

# **Allegany County Health Planning Coalition**

## **Meeting Summary November 14, 2011**

### **Members Present**

Dr. Sue Raver  
Susan Stewart  
Janet Wilson  
Susan Walters

Nancy Forlifer  
Fred Tola  
Lesla Diehl

### **Discussion**

#### **1. *Background on establishing the health planning coalition***

- Dr. Sue Raver provided an overview and update on the Allegany County Health Planning Coalition.
  - DHMH requires a coalition body to represent a region or jurisdiction. Allegany County has chosen to represent its own jurisdiction.
  - How the coalition organizes itself varies across the state. Members agreed to keep the coalition less formal. Therefore, a memorandum of agreement will be developed and each member will be asked to sign.
  - Biweekly State Stats Reports are required to update the Governor on the progress of the State Health Improvement Plan (SHIP) and the health coalitions.
  - There are a number of milestone on the State Stats Report which have to be met. Allegany County has met most of the milestone (See Stat Report – November 9, 2011).
- Dr. Raver distributed Attachment #3 – Health Coalition and Planning Description which identifies the name of the coalition, the members, mission & vision and other pertinent information required by DHMH.

#### **2. *Local Priorities***

- N. Forlifer distributed a chart containing the top 13 local health concerns in descending order of priority. Each health priority contains evidence-based strategies collected from the DHMH SHIP Website, National Prevention Strategy, CDC Healthy People and the Community Guide.
- The 13 priorities are the result of presentations made to focus groups which were held from August through October 2010. The priorities reflect an individual's ranking of health concerns assessed from health data collected to profile the community. The 13 priorities represent the aggregated total of all the rankings from every focus group (>15 groups).

- The top 13 health priorities are:
  1. Tobacco Cessation
  2. Obesity
  3. Access to Care & Providers
  4. Emotional & Mental Health
  5. Substance Abuse (Alcohol & Drugs)
  6. Screening & Prevention – Diabetes, HBP & Cancer
  7. Heart Disease & Stroke
  8. Health Literacy
  9. Prenatal Care – Health Start
  10. Dental
  11. Cancer
  12. Immunization (Flu)
  13. Chronic Respiratory Disease
- The strategies for the draft of local health improvement plans for the three top priorities (Tobacco, Obesity and Access to Care) are evidenced-based interventions identified from the sources cited above.
- N. Forlifer requested that all members review the strategies for all the health priorities which will be noted in the chart. She asked that members let her know which strategies they think would be useful and applicable to the local community. She gave a deadline of December 1<sup>st</sup> for members to respond.

### ***3. Review of the 3 Local Health Improvement Plans***

- F. Tola reviewed the draft action plans for each of the three local priorities.
- Tobacco – Comments
  - FSU is officially a “Smoke-free Campus; and ACM is working to do the same.
  - Tobacco vendor stings are still done to prevent underage sale of tobacco products.
  - Tobacco Prevention Coalition continues to meet. This group is facilitated by Kathy Dudley / Chris Delaney. The coalition will meet January 9<sup>th</sup> at 2:30 PM.
  - Smoking cessation services are now covered by third party payers. Not sure if CareFirst covers the service.
  - American Legacy Project promotes Primary Care (PC) Provider training on assessing and referring to cessation programs. It has shown that the public is responsive to their PC Provider’s recommendation for seeking help. Local providers have received training but the question is “Are they implementing what they were trained to do?”
  - At Tri-State CHC, the feds have begun to inquire if patients are informed and referred to cessation programs
  - Question: “Can the Quit-line provide data by jurisdiction on the number of callers?” The question needs investigation
  - Question: “Are cigarette ingredients more addictive now than in the past?” The question needs investigation.

- Should there be a strategy to work with pediatricians and OB/GYNS so that the moms who completed a cessation program are asked if they are still smoke-free?
- Tobacco - Edits to the Plan:
  - i. Strategy #1 -Second Action Step: Add Pediatricians to the list of WHO should be involved.
  - ii. Strategy #1 - Second Action Step: Clarify the pre and post testing measure was for education
  - iii. Strategy #2 – Second Action Step: Add Social Media and Texting to Media Venues under the WHO Column. This would be applicable to teens and other young persons. The schools could use their E-Blackboard as a social media communication tool for its students. Teens could be recruited among leaders to post tobacco cessation information and help respond to inquiries. The theme could be “It’s cool not to smoke!”

Approximately 85% of students in the public schools have access to the internet.

- Obesity – Comment
  - School menus have been reviewed by an appropriate government group to improve more healthful food selections. Ex. during holidays like Halloween, there is an effort to improve nutritious content of foods and no sugar drinks. This is done consistent with the 95210 Program.
- Obesity – Edits to the Plan
  - i. Members agreed to use local obesity data for the baseline and goal. There is data collected by the schools nurses (See the results from the 3 year MD Physicians Project to identify obesity (95 percentile) among K-5 Grades in Allegany County.
  - ii. Strategy #1 Action A: Provide an example of a social support program (Ex. Walking Group).
  - iii. Strategy 1- Action B – Strike the “Board of Health” and replace it with “ACHD” under the WHO column.
- Access – Comment
  - i. Allegany Health Right (AHR) is exploring a new strategy for how to provide services. Instead of negotiating discount rates at private dentist offices on an individual basis, perhaps AHR can coordinate and pay for mini clinics where many patients can be seen at one office in a day.

- Access – Edits
  - i. Baseline and Goals Chart – Ask Lesa Diehl for a target ratio of MH providers per 100,000 population
  - ii. Strategy #2 Action A: Add Health Care (HC) Providers under the WHO Column.

**4. *Coordination between the Health Planning Coalition and Community Groups***

- Members agreed that for coordination to occur between the Health Planning Coalition and existing community groups, presentations to relevant groups should be done on the Local Health Improvement Plan (LHIP). A coalition member would choose a specific group which they are a member of and ask if their particular committee could take on a relevant portion of the LHIP including the measures to determine progress. The community group could be asked how they can help with the strategy or whether any part of the strategy/ Action is part of what the group is already working on (Borrowing the principle of “Ease of integration”).
- There may be a need to develop a survey tool to collect data on the strategy measures and determine how frequently the measures will be collected. Some level of training may, also, become necessary so that each community group which agrees to participate in implementing portions of the plan will properly collect data for the measures.

**5. *Next Meeting***

Coalition members agreed to meet the 2<sup>nd</sup> Tuesday of each month for now. It will go to a quarterly meeting once it gets caught up.

The next meeting is scheduled for December 12<sup>th</sup> at 2:30 PM.

Respectfully Submitted,

Fred Tola