

Allegany County Health Planning Coalition

Meeting Summary

January 14, 2014

Members Present

Fred Tola – ACHD
Michelle Wilson – ACHD
Chris Delaney – ACHD
Jenn Wilson – ACHD
Casey Sinclair – TSWHC

Sue Raver, MD – ACHD
Susan Stewart – WMAHEC
Sandi Rowland – AHR
Stu Czapski – Chamber of Commerce
Steven Kesner – Cumb. Housing

Nancy Forlifer – WMHS
Jenelle Mayer – ACHD
Lesa Diehl – ACHD/MHSO
Diane Markwood – TSWHC
Joe Caporale – ARC

Members Absent

Christa Walker – WMHS
Kim Green – ACPS

Tracy Curry – AHC
Courtney Thomas – HRDC

Susan Walter – TSCHC
Mary Beth Pirolozzi – CUW

Guests Present

Caitlin Weems – ACHD

Linda Browning – ACHD

Jen Thomas – WMAHEC

I. WELCOME AND INTRODUCTION OF NEW MEMBERS

Dr. Raver welcomed everyone and requested that individuals introduce themselves.

Dr. Raver requested that the draft agenda be accepted as the actual agenda for the meeting.

II. ADOPT MINUTES OF November 26, 2013

Dr. Raver asked if there were any corrections or additions to the minutes for November. Jennifer Wilson suggested one correction:

- Pg. 1 – Under Members Absent, delete Jenelle Mayer's name. She was in attendance at the November meeting. Her name also appeared under Members Present.

Fred made a motion to accept the minutes with the correction noted above, Susan Stewart seconded the motion, and the group unanimously agreed.

III. PHASE 4 – AREAS OF IMPROVEMENT

Fred commented that Phase 4 of this Local Health Action Plan cycle was completed. It ran from July 1 – December 31, 2013 and that we are now in Phase 5. The results from the Phase 4 assessment and ranking of implementation action steps were completed and information has been collated. A couple of areas needing improvement were identified:

- Recruitment of primary care providers and mental health providers
- Screening of depression
- Health literacy and time to do another survey

Nancy Forlifer added that the rankings have been posted.

IV. COMMUNITY HEALTH NEEDS ASSESSMENT (Posting priorities/data and report)

Nancy reported that the Data Points for this Cycle included in the packet is the final version. According to the requirements, they are to be posted along with the report. The report has been drafted and sent out to some of the workgroup members to make adjustments. When completed, the report and data

will be posted at the same time and then it is considered 'conducted'. Once posted, the Local Health Action Plan needs finished and officially approved in the same fiscal year by June 30. The current posting will be made an historical file because two cycles of the assessment and plan have to be posted at all times.

V. **LOCAL HEALTH ACTION PLAN DRAFT FY 15-17**

Nancy reviewed the LHAP draft included in the packet. She reported that they took all of the input on best practices, categorized and prioritized them, and tried to group some things together.

- There are two overall strategies (A & B) for each of the priorities.
- Each strategy has a couple of action steps.
- Activities that are already under way or continue to go on that are not in the plan, but we did not want to lose, have been listed at the bottom of the page for each priority area.
- If things are missing in the best practices that would impact some of those outcome areas, let us know and we will add them.

Nancy reviewed ACTION column:

Priority: Access to Appropriate Care

Strategy A

1. Need to be more specific about what we want to do. Once a key contact is determined, maybe pull together a meeting and discuss what specifics to add.
4. Wording input was needed. A combination of wording was chosen: Address health inequities and literacy to increase patient understanding and decision making.

Strategy B

1. Dr. Raver explained that at the end of February a group of early childhood-related workers will be meeting to look at a mini assessment of programs and how to move forward. They will be looking at the Home Visiting Program and exploring that. Anyone interested in more information, let Dr. Raver know.

Reviewed and discussed WHO column:

- Identify a key contact for each action and that person will help gather phases and measures going forward.
- Any others to be added:
 - Add Dorian Burkholtz, AHR related to oral health and when to use ED care on A. #3
 - Salvation Army B. #2. They had not been participating, but could approach them again.

Strategy A:

1. CHW – Jenelle Mayer, include Dorian
2. Transportation – Nancy Forlifer
3. Educate Community – Coalition
4. Health Inequities – Jenelle Mayer

Strategy B:

1. Home Visiting – ACHD and LMB (provide name of group)
2. Assess food – Check with Diana Loar about possibility of pantry group. Also check Associated Charities.

Priority: Healthy Lifestyles and Wellbeing

Strategy A:

1. MHCE okay; Cumberland Housing working with high rises (Cumberland Arms and Booth Towers)
2. Tai Chi: AHEC could be added if an opportunity for Continuing Education exists that fits within DHMH priorities. Add CHWs. Add Housing.

Strategy B:

1. Assess safety – Check with Dr. Paulman about DSS and lead for elder/adult abuse. Add Jane's Place and COSA
2. Promote development – Coalition to lead.

Priority: Disease Management

Strategy A:

1. Support coordination – add other public providers, AHEC if providers want education
2. Implement educational – Add AHEC (nurse practitioners and other educational programs)

Strategy B:

1. Behavioral Health (BH) – Lesa Diehl, MHSO
2. Move screening for drug use under best practices
 - Screening and linkage between BH combined – Nancy to change wording – MHSO lead

Nancy will be in touch with key contacts and ask them to draft when they think is reasonable based on different grants they are connected to. Then maybe draft some measures to determine as we go forward with implementation our success and bring that back to the group. Refer to the phases shown on the cover sheet.

