

**Allegheny County Health Planning Coalition
Meeting Summary
February 14, 2012**

Members Present

Dr. Sue Raver	Mary Beth Pirolozzi
Susan Stewart	Jenn Wilson
Janet Wilson	Lesa Diehl
Nancy Forlifer	Carey McLaughlin - Guest
Fred Tola	Cecile Gilchrest - Guest
Lisa Moran	Tana Wolfe

1. Review of Minutes

Fred made the motion to accept the January 10, 2012 minutes as written. Mary Beth Pirolozzi seconded the motion and the group unanimously approved.

2. Outreach to Community Groups Updates

Fred provided an update of the Community Groups Commitment Status as of February 7, 2012

Updated information was provided for:

- Cumberland Housing – Support plans especially tobacco and mental health
- County United Way – Presentation date: March 8, 2012 at 8:45 a.m. to the Executive Committee meeting at the Allegheny Arts Council Community Room
- Cumberland Ministerial – Presentation date: February 28, 2012
- Garrett-Allegheny Health Workforce Development Network – Presentation date: February 22, 2012
- Local Management Board – Presentation date: February 21, 2012
- Making Healthy Choices Easy – Name correction: Should be Nancy Forlifer
- Mountain Health Alliance – Presentation date: February 15, 2012
- Tobacco Free Coalition – Presentation on January 10, 2012, Fred to call Chris Delaney and Kathy Dudley

- Workgroup on Access to Care – Fred requested ignoring recommended notes and directed attention to the added AHR information at the bottom.
- Dr. Raver requested that Substance Affected Newborn Development (SAND) be added to the table. Presentation date: January 19, 2012 – recommended adding DUI to priorities; 4 P’s and other programs will come under SAND, individual agencies will provide data
- Need to add School Health Council – Presentation date: January 30, 2011 provides support

Recognition of Guest – Cecile Gilchrest – interested in ancient medicine, studying at Allegany College, and decided to attend after seeing the meeting notice in the newspaper.

3. **LHIP Measures Update**

Made sure all persons had a copy of the long version of LHIP:

Nancy reported that two actions have been added:

- Priority #4: Emotional and Mental Health
Strategy B:
4. Promote integrative wellness in the community through educational opportunities (physicians and complementary providers)
- Priority #11 Cancer Strategy A:
3. Advocacy for screening of at-risk populations

It was determined that either the Health Department or the WMHS would need to take the lead in collecting data for actions. However, there are a few that are underlined where neither the HD nor the WMHS are listed since it is undetermined who will be collecting that information. Nancy welcomed any thoughts from others.

Nancy reviewed the areas containing those unidentified areas:

- #1 Tobacco Strategy A:
Measure
2. % above baseline from previous year (maybe data from HD)
% increase knowledge using pre- and post-tests when appropriate

- #3 Access Strategy B:
 - Action
 - Changed wording to read:
 1. Promote enrollment in programs offered by State and when an individual is not eligible then safety net alternatives.
 - Measure
 - 1. # enrollees in health insurance exchange program
- #4 Emotional and Mental Health Strategy B:
 1. # of participants in program, increasing over time
- #5 Substance Abuse Strategy B:
 4. Breathalyzer – number of events and persons (perhaps the individual going to the event could collect data, i.e., school)
- #6 Screenings Strategy B:
 3. # of persons requesting assistance (previously it had only been low income persons assisted). This # was added because it is also good to know how many requested assistance.
- #11 Cancer Strategy A:
 2. # educational opportunities
- #12 Immunizations Strategy A:
 2. # users of course
 - # educational opportunities (maybe HD)
- #13 Chronic Respiratory Disease Strategy A:
 1. # educational opportunities (WMHS take the lead on tracking those)

Nancy commented that all measures are covered and feels fairly comfortable with tracking and all changes are included and all action plans have been triple checked. All updates to the action plans have been sent to the website, but will be changing again.

Jenn asked about:

- #5 Substance Abuse Strategy A:
 3. Arrest rates – Nancy commented that these will come from law enforcement and are related to illegal sales of prescription drugs. Dr. Raver commented that ACHD is working on that.

Dr. Raver requested adding a disparities piece to an existing action in order to comply with a request from Dr. Hussein. It was agreed to add it under

- #6 Screening Strategy A:
 1. Had added ‘including STIs’
 - ADD ‘targeting high-risk groups including low income and minorities’

4. Timeline

The timeline was reviewed. Fred asked that individuals keep reviewing phases 1 and 2 and if they belong to a community group that has a significant responsibility to implement a step, that they keep it in mind when their groups meet. Fred will email the most up-to-date timeline.

5. Update on Community Transformation Grant (CTG)

Jenn Wilson reported on the Community Transformation Grant

- Federal grant to State and filtered to HD
- 5-year grant beginning 2/1/2012
- Targeted tobacco and obesity

Jenn commented that the coalition website was a great site resource.

Update on Maryland Physicians Care Grant (MPC)

Nancy Forlifer reported on the Maryland Physicians Care grant (\$80,000).

- Nicotine replacement
- Mini grants
- Physical activity
- Social connectedness
- Community health outreach workers
- Prescription drug disposal
- Breathalyzer
- Screenings with families in CTG

MPC provides funds left from past year to each owner to give to other entities. It was requested that something be put together that would support the community action plan.

6. Update on Maryland Health Care Commission Grant (MHCC)

Dr. Raver reported on Maryland Health Care Commission grant (\$25,000).

- Calendar year to use funds
- More money available in future years but will be very competitive

Tried not to include those things covered in CTG or MPC grants:

- Tobacco – 4 P's implementation (losing funding \$2,500/year)
- Bring in speaker (#5 Substance Abuse A: 1)
- Drug disposal system (possibly hire someone to design system for community)
- Education for breathalyzer (law enforcement is not doing)

Some items may be switched if CTG is not received

Other thoughts: Nancy mentioned prescription stuff

7. Other – Community Information

Lesa asked about Priority #1 Strategy B – Should the word prevention be listed with cessation and education. After discussion it was felt that prevention efforts are included in other areas, i.e., social connectedness, restricting access to minors, Red Ribbon week, etc.

Nancy Forlifer requested assistance with information that supports the impact of health policies. She needs to pull together something that is easy to see like simple graphs to convince people of the impact of policy changes versus program changes

- Dr. Raver suggested seat belts, motorcycle helmets, smoking stuff
- Fred – New York City promoted policy of advertising calories of fast food and beginning to see a reduction of weight among students because of policy
- Mary Beth Pirolizzi suggested contacting legislatures specifically research department libraries in other states regarding a particular policy change.
- Nancy asked about the name of the law center associated with Healthiest Maryland
- Lesa Diehl mentioned flu immunization example

Lisa Moran has replaced Joan Dodge at Priority Partners. She provided contact information and mentioned that PP offers free health information classes and an overview of health plan services.

Cecilia appreciated being able to attend. Commented on Irevada (? spelling) which is 5,000 years old and that it promotes wellbeing through healthy diet and lifestyle. Dr. Raver offered to send her info for next meeting.

Dr. Raver mentioned there may be a request for support letters for RFP.

8. Next Meeting - March 13, 2012 at 1:30 p.m. in Conference Room #2 ground floor

Meeting adjourned at 2:55 p.m.

Submitted by Tana Wolfe