

Public Health Commission Overview

Understanding Commissions and When to Use Them



A public health commission is an independent government body composed of appointed members who conduct systematic assessments of state or local public health systems and develop evidence-based recommendations for improvement.

- ✓ Temporary advisory body (1-3 years)
- ✓ Multi-stakeholder composition
- ✓ Independent from political pressures
- ✓ Focused on specific challenges
- ✓ Produces recommendations
- ✓ Evidence-based approach

How Commissions Work



Formation:

- Created by legislation or executive order that establishes mandate, structure, membership, timeline, and funding with appointed members selected by the creating authority.



Composition (Typical 10-20 members)

- Diverse stakeholders including public health professionals, academic experts, healthcare representatives, community leaders, business/philanthropic sectors, and government officials.



Process

- Systematic data collection and stakeholder engagement leading to evidence-based analysis, comprehensive policy recommendations, and public reporting of findings.

When to Use Commissions

Good Candidates

- ✓ **Post-Crisis Assessment**
After emergencies that exposed system weaknesses
- ✓ **Persistent Health Challenges**
Poor rankings, chronic underfunding, health disparities
- ✓ **System Modernization**
Outdated infrastructure, fragmented services
- ✓ **Policy Windows**
New leadership, reform interest, available funding

Poor Candidates

- ✗ **Immediate Crises**
Active emergencies requiring rapid response
- ✗ **Strong Existing Systems**
Effective mechanisms already in place
- ✗ **Lack of Political Will**
Leadership unlikely to implement recommendations
- ✗ **Resource Constraints**
No funding or timeline pressures

State Commission Examples

State Commission Examples: Learning from Indiana and Maryland

COMMISSION MANDATE

Assess **foundational public health capabilities** of state and local health departments, **analyze Maryland's ability to respond** to major public health challenges, and make **recommendations** for reform in organization, information technology, workforce, procurement, funding, and communication and public engagement

MEMBER COMPOSITION



RESULT

Enhanced System Assessment

Conducted 73 stakeholder interviews, 12 focus groups, and comprehensive surveys across all 24 local health departments with 6 regional listening sessions statewide.

Improved Stakeholder Engagement

Successfully engaged 130+ participants across 5 specialized workgroups with unprecedented academic partnership providing research capacity and analytical rigor.

Comprehensive Infrastructure Analysis

Released 2024 Interim Report establishing baseline for foundational capabilities and identifying critical gaps in funding, workforce, data systems, and coordination mechanisms.

MARYLAND



Commission Name:

Maryland Commission on Public Health

Formed

House Bill 214 (2023) - Bipartisan legislation with 17 co-sponsors

Members

16 appointed members

Duration

2 years (2023-2025) with interim reporting

REPLICABILITY CHECKLIST

- ✓ Tri-chair leadership structure established
- ✓ Academic partnership secured (University research capacity)
- ✓ Bipartisan legislative foundation created (17 co-sponsors)
- ✓ Specialized workgroup structure implemented (5 focused areas)
- ✓ Comprehensive stakeholder engagement completed (73 interviews, 12 focus groups)
- ✓ Geographic inclusivity ensured (All 24 jurisdictions covered)

CONCLUSION

Maryland demonstrates how **innovative tri-chair leadership**, robust academic partnerships, and comprehensive stakeholder engagement can conduct systematic public health system assessment. The Commission's evidence-based approach and specialized workgroup structure provide **a strong foundation for meaningful system reform**, with final recommendations due October 2025.

State Commission Examples

State Commission Examples: Learning from Indiana and Maryland

INDIANA



Commission Name:

Governor's Public Health Commission

Formed

Executive Order 21-21 (Aug 2021)

Members

15 appointed members

Duration

~18 months

RESULT

Enhanced System Infrastructure

Established 23 standardized core public health services with 100% local health department participation (all 95 LHDs) by 2025.

Improved Service Delivery

Delivered 581,073 individual services across core service areas in first year, with enhanced capacity building and workforce development.

Financial Impact

\$225 million in sustained state funding over two years (1500% increase) and achieved estimated \$94.4 million in cost savings from preventive services.



REPLICABILITY CHECKLIST

- ✓ Executive champion identified
- ✓ Diverse stakeholder mapping completed
- ✓ Funding for professional support secured
- ✓ Public engagement strategy developed
- ✓ Legislative liaison established
- ✓ Implementation timeline defined



COMMISSION MANDATE

Analyze public health **system** strengths and weaknesses, **evaluate** pandemic **response performance**, and develop **actionable policy solutions** to improve service delivery, address **funding gaps**, advance health equity, and ensure local health department sustainability and emergency preparedness



MEMBER COMPOSITION

2 Co - Chairs	1 State Health Commissioner	2 Local Health Officers	1 Public Health Association
1 Public Health Administrator	1 Academic Expert	4 Healthcare Representatives	3 Elected Officials

CONCLUSION

Indiana demonstrates how **strategic commission work** can transform public health infrastructure through bipartisan policy development, unprecedented funding increases, and comprehensive stakeholder engagement, resulting in **measurable service delivery improvements** and enhanced emergency preparedness statewide.

Implementation Planning Guide

Critical Questions and Key Decisions for Commission Success



“Even if recommendations would not be feasible for another few years, it may be helpful to think about the strategies now. A Commission may establish a sense of direction and confidence”

PLANNING	PROCESS	POST-COMMISSION
Assess political readiness	Choose leadership structure	Secure implementation champion
Is there post-crisis momentum or new leadership support?	Is comprehensive assessment needed? → Tri-chair model Is rapid implementation needed? → Dual-chair model	Is legislative sponsor identified and committed?
Evaluate resources	Set timeline and scope	Maintain momentum
Is budget secured? Is academic partner available?	Crisis response → 12-18 months Comprehensive reform → 24+ months	How will you sustain advocacy after commission sunsets?
Map stakeholders	Plan engagement strategy	Define success metrics
Are diverse sectors represented? Are potential blockers identified?	Can you reach all geographic regions? Are specialized workgroups needed?	What measurable outcomes will demonstrate impact?
Confirm executive support	Establish structure	Prepare for transition
Does Governor/Secretary champion initiative?	15-20 members for comprehensive 10-12 members for focused scope	How will findings transfer to implementation team?

This framework is based on comparative analysis of Indiana (2021–2022) and Maryland (2023–2025) public health commissions. These examples highlight key decision points and should be adapted to your state's unique context.

Frequently Asked Questions

How much do commissions cost?

Costs depend on scope and support needs. Indiana received a \$250,000 grant from the Richard M. Fairbanks Foundation for consultant support, plus state staff time. Maryland faced initial funding challenges before securing academic partnerships and volunteer commitments.

What happens after they finish?

Commissions sunset after submitting final reports. Success depends on implementation by others – Indiana's led to major legislation (Senate Enrolled Act 4) and \$225 million in new funding. Maryland's final recommendations are due October 2025.

How do they engage the public?

Multiple strategies: Indiana held 7 listening sessions statewide plus 30+ stakeholder meetings. Maryland conducted 6 regional sessions, 73 stakeholder interviews, 12 focus groups, and surveys of all 24 local health departments.