VI. COALITION DEVELOPMENT

Fred - membership list of who is affiliated with the Coalition for future MOU and roles as partners. Nancy said the list includes everyone that was in the Local Health Action Plan. As we develop the MOU we will send something to all people with a draft and specify what responsibilities are and then they can determine if they wish to continue to participate or not.

- Susan Stewart asked about adding Family Crisis Resource Center (FCRC). They were not involved last year, but possibility of adding as we go forward.
- Check with Carver Community Center.
- Child Abuse Task Force will need added.
- Lesa will send contact information to Nancy for Office of Consumer Advocates.

MOU Development – the best way to work toward more formal ties with one another is through an MOU. Local Health Action Workgroup is working on producing an MOU and will share a draft form with the group.

VII. UPDATES

Healthy Allegany

Jenelle introduced the Community Health Workers – Caitlin Weems and Linda Browning were present and Bill Lafferty who was unable to attend. They have completed their training at WMAHEC and WMHS and have 12 clients/4 each. They are out in community doing home visits trying to overcome many barriers, health and social. As part of Healthy Allegany a Community Resource Guide was created and CHWs have travelled throughout the county taking copies to providers. Approximately 300 copies have been distributed. Copies are available on the website and were made available at the meeting.

The Mobility Manager has been hired at HRDC and is taking calls for health and human service appointments. All transportation options in community are considered with the last option of a cab or bus voucher being paid for through the Healthy Allegany Fund.

Nancy announced provider trainings:

- Bridges Out of Poverty co-author Terie Dreussi-Smith is coming to WMHS on March 3 from 8:30 -12:30 for a program related to poverty and how it connects to health outcomes. It is open and free to the community. The evening session is planned for various boards, physician groups, etc.
- May or June – AHEC has coordinated with Johns Hopkins School of Public Health for a presentation focused on social determinants and more of the Appalachian culture issues with contact hours. Likely two half days.
- Speakers on poverty will be back on November 14 with the Institute of Medicine and Religion for a full-day program on Bridges Out of Poverty and then incorporate into that some of the applying bridges to see what we can actually do about it in our community. There will be a local panel of folks that work with individuals with low income. Cost will be \$25 at most and scholarships may be available.

Pending Grants

- Social Connections Grant: Nancy reported that there were 8 applications received. Applicants are: Be a Friend First, Bullying Prevention, Spark, Active Parenting, Memory Café, No Mom Left Alone, Project COSA, and Incredible Years at the Judy Center. Applications will be sent to the review committee (Sandi, Susan, Fred, and Jenelle) for review and announcements will be made by the end of the month. There is at least \$6,000 for awards and up to \$2,000 per awardee.
- Dr. Raver commented that MCHRC grants were already mentioned, but added that there will be funding for Early Childhood which will be received over two years.
- Nancy reported that there has not been any announcement regarding the proposal for HEZ 2.0 yet.

Network of Care – Trilogy

Dr. Raver mentioned that it is the data base that the State is paying for that will have all of our SHIP data from the state and then by county there will be county-specific data. There has been some teaser training, but it is not useable yet. Susan asked if it was definite. Dr. Raver replied that it has been paid and a lot of it is being uploaded.

Innovative Readiness Training

Fred reported that the grant has been approved. The Department of Defense needs to train its professionals, health and others, in the military/national reserves to be able to mobilize supplies and equipment and set up and provide needed care depending on the event. Dates selected are August 12 – 23 at the fairgrounds and will provide services: medical (endocrinology, rheumatology, and other chronic diseases), vision care and eyeglass wear (ask if exams and prescriptions), veterinary services (vaccinations, neuter and spay), possibly non-prescription pain management, and dental. Dr. Raver added that we had requested Behavioral Health, but they cannot do. The first community meeting with DOD is scheduled on Friday, January 17 to discuss volunteer support, equipment needed, paperwork, etc. as we need to insure that the project goes successfully.

Announcements or other items:

Nancy asked about the Economic Development Commission and any discussion in connection with the issue of health. Stu commented that Barry Ronan and Amy attend meetings and maybe another person from Health related services could also, maybe Nancy.

He explained an initiative that the Chamber is taking on that involves over 20 organizations who are active in trying to help with economic development. Health, economic development, and education are all connected and perhaps someone could be on that committee as well.

Fred asked about the Appalachian Regional Commission and Al Feldstein's involvement. Stu commented that Al is always in the loop and he touches base with him on a regular basis. Education, literacy, job preparedness, and health are all related and trying to get the "powers that be" to understand that education should be involved is difficult. Stu recommended someone being on the Education Committee. Susan Stewart commented that AHEC is not a Chamber member, but it might be a good connection for health and suggested possibly Jen Thomas.

Susan Stewart mentioned as an FYI that approximately half of federally designated rural areas have been lost including Allegany County which would now be considered metropolitan. Ann Walsh and Michelle Park are aware, but states have not been notified yet. Anyone dealing with health grants from the Office of Rural Health Policy could be affected. Dr. Raver commented that federally we were never considered a rural designation, only rural for state designations. Stu asked about lobbying and commented that if a letter of support was needed, to let him know.

Dr. Raver mentioned that we are hoping for grants for mental health, dental, Community Health Worker training, and HEZ 2.0.

VIII. NEXT MEETING

The next meeting is scheduled for Tuesday, March 11, 2014 at 1:30 p.m. in the Administration Conference Room, ACHD.

Meeting adjourned at 2:50 p.m.

Submitted by:

Tana Wolfe

Allegany County Health Department