The Warm Handoff:
Linking Primary Care, Patients, and Local Health Departments

January 20, 2026 – 7 pm

Speakers:

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MARYLAND ACADEMY OF FAMILY PHYSICIANS

MACHO
Maryland Association of County Health Officers

mdhealthofficers.org

Objectives

1. Know where to find contact information for LHDs in your catchment area
2. Describe the LHO's Chief Strategist role in and for the community
3. Develop ways to identify resources in your community of relevance to your patients
4. Formulate a plan on how to collaborate and coordinate with the LHD(s) in your catchment area
5. Consider ways to get involved in your local community
6. Examine how to connect and integrate primary care and public health to achieve shared health outcomes
7. Provide feedback to LHOs about primary care, patient referrals, and areas of potential collaboration

CME Accreditation: Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

The MDAFP-MACHO Project

In late 2024 MDAFP approached MACHO about ways to make primary care and public health seamless for Maryland residents.

MDAFP & MACHO Are Working Together To:

- Strengthen relationships between Family Physicians and LHOs/LHDs
- Support health equity and SDoH integration
- Build practical pathways for collaboration

Selected projects:

- ✓ Survey of MDAFP member top issues
- ✓ Monthly articles for MDAFP newsletter
- ✓ Quarterly webinars
- ✓ Contacts for LHDs for services on MDAFP website

Public Health 101: LHOs, LHDs, & MACHO

What is Public Health?

Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.

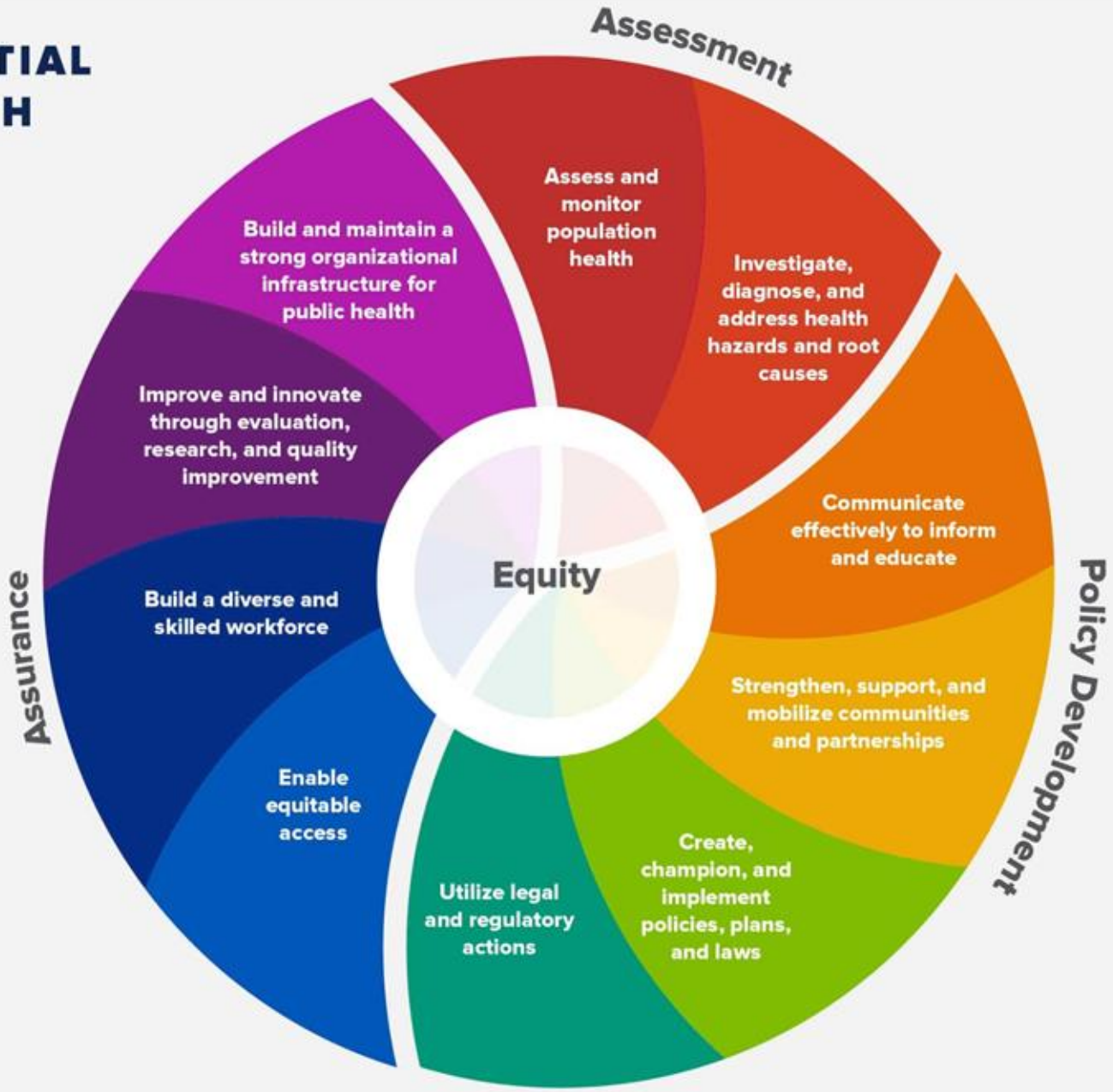
(*The Future of Public Health,* IOM, 1988)

PH frame–work used by LHDs →

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



What is a Local Health Department (LHD)?

A government agency responsible for protecting and improving the health of its specific community by preventing disease, promoting healthy behaviors, and responding to health threats and emergencies.

The services and programs a LHD delivers in its community differ within a state and across the nation and are based on needs assessments, gaps, community-identified priorities, funding sources, and other factors.

LHDs serve as the frontline for public health, directly interacting with residents and addressing community-specific health concerns.

IN MD – there are 24 LHDs, 1 in each jurisdiction, each led by a Local Health Officer (LHO). They have shared governance with the state health dept. and their counties.

Your LHD <u>is</u> *Your* Community Health Partner

What Do LHDs Do?

