Commissions on Public Health

A LOOK AT INDIANA AND MARYLAND

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in partnership with the Vermont Public Health Association
Daniel Olson - Executive Director, Vermont Public Health Association

OVERVIEW

- **Project Goal:** Develop a strategic framework for implementing effective public health commissions based on real-world case studies
- **Our Approach:** Analyze successful commission models in Indiana and Maryland to identify best practices and critical success factors

Key Questions: When are commissions most effective? What are the essential elements for success?

METHOD

Research Design: Comparative case study analysis

Case Selection:

- **Indiana:** First state public health commission (2021-2022)
- **Maryland:** Most recent commission (2023-present)
- Both represent different approaches and implementation stages

Data Sources:

- Commission reports and final recommendations
- Enabling legislation and executive orders
- Implementation outcomes and funding impacts

Analysis: Systematic comparison to identify best practices and lessons learned for commission development

AGENDA

PART I	Commissions
PART II	Indiana
PART III	Maryland
PART IV	Looking Forward: What About Vermont?
PART V	Final Deliverables

PART I

COMMISSIONS

WHAT IS A COMMISSION?

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.[1]

- Temporary advisory body (1-3 years)

- Multi-stakeholder composition
- Independent from political pressures
- Focused on specific challenges

- Produces recommendations

- Evidence-based approach

WHY DO STATES FORM COMMISSION?

- **Post-Crisis Assessment:** Following emergencies that expose system weaknesses
- **Persistent Poor Performance:** Low health rankings, chronic underfunding
- **System Modernization Needs:** Outdated infrastructure, workforce gaps
- **Political Windows:** New leadership, reform momentum, available funding

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

BENEFITS AND LIMITATIONS

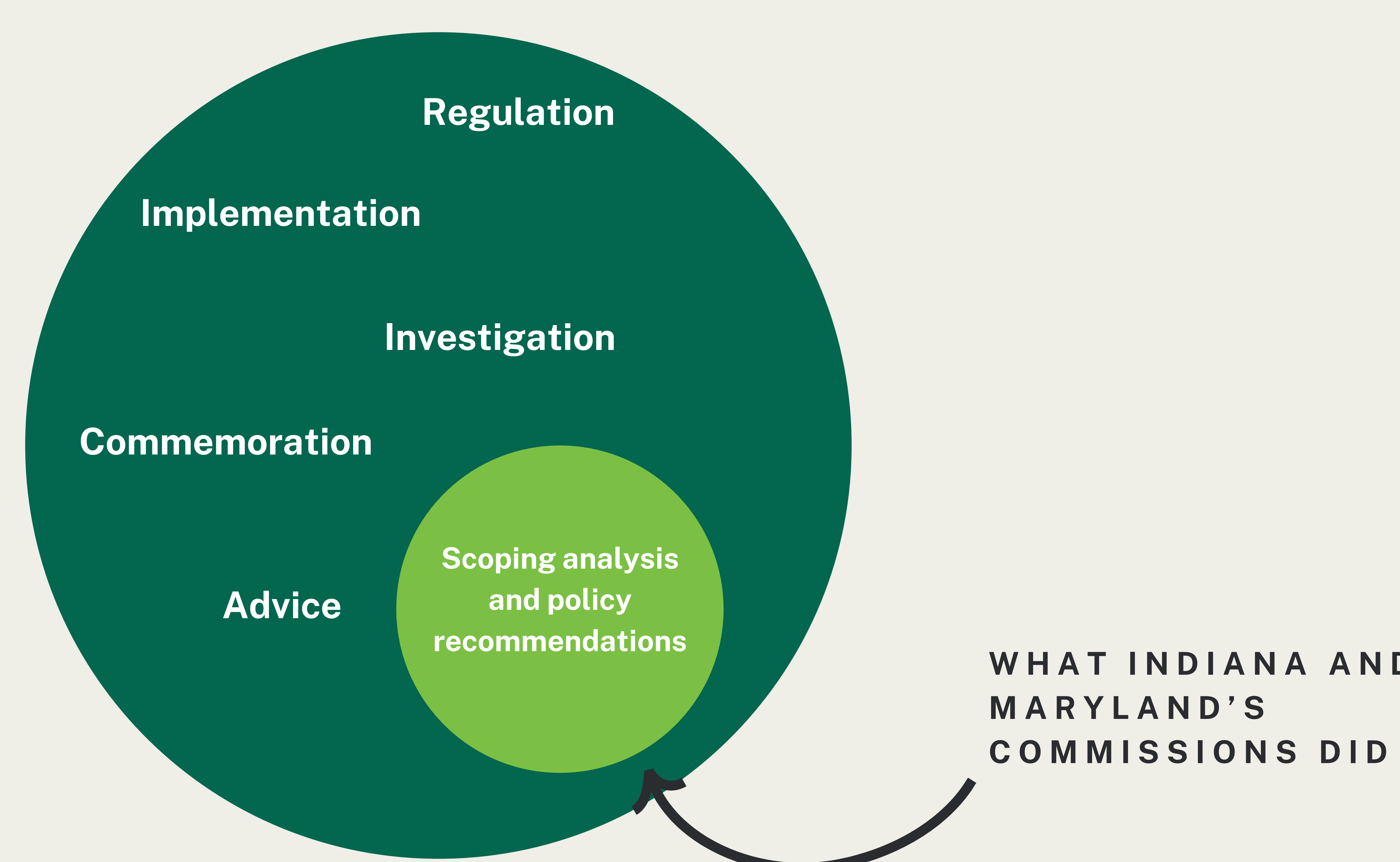
Benefits:

