



State Report

State: Maryland

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Challenges:

Doing "more with less" never rang so true as Maryland faced continued budget reductions AND a response to H1N1 over the past 12 months. According to a survey released earlier this year by the National Association of County and City Health Officials (NACCHO), the local public health workforce decreased by 15% over the past two years. Maryland experienced job loss as well as mandatory furlough days and salary reductions. Local health departments have lost 416 positions with additional positions deleted at the State level. State funding for public health has decreased by more than 40% and these reductions are expected to be legislated and permanent. Local health departments struggle with decisions on what services to continue, what services to privatize, and what services constitute essential core public health functions.

Projects/Issues Addressed This Year:

H1N1

H1N1 vaccine was distributed from the Maryland Dept of Health and Mental Hygiene (DHMH) to providers who registered on-line to receive vaccine. Local health departments comprised only 1% of those registered to receive vaccine. Pediatric practices represented 18%, family practitioners 12% and Federally Qualified Health Centers 2%. The category of "other" which included pharmacies comprised 38% of those registered as vaccine providers.

Initial vaccine allocation was very fluid and did not match the public demand. Local jurisdictions struggled with providing the available vaccine to target populations. Some jurisdictions utilized walk in clinics resulting in long lines and wait times – sometimes without enough vaccine for all who turned out, while others chose to utilize appointment scheduling to vaccinate target groups.

Whatever the method, by April, 2010 over 1.3 million doses of H1N1 had been administered to Marylanders. Although local health departments represented only 1% of the registered providers, 35% of the total doses administered were given by local health departments including school

located influenza clinics. In all age groups Maryland surpassed the national percentage of persons vaccinated.

This was a time for increased partnering, both within the State HD and the local health departments as well as with outside agencies. In early February, 2010, all 24 Maryland jurisdictions (23 counties and Baltimore City) participated in a State run emergency management exercise providing H1N1 vaccine at the State Health Dept office building in Baltimore. The event utilized an Incident Command Structure and was the first time all 24 jurisdictions worked together in a functional exercise.

Nurse Dispensing

In Maryland, under a 1999 Declaratory Ruling by a joint commission including one representative from the Board of Pharmacy, Board of Physicians, Board of Nursing, DHMH, MD Council of Public Health Nursing Directors, and a community pharmacist, registered nurses who meet the training requirements and have been delegated dispensing authority by the authorized physician, may dispense medication and devices contained in the Committee on Nurse Dispensing's approved formulary ONLY to patients of the LHD and at LHD sites. Drugs and devices may be dispensed to LHD patients receiving services for communicable disease, alcohol and drug abuse, family planning, and/or reproductive health.

In March, the Committee on Nurse Dispensing convened to discuss recommended additions to the Nurse Dispensing Formulary. The Committee recommended the addition of multiple medications including anti-infectives, anti-retrovirals, antivirals and smoking deterrents. However, because of specifications within the declaratory ruling, the Committee did not recommend the addition of suboxone at this time. The Committee will continue to research the feasibility of this addition as well as a request to update and revise the declaratory ruling itself.

Maternal and Child Health

A new Governor's infant mortality initiative was launched in August 2009 under the leadership of Deputy Secretary for Public Health Services, Frances Phillips, RN, MHA. Maryland is currently ranked 39th among the 50 states and the District of Columbia in infant mortality. Substantial progress made in reducing infant mortality during the 1990's has stalled during the past decade. The Governor has made reducing infant mortality by 10% by 2012 as one of his fifteen strategic goals. Local health departments in three jurisdictions -- Baltimore City, Prince George's and Somerset Counties -- have been selected as the primary sites to focus new activities under the initiative, known as the *Babies Born Healthy Initiative*. Several other jurisdictions are also involved, including Baltimore, Caroline, Charles and Wicomico counties. Community health nurses in all of the jurisdictions are leading new strategies that include expanding family planning clinics to include more comprehensive women's health service, accelerating early entry into prenatal care with "Quickstart" Prenatal Care services, and developing a standard postpartum discharge planning process for high-risk women and infants.

Directors of Community Health Nursing have also been involved with the State MCH program as a "key stakeholder" group for the 2010 Title V MCH Block Needs Assessment. Directors and local CHN staff were invited to participate in a statewide MCH survey earlier in the year. Local health department nurses are looking forward to working with the State MCH program in adopting the new priorities that will emerge from the needs assessment, which will be completed and submitted to HRSA/MCHB in July 2010.

Please complete the "State Report Form" and e-mail to Janet Deveney-Edwards ASTDN's Administrative Assistant at JanetkD@health.ok.gov. Reports received by May 21, 2010 will be included in meeting packets. If you do not send by May 21, please bring 50 copies to the meeting.