- **ASSESS data** to determine and monitor community health priorities
- **Build PARTNERSHIPS** across a community to address public health issues
- **Implement PROGRAMS** to address community health problems
- **Recommend or administer POLICIES** that have an impact on public health
- **Monitor or improve the SYSTEM** (the way things are done)
- **Improve and protect the ENVIRONMENT** that affects health
- **COMMUNICATE information** to empower healthier decisions
- **PREPARE for and RESPOND** to health-related emergencies
- **Advance HEALTH EQUITY** by addressing social determinants of health

Common Local Public Health Focus Areas

- Chronic Disease Prevention & Control
- Infectious Disease Prevention & Outbreak Control
- Emergency Preparedness & Response
- Environmental Health
- Access to Health Care
- Vital Records
- Behavioral Health (mental health & substance use prevention/control)
- Maternal Child Health
- Violence, Injury & Trauma Prevention
- Special focus areas based on community gaps and needs

Advance Health Equity

Sample of Services Provided by MD LHDs

ALL	NEARLY ALL	SOME
Chief Health Strategist	Family Planning Clinics	Early Care Programs
Immunizations	Environmental Health - MDE	Dental Clinics
Communicable Disease Surveillance	Oral Health Outreach	Residential Services
Adult Evaluation Services	Behavioral Health Care System Oversight (LBHA)	Behavioral Health Treatment
Cancer Control Programs	Medical Transportation	Home Health
Tobacco Control and Prevention	Birth and Death Certificates	School Based Health Clinics
Emergency Preparedness	Violence and Injury Prevention	Laboratory Services
Drug and Alcohol Prevention	Fatality Reviews	Harm Reduction Programs (syringe services, naloxone distribution, etc.)
Rabies Control	Medicaid Enrollment	Child Safety Seat
Environmental Health MDH	Chronic Disease Education	After School Programs

LHD Activities Specific to Access to Care

System Oversight

- Monitor access to health care challenges
- Work with clinical partners to resolve local gaps in health care services
- Facilitate/approve referrals for specific clinical services (e.g., behavioral health)
- Support community emergency response capabilities of local health care providers/institutions

Direct Clinical Services

- Reproductive health & family planning
- Vaccines
- Primary care
- Infectious disease (e.g., TB, hepatitis, HIV)
- School-based health centers
- Behavioral health crisis walk-in and mobile response
- Outpatient, crisis and residential behavioral health treatment
- Oral health/dentistry
- Home health care
- Wound care
- Tobacco cessation counseling
- Mobile clinics

Remove Barriers to Healthcare Access

- Transportation to medical appointments
- Health insurance eligibility and enrollment
- Community health workers
- Care coordination & patient navigators
- Support/administer school health services
- Support/administer health services in jails
- Home visiting programs (e.g., MCH)
- Community-clinical linkages

Health Officers as Chief Health Strategists

LHOs serve as decision-makers in their communities to:

- Engage multi-sector collaboration to examine gaps & needs in the community
- Examine upstream factors such as economic stability, education, housing, & transportation
- Leverage & interpret data for actionable, data driven decision making
- Ensure true community representation & involvement in data collection, decision-making, & implementation
- Leverage, blend, & braid funding to support long term, community-level work
- Drive policy change

LHOs and their LHDs work with hospitals, community members, and other partners to conduct the following assessments and plans and align common objectives and measures:

- **Community Health Assessments (CHAs)**
- **Community Health Implementation Plans (CHIPs)**
- **Local Health Department Strategic Plans**

NEW
AHEAD model shared measures

MACHO
Maryland Association of County Health Officers

Mission: to promote, protect, and improve the health and well-being of all Maryland residents through an effective statewide system of local public health departments

- 24 local Health Officers/Chief Health Strategists for the State's 24 local public health departments
- Collective voice for local public health in Maryland
- Coordinate with internal/external groups to address the distinct public health needs in each community

Contact: Ruth Maiorana, Executive Director, rmaiora1@jhu.edu

The Primary Care–Public Health Warm Handoff

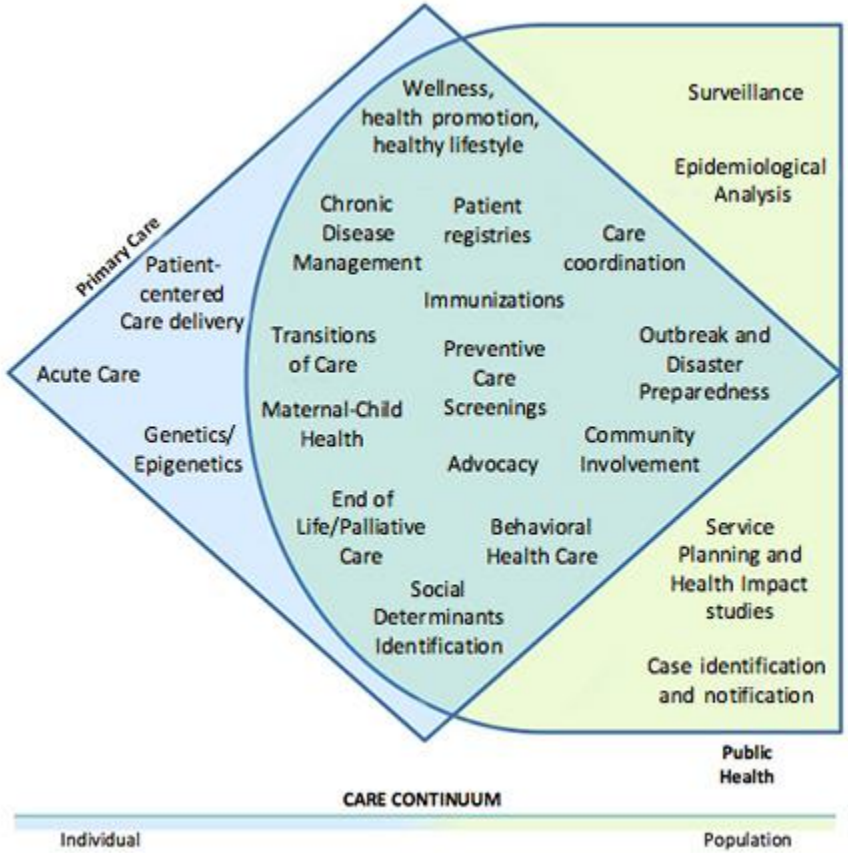


Fig. 2: Primary Care and Public Health Care Continuum
From the AAFP Integration of Primary Care and Public Health (Position Paper)
https://www.aafp.org/about/policies/all/integration-primary-care.html

Dr. Kisha Davis, Health Officer, Montgomery County

- The Warm Handoff
- Why Primary Care & Public Health Must Integrate
- Montgomery County Example

The Warm Handoff

Moving beyond referrals → real connections

A bi-directional partnership between clinics and LHDs

Designed to improve patient outcomes & equity

Why The Warm Handoff Matters

- Patients' needs don't stop at the exam room
- Social, economic & structural barriers affect outcomes
- Strong partnerships save time & improve care