- Independent, comprehensive analysis
- Evidence-based recommendations
- Enhanced stakeholder engagement
- Political momentum for change

Limitations:

- No implementation authority
- Limited timeframes and resources
- Consensus pressure may water down recommendations
- Success depends on political will

WHAT MARYLAND AND INDIANA DID?



THE SOCIO-ECOLOGICAL MODEL

PART II

INDIANA

INDIANA

Commission Name:

Governor's Public Health Commission

Formed

Executive Order 21-21 (Aug 2021)

Members

15 appointed members

Duration

~12 months

THE GOVERNOR'S PUBLIC HEALTH COMMISSION (GPHC)

Background

- **Poor** state public health rankings
- **LHDs** underfunded
- **COVID-19** strain

Formation and Structure

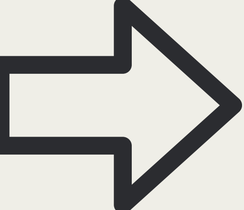
- **August 2021:** *Executive Order 21-21*
- 15 members
- 10 meetings
- Sunsetted on **August 1, 2022**

Outcome

2022 report: *32 policy* recommendations across *6 workstreams*

GPHC IMPACT

Senate Bill 4 (2023)
House Bill 1001 (2023)



- **$75M** in *FY24*, **$150M** in *FY25*
- Opt-in state funding for local health departments
- LHDs agree to **provide core public health services**

PART III

MARYLAND

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

THE MARYLAND COMMISSION ON PUBLIC HEALTH (MCOPH)

Background

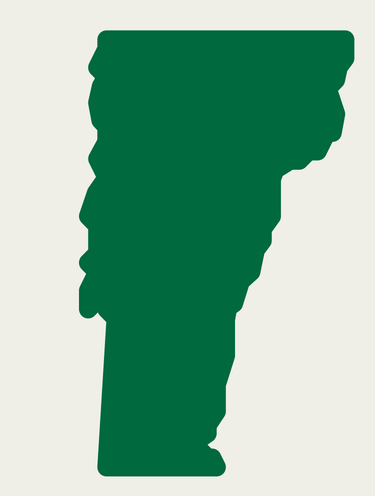
- **Post-COVID lessons** learned momentum
- Need for **comprehensive system assessment**
- **24** local health departments *requiring coordination*
- Healthcare transformation initiatives underway

Formation and Structure

- **2023:** House Bill 214 with *17 bipartisan* co-sponsors
- 16 members
- **Innovative tri-chair leadership model**
- **5** *specialized* workgroups
- Partnership with *University of Maryland* School of Public Health
- Final recommendations **due October 2025**

Outcome

2024 Interim Report establishes baseline for foundational capabilities and identifies critical gaps in ***funding***, ***workforce***, ***data systems***, *and* ***coordination mechanisms***



PART IV

LOOKING FORWARD: WHAT ABOUT VERMONT?

VERMONT

2019-2023 State Health Improvement Plan

Act 167 ⟶ Oliver Wyman Report

Other prominent topics

- Flooding
- Climate Change
- Rurality
- Data Modernization
- Housing & Transportation

MontpelierImage: SeanPavonePhoto/Getty Images

CONCLUSIONS & NEXT STEPS

Key Findings

- Commissions work **best** *post-crisis* or *during reform* windows
- Success requires **political will** and **dedicated funding**
- Vermont has both **opportunities** and existing **strengths**

Recommendations

- Consider focused commission on *climate/rural health*
- **Leverage Act 167 momentum**
- Ensure adequate timeline and resources

Next Steps

- **Broaden** Stakeholder consultation
- Legislative **feasibility** assessment
- Timeline development

FINAL DELIVERABLES

The Indiana Governor's Public Health Commission

An Analysis and Lessons for Vermont

Emily Levonas, MPH Candidate

Maryland's Commission on Public Health: A Comprehensive Analysis of Structure, Process, and Outcomes

An In-Depth Examination of Innovative Approaches to State-Level Public Health System Assessment

Submitted to:
Vermont Public Health Association (VtPHA)

