

## Allegany County Health Planning Coalition

Meeting Summary

July 8, 2014

### Founding Partners, Advisory Board, and LHAP Workgroup Members Present

Sue Raver, MD - ACHD	Joe Caporale - ARC	Jenelle Mayer - ACHD
Jennifer Wilson - ACHD	Fred Tola - ACHD	Nancy Forlifer - WMHS
Chris Delaney - ACHD	Sandi Rowland - AHR	Casey Sinclair - TSCHC
Cathy Chapman - Chapman & Assoc. HC		

### Founding Partners, Advisory Board, and LHAP Workgroup Members Absent

Susan Walter - TSCHC	Susan Stewart - WMAHEC	Courtney Thomas - HRDC
Mary Beth Pirolozzi - CUW	Ray Kiddy - ACPS	Stu Czapski-Allegany Chamber
Steve Kesner - Housing	Mary Beth DeMartino-Pressley Ridge	Steve Schellhaus - CPD
Lesa Diehl - ACHD/MHSO		

### Affiliates and Guests Present

Kathy Dudley - ACHD	Lisa McCoy - U of MD Ext.	Bill Lafferty - ACHD/CHW
Caitlin Weems - ACHD/CHW	Deborah Ross - WMHS/CHW	Erin Hansel - WMHS/CHW
Heather Iser - WMHS/CHW	Lakeisha Johnson - WMHS/CHW	

#### **I. ADOPTION OF MINUTES OF May 13, 2014:**

Dr. Raver asked the members to review the minutes for May, and then asked if there were any corrections or additions to the minutes. There were none. Nancy Forlifer made a motion to approve the minutes as submitted, Fred Tola seconded the motion, all agreed, and the motion passed.

#### **II. WELCOME AND INTRODUCTIONS:**

Dr. Raver welcomed everyone, introduced herself, and then requested that members and guests introduce themselves.

#### **III. ENGAGEMENT PROPOSAL:**

Nancy Forlifer shared an idea from the LHAP Workgroup for engaging all the Coalition partners more in the meetings. It involves a presentation on one of the LHAP topics at each Coalition meeting followed by a discussion. Questions will be sent in advance on the topic for discussion at the next meeting. The questions will be related to how the topic impacts the various sectors in our community.

Nancy then referred to the Potential Topics for future meetings (listed at the bottom of the Agenda):

1. Transportation - Sustaining Beyond Health
2. When & Where to Get Care (Is it safe to wait?/Medical Self Care)
3. Health Literacy
4. Home Visiting - Gaps for Young and Old
5. Food Security and Access
6. Homeless Initiatives
7. Early Childhood Development
8. Violence Interventions
9. Disease Management-Resources and Referrals

10. Behavioral Health Integration
11. Poverty
12. Other

Nancy reported that today's topic is Community Health Workers (CHWs). Courtney Thomas provided updated information to Fred Tola on homelessness for today's meeting, which was circulated. All agreed that Homeless Initiatives will be the topic for the next meeting.

#### IV. PRESENTATION & DISCUSSION: COMMUNITY HEALTH WORKERS:

- a. Overview - Jenelle Mayer presented an overview of the Community Health Worker (CHW):
  - Located at ACHD, WMHS and Oral Health.
  - Work with clients on lifestyle, tobacco use, referrals, and they track red flags.
  - Make sure clients follow their PCP instructions and are linked to PCP.
  - Receive referrals from PCP, WMHS, ACHD, VA, and DSS; they are expanding.
  - Use several checklists to identify clients' needs such as food security, home safety and security, medication, diet, transportation, and housing.
  
- b. Preliminary Data - Jenelle explained that all CHWs in Allegany Co. track the same indicators such as how often clients visited the ED or hospital, what referrals were made during the visit, disease status, tobacco use, activity level, and progress on goals that were defined by the client.
  - Preliminary data pulled from Dec - May showed:
    - Over 1,000 visits in the county - majority face-to-face
    - Over 100 referrals to transportation services
    - Other referrals that were in much need were prescription assistance, health insurance, tobacco cessation, food resources, housing and utilities, sign up for clinical resources, dental services, medical equipment, legal assistance, DSS, and senior centers for adult daycare.
    - For health behaviors, 127 improved activity level, 56 reduced tobacco use, and 215 achieved or made some improvement in their goal.
    - Jenelle indicated that the confidence level data was confusing - 26 improved; 28 were worse. Nancy noted that this may be because of the tracking procedures that were used; there is now a standard scale which should show some improvements.
    - 26 individuals with reduced ED visits
    - 31 individuals with decreased red flags
    - 30 individuals for medication adherence
  
- c. CHWs share personal experiences - The CHWs were present at the meeting to report on their own experiences in dealing with some of their clients' issues and how they were able to help them. Following are some examples of ways the CHWs were able to help:
  - *Cutting oneself* - Worked on coping mechanisms; she just met her goal of one month without cutting.
  - *Morbid obesity* - Helped to track and lower daily calorie intake; he lost weight, his blood sugar level went down, and his overall health has improved considerably.
  - *Handicapped without a handicap-accessible home and car* - Was able to get a ramp built for her through HRDC's Weatherization Program; she is now able to get to doctors' appointments, etc.