What a Warm Handoff Looks Like

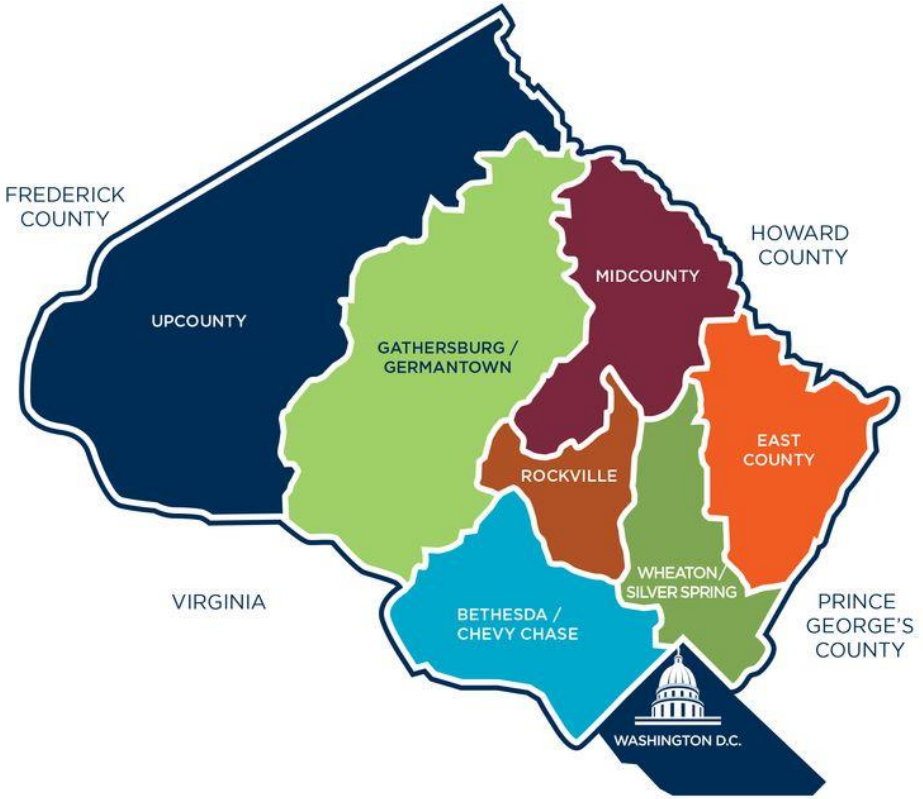
- ❑ Direct connection, not just a resource list
- ❑ Follow-up + feedback loop
- ❑ Shared accountability by primary care & public health

Health is shaped in exam rooms

and

in neighborhoods

Warm Handoff In Action: Montgomery County Example



The DHHS Mobile Health Clinic Ribbon Cutting

- The Mobile Unit was delivered to the County end of April 2025.
- The Ribbon Cutting took place Thursday, May 29th hosted by WUMCO Help, Inc in Poolesville Maryland

Dr. Barbara Brookmyer, Health Officer, Frederick County

- SDoH in Primary Care: National Framing
- What FPs are Saying (AAFP data)
- How LHDs Support Screening, Referral, & CHWs

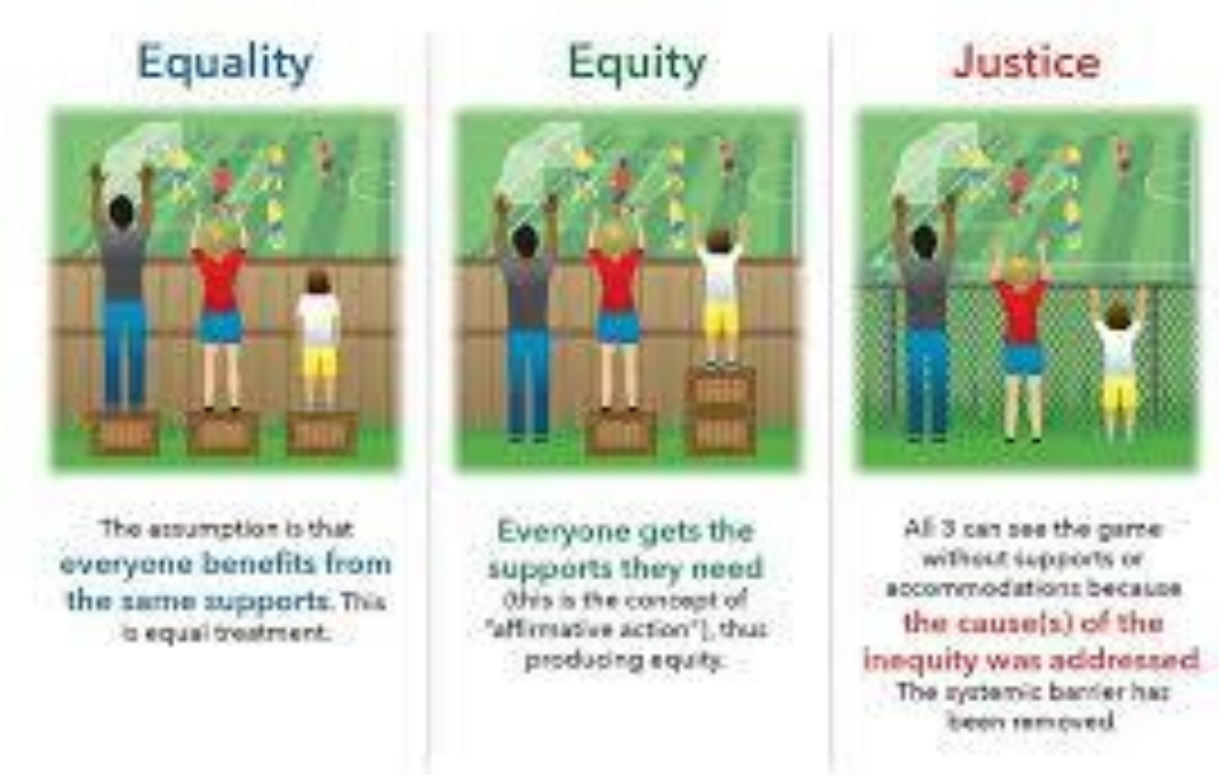
What Family Physicians Are Saying

- **83% want to address SDoH — 80% lack time**
- **78% want to partner — 64% lack staffing**
- **75% want to advocate — 56% lack solutions**

Source: AAFP's Health Equity: Leading the Change -https://www.aafp.org/credit-reporting/cmecenter/details?activityId=107166 – Striving for Health Equity and Addressing SDoH