Prepared by:
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Internship Supervisor:
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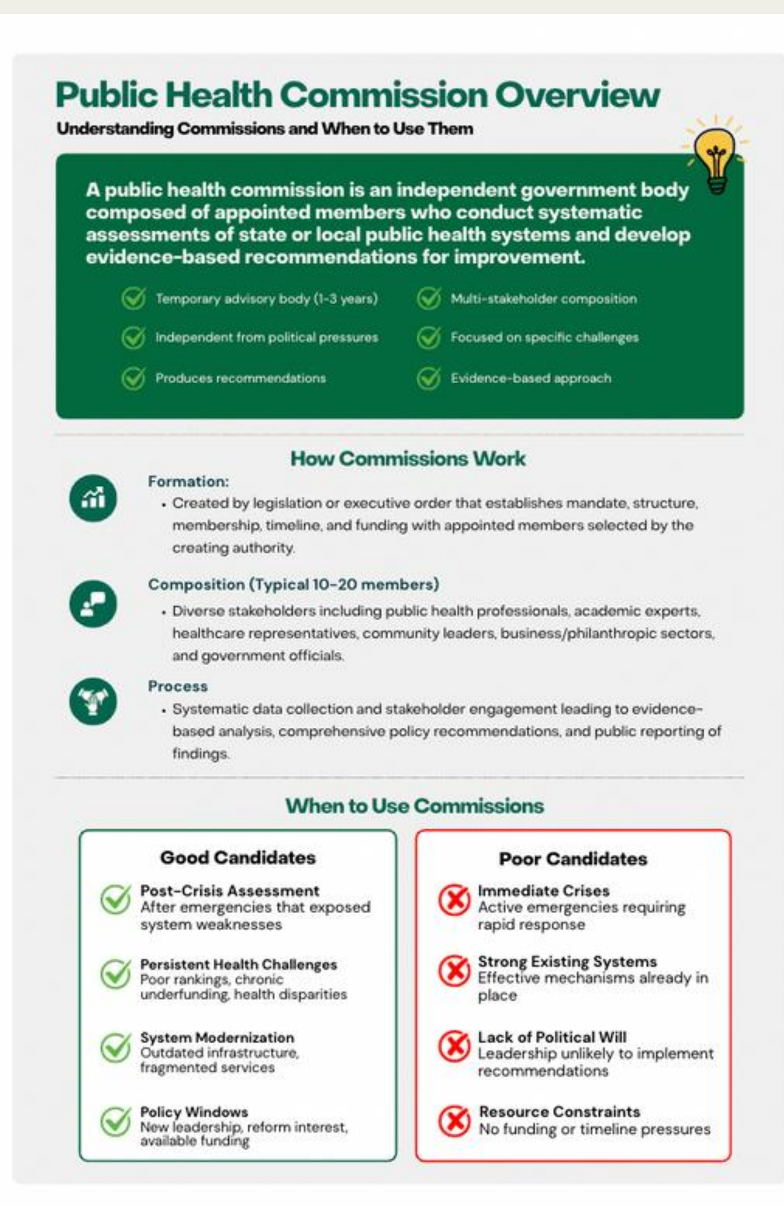
Date:
June 5, 2025

FINAL DELIVERABLES



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

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

MEMBER COMPOSITION

Co-Chairs (Tri-Chair Model) · Local Health Officers · Academic Partners · Healthcare Leaders · Legislative Members · Community Representatives

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)

RESULT

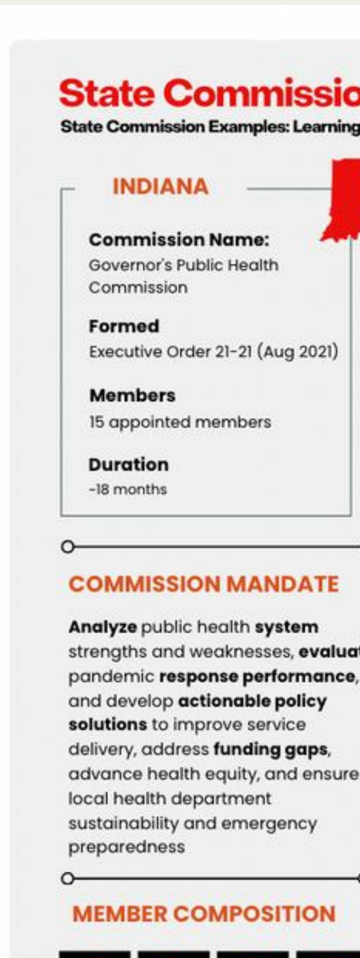
Enhanced System Assessment
Conducted 73 stakeholder interviews, 12 focus groups, and comprehensive surveys across all 24 local health departments with 6 regional listening sessions statewide.

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.

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

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

Co - Chairs · State Health Commissioner · Local Health Officers · Public Health Association · Public Health Administrator · Academic Expert · Healthcare Representatives · Elected Officials

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

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.

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KEY TAKEAWAY

Even if resulting 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.

Thank you!

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