adopted across Maryland.

V. Committee Updates

- **Diabetes**
Sam Zisow-McClean, Chair of the Diabetes Subcommittee, reported that the group met on May 21 to finalize edits to the diabetes-related web pages and review the DSME and DPP locator maps. While the site lists remain visible, a technical issue currently prevents non-MDH users from accessing the map functions, which is expected to be resolved soon. The subcommittee plans to review the CRISP referral process for DPP and DSMES programs at the current meeting and will examine diabetes and pre-diabetes data briefs at a future meeting.

- **Heart Disease and Stroke**
Muftau Shinaba (MDH) reported that the committee received comments and feedback regarding website updates for the Heart Committee, which remains one of the group's key ongoing initiatives.

- **Physical Fitness**
Cameron Pollock shared that there has been a leadership transition within the Physical Fitness Subcommittee, with him now serving as the new lead. The subcommittee is revisiting its action plan, continuing to prioritize the dissemination of a physical fitness flyer. They are also exploring new opportunities to support existing public health initiatives connected to the PHS block grant, following a presentation at the last meeting. As part of this effort, the subcommittee is reviewing its role and purpose to ensure alignment with the broader goals of the PHS grant and the Department of Health.

VI. Public Comment

- No public comments.

VII. Adjournment

The meeting was adjourned at 5:33PM to allow for work group meetings.

VIII. Transition to Committee Meetings

5:33 - 6:00 PM

Next Meeting: September 17, 2025, 4:00 - 6:00 pm