Health Equity Requires System Change

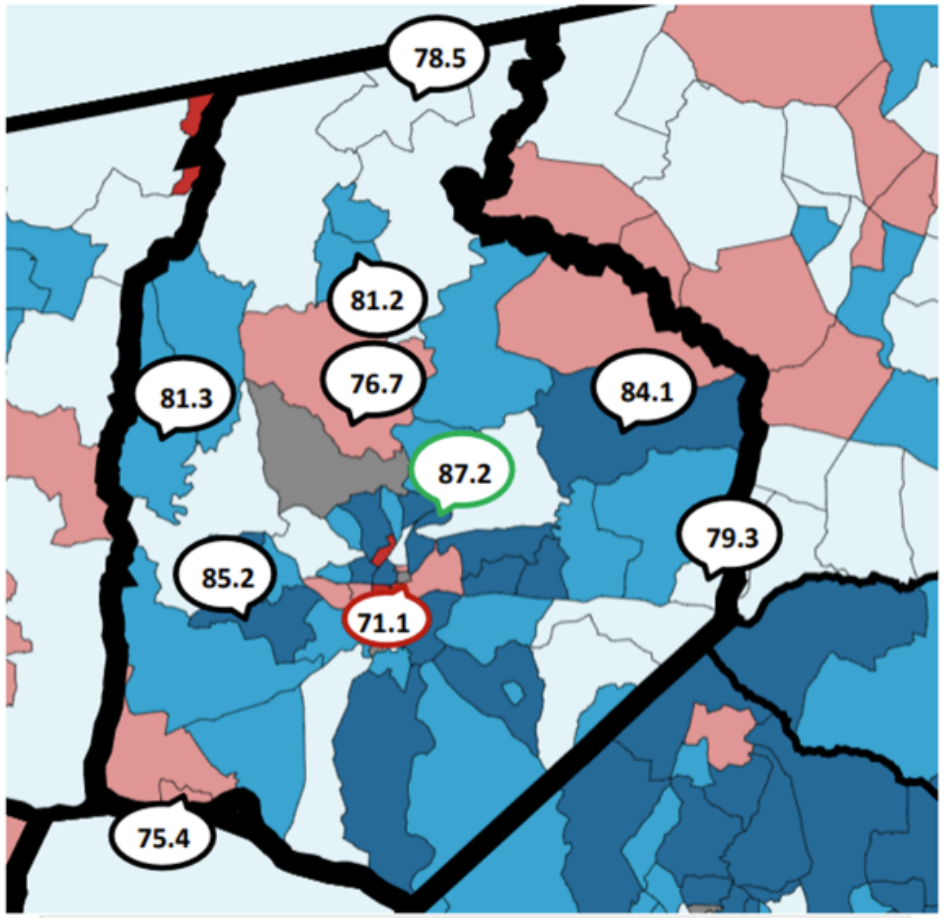
- Poverty, racism, access, and education drive inequities
- Not [just] individual behavior
- Structural problems need structural solutions



Our Options

It's not just the **choices we make**, but also, the **options we have**.

Life Expectancy in Frederick County



Geographic areas with no data available are filled in gray

Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020.

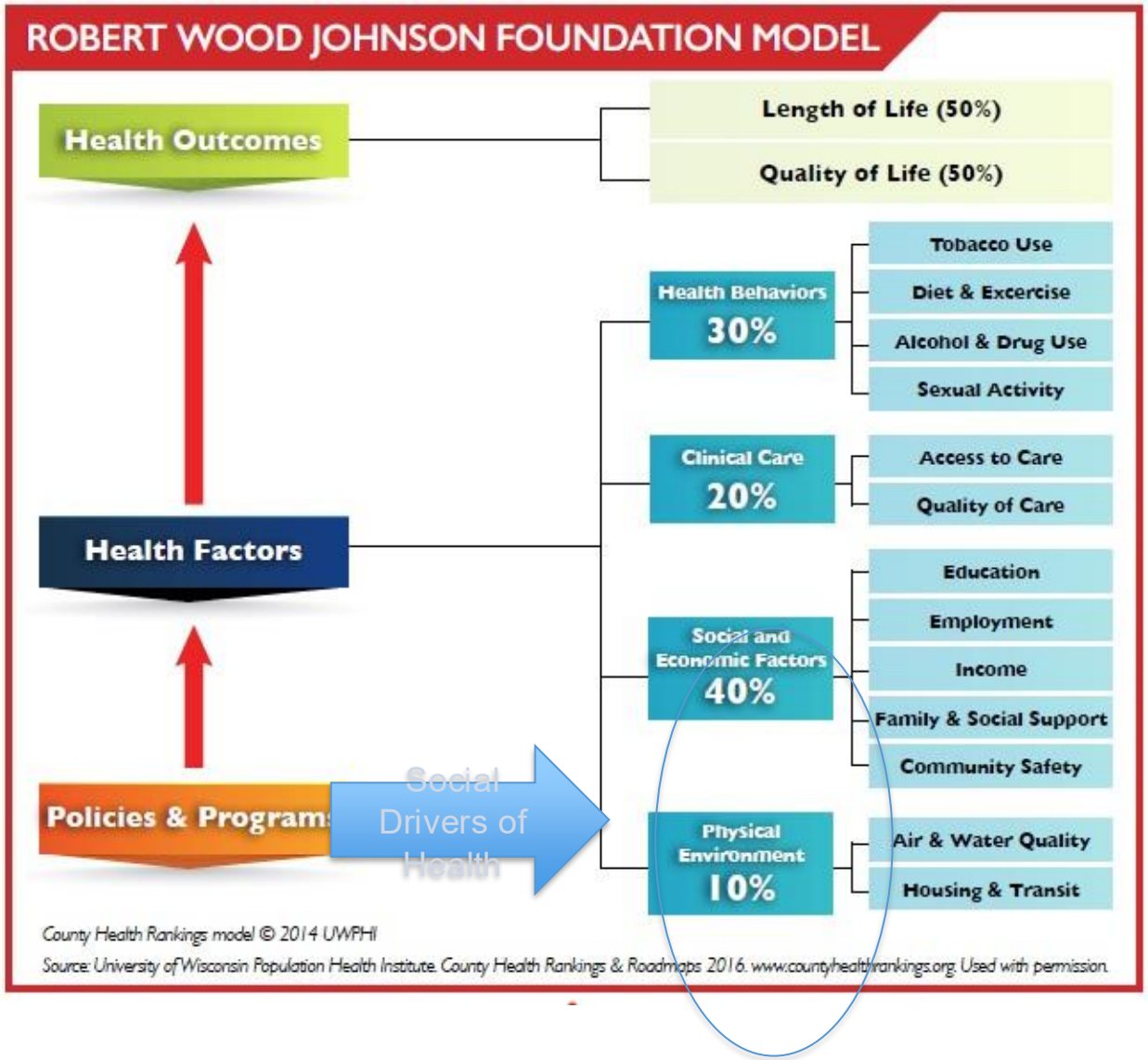
- The highest life expectancy in Frederick County is **87.2** years in Walkersville.
- The lowest life expectancy in Frederick County is **71.1** years in the city of Frederick in the area of South Bentz and West South streets.
- Maryland state average life expectancy is **79.6** years.

https://www.cdc.gov/nchs/data-visualization/life-expectancy/index.html

What Makes a County Healthy?

Health in All Policies (HiAP) approach!

- Counties shape SDOH: housing, transit, recreation, environment
- Embed health in decision-making across agencies
- Examples: safer streets, housing-health partnerships



Advancing Health Equity: Address SDoH

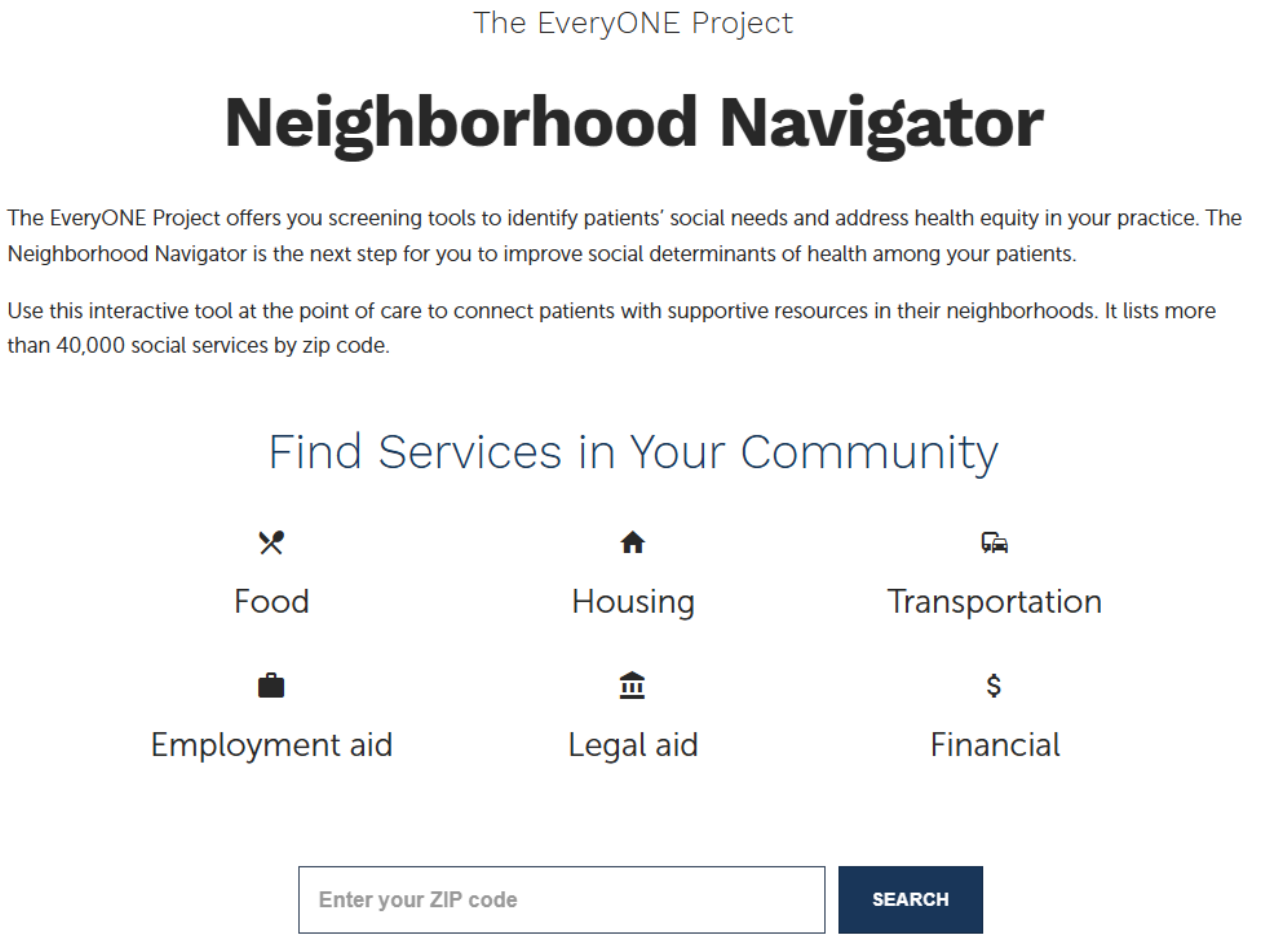
LHDs collaborate with partners to provide:

- Youth mentoring
- Health literacy
- Financial coaching
- Policies supporting economic stability
- Housing supports (education, assistance, financial relief)
- Legal support (e.g., expungement)
- Employment support services
- Jail diversion programs
- Built environment policies
- Violence prevention and interruption
- Education supports

AAFP's **The EveryONE** Project & SDoH Screening

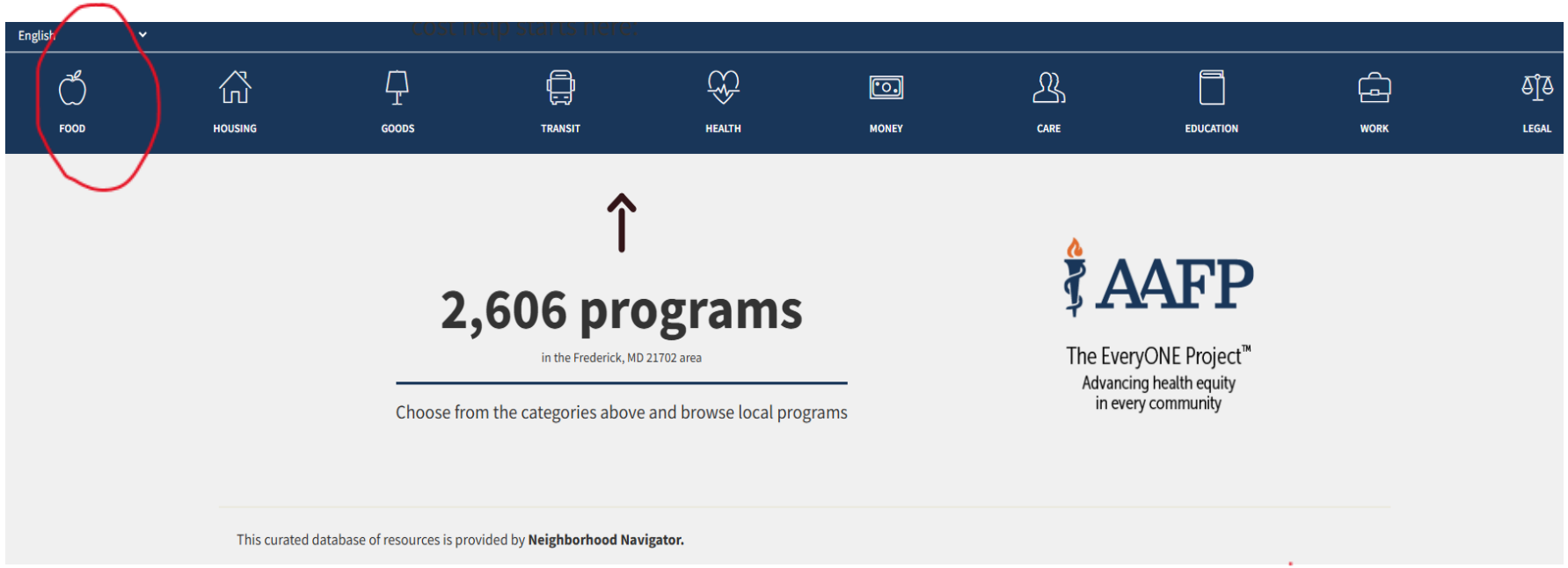
The EveryONE Project | AAFP

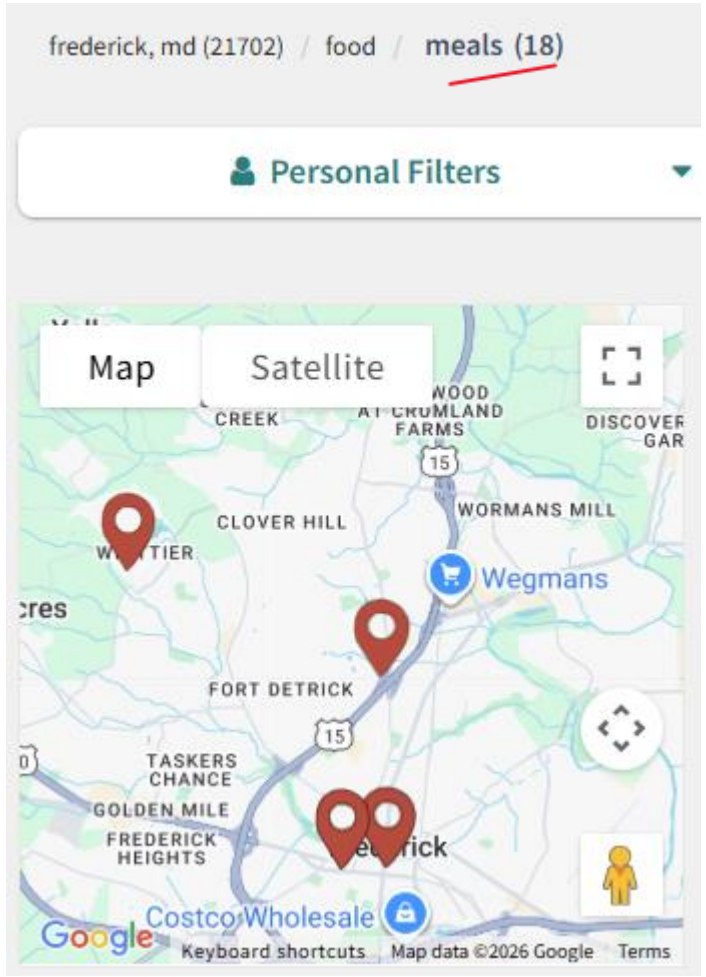
- Many practices are already screening
- Need support for referral + navigation
- LHDs help close the loop



https://www.aafp.org/family-physician/patient-care/the-everyone-project/neighborhood-navigator.html

LHDs as Allies in Your Workflow

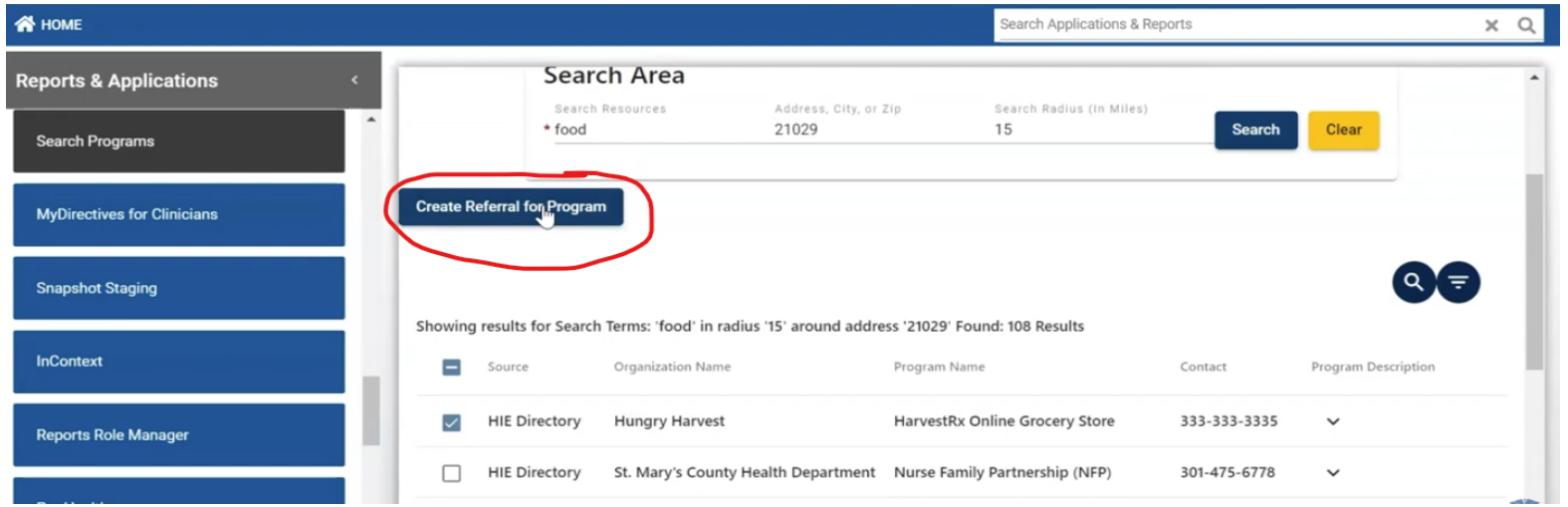




- CHWs/Navigators
- Universal screening & referral integration
- Resource coalitions & databases

Sending Referrals to Resources Through CRISP

- CRISP_SDOH_Provider_Flyer.pdf – how-to flyer
- How-to video - Send a Referral in CRISP – YouTube



- ✓ You can easily send electronic referrals to community-based organizations via CRISP via In-Context or from the CRISP Web-based portal.
- ✓ Connected to Maryland 2-1-1 system

Why Evaluation & Feedback Matter – What's *AHEAD*

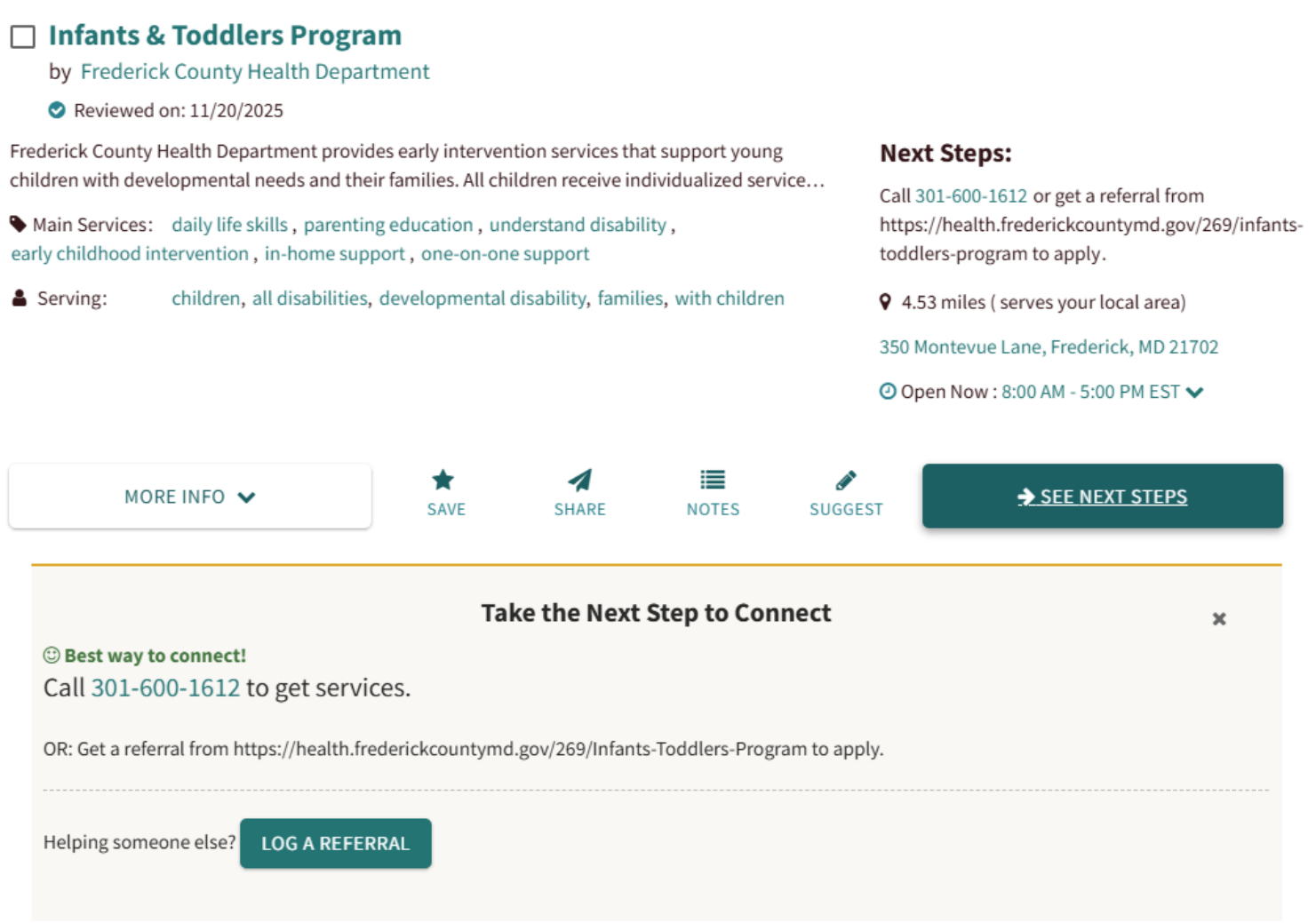
- Track screening → referral → resolution
- Inform practice improvement
- Strengthen community partnerships

Measures by AHEAD Primary Care Program

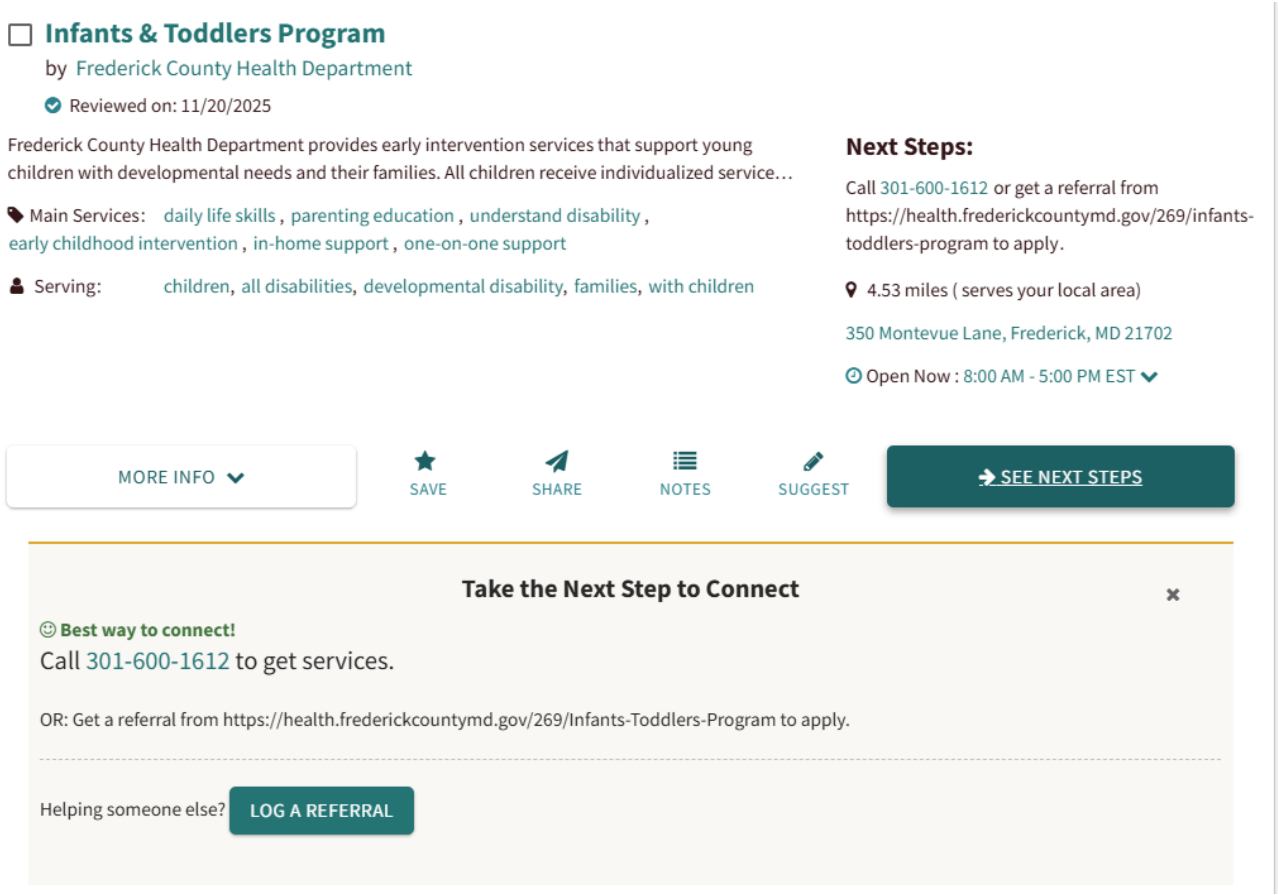
Target Population	Measure Domain	Measure Title	Data Source	PC AHEAD	MDPCP	Medicaid
Adults	Healthcare Utilization	Emergency Department Utilization (EDU)	Claims	X	X	X
Adults	Healthcare Utilization	Acute Hospital Utilization (AHU)	Claims	X	X	X
Children	Primary Care Access and Preventive Care	Child and Adolescent Well-Care Visits (WCV)	Claims			X
Children	Primary Care Access and Preventive Care	Developmental Screening in the First Three Years of Life (DEV-CH)	Claims			X
Children and Adults	Behavioral Health (BH)	Screening for Depression and Follow-Up Plan (CDF-CF and AD): Ages 12 to 64	eCQMs through CRISP	X	X	X
Adults	**Chronic Conditions**	**Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) (CDC-HbA1c Poor Control)**	**eCQMs through CRISP**	X	X	X
Adults	Chronic Conditions	Controlling High Blood Pressure (CBP)	eCQMs through CRISP		X	X
Adults	**Prevention & Wellness**	**Colorectal Cancer Screening**	**eCQMs through CRISP**	X		X

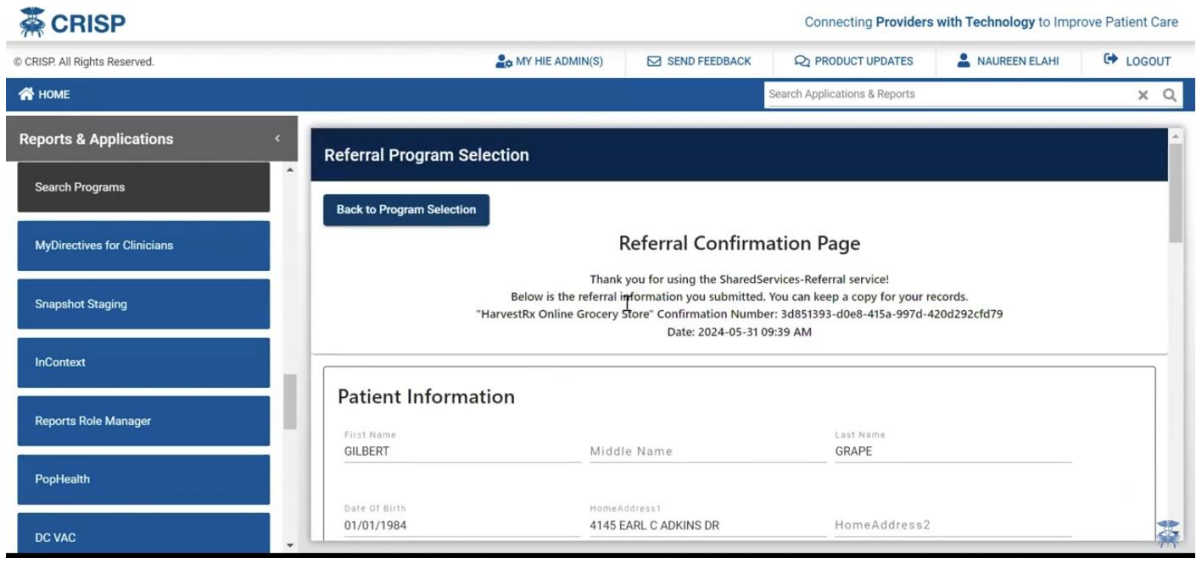
Warm Handoff in Action: Frederick County Example

- Need identified in clinic
- LHD navigates to community support
- Feedback loop to provider



AAFP's Neighborhood Navigator and Maryland's CRISP Referral Tools





Silos  to  Systems

LHD partnerships:

- ✓ extend your reach
- ✓ help you better meet your patients' whole person needs
- ✓ save time & improve care
- ✓ align shared/common objectives & measures
- ✓ make community health improvement a team sport

Dr. Meena Brewster, Health Officer, St. Mary's County

- Identifying Community Resources
- How to Find & Work With Your LHD(s)
- Practical Collaboration Workflows

Who is Your LHD? How to Reach Them

Who is Your LHD?

- Every county in MD has one
- Different structure, same mission
- Your gateway to community resources

How to Reach Your LHD

- MDH LHD Directory
- County Government Websites
- MACHO and MDAFP websites

See the MDAFP November 25, 2025 newsletter article titled, Local PH in MD: Programs for your Patients by MACHO

Community Resources & Referrals

Food, housing, transportation, legal, employment

Faith-based, grassroots organizations

Navigation and follow up

Feedback to clinicians

LHDs curate trusted partners

What are key medical/non-medical priorities in your practices?

How to Start Working With Your LHD

In the Office

Identify a shared priority

Start small, build trust
- Create simple workflows

Beyond Clinic

Advisory boards, coalitions

Policy, advocacy

Practice champions

CALL TO ACTION

Learn your LHD contacts

Identify one opportunity to collaborate

Be a champion in your practice

Primary Care & Public Health – Together

We care about the same people

We see the world in much the same way

We care about the people who tend to fall through the cracks

Primary Care

+

Public Health

= Stronger Communities

Turning Connection Into Action: Discussion

Resources

MACHO

https://mdhealthofficers.org/about-2/#target-members

About LHDs, public health, current LHOs, links to LHD websites

MDAFP

https://www.mdafp.org/membership/resources-and-toolkits/health-department-resources-dashboard

MDAFP's LHD Resources Dashboard (MDAFP-MACHO project)