- *Handicapped, has COPD, and also had a stroke* - Was able to get him approved for Camp Hope to install a much needed bathtub in his home; the CHW also referred him and his wife to legal aid to help with conflicts with their landlord.
- *Depression, not taking medications, very emotional from husband passing away* - Was able to get her to open up, take her medications, and track her blood sugars.
- *Frequent ED visits* - Helped get him an application for Willow Valley.
- *Hoarding and Morbidly Obese* - Helping to keep her on track with monitoring her health so she can be approved for weight loss surgery; the CHW is addressing the hoarding issue by asking her to clear out a section of her house at a time, such as a table or stand, so they can sit down and talk at the table during the CHW's next visit.

d. Discussion Questions:

1. *How can we get more referrals?*

- Home healthcare providers
- PEG channel 97 through the Bd of Ed - slides only
- Could possibly do PR on radio but don't promise too much - make it clear CHWs do not do errands or chores.
- Center for Clinical Resources, located next to the hospital
- Primary care offices - local data could be presented to the providers.
- Could possibly send out a questionnaire to all the households asking about their needs and informing them of what services are available in the community.

2. *Where else can CHWs be of use in the community?*

- Senior centers
- Senior citizen apartment buildings
- Meals on Wheels - could include flyer when delivering the meals.
- Housing @ YMCA
- Recovery programs such as Fort Recovery on N. Centre St.
- Prisons

**V. UPDATES & ANNOUNCEMENTS:**

- a. Status of MOU - Fred Tola explained the purpose of the Coalition's Memorandum of Understanding (MOU) and reported on the signatures still outstanding.
- Fred will stop by the CPD and get Steve Schellhaus' signature for law enforcement.
  - Allegany Transit is not willing to sign because of their affiliation with county government so they were omitted.
  - The Board of Health and Allegany County Government should be separated - Dr. Raver can sign for the Board of Health since she is the executive officer; Fred and Dr. Raver will work on getting a representative to sign for the county commissioners.
- b. Website Updates - Brenda Caldwell demonstrated the changes to the Coalition website on the whiteboard and explained how the progress of the LHAP will be monitored.
- Fred showed how the rankings from the Coalition members on the implementation steps for the 13 priorities and goals were used to determine the progress of the LHAP. He reported that 35 of the 42 actions were ranked as having 'good' progress over the three-year cycle.
  - Fred also reviewed the Priority Dashboard and explained how the green arrows are used for mapping progress towards the county goal. Red arrows are used to show regression.

- c. Healthy Allegany - Jenelle noted that the CHW section of the Healthy Allegany grant was already discussed. She gave an update on the transportation program.
- A mobility manager is stationed at HRDC.
  - They are receiving ~100 calls per month/45 unduplicated clients per month.
  - Cab and bus vouchers are being used.
  - They continue to get referrals.
  - The Transportation Workgroup is working on getting more organizations to buy into the program to ensure its sustainability.
  - Nancy Forlifer added that the Transportation Workgroup (HRDC is going to be the lead) is applying for a grant through the Kresge Foundation; they also received money for the Senior Ride Program that will help to get volunteer drivers mileage coverage.
- d. Other Grants (CTG, CHRC, CMS-HEZ, PICH...)
1. *Community Transformation Grant (CTG)* - Jenn Wilson reported that the funding for the CTG will be extended until the end of June next year; therefore, they will now work on filling the vacant position.
    - The CTG is mostly related to worksite wellness, school wellness, and tobacco.
  2. *Community Health Resource Commission (CHRC)* - Sandi Rowland reported that this grant is for oral health, education, and treatment for disabled adults in Allegany County.
    - Started in March and is going well.
    - Projected between 50 - 70 disabled adults would be served with actual treatment and about 400 with outreach and education.
    - In the first 3 - 4 months, they have already served over 50 people, and reached out through presentations to over 400 people (staff, clients, and disabled adults.)
  3. *CMS-HEZ* - Nancy reported that this grant is still pending.
  4. *Partnerships to Improve Community Health (PICH)* - Jenelle reported that this is a new grant; there are some similarities to the CTG.
    - Covers tobacco, nutrition, physical activity, and access to chronic disease management.
    - Focuses more on changing the environment and county policies to support healthy living.
    - They are in the process of putting an application together, which is due July 22<sup>nd</sup>.  
Following are some of the strategies:
      - Tobacco - Looking at smoke-free outdoor areas and smoke-free housing; also working with law enforcement to conduct compliance checks of electronic cigarette retailers.
      - Nutrition - Pull together a community group to discuss delivery of healthy foods to some of the outlying areas of the county, and partnering with worksites to increase healthy options and nutrition labeling.
      - Physical Activity Opportunities - Work with schools to have some of the physical activity facilities open to the public after hours, and support the SPARK physical education program, which is at Westmar Middle School.
      - Chronic Disease Management - Work with the Center for Clinical Resources to provide some chronic disease management sessions out in the community, and provide training for CHWs and providers, and support for the mobility management program. Lisa McCoy, University of MD Extension, reported that

she and Sarah Bush with HRDC's Office of Aging are master trainers with the Stanford Chronic Disease Management Program and that she is willing to help.

- An infrastructure strategy is still under construction.
  - CDC is the funder for the grant.
  - Decision will be made by September 30<sup>th</sup>.
  - Letter of Support - Dr. Raver asked for a motion to provide a letter of support from the Coalition for the PICH grant.
    - Fred Tola made a motion.
    - Joe Caporale seconded the motion.
    - All agreed, and the motion passed.
5. *Another Chronic Disease Grant* - Jenelle reported that there is another chronic disease grant where only states can apply, and they have to give 50% of their funding to 4 - 8 communities in the state. Allegany and Garrett counties were selected. The application is still being crafted.
- e. Appalachian Mountain Innovative Readiness Training (IRT) - Fred provided an overview of the IRT and gave an update.
- The DoD will be providing medical assessments, pain management without the use of medications, dental care for adults, vision care, and neuter/spay and rabies vaccines for dogs and cats.
  - The recruiting of volunteers has started; Brenda will be handling the publicity (Fred will make sure Joe Caporale is on her list.)
  - Once the schedule of patient slots is complete, the public will be given a number to call for an appointment.
  - The services are free, and it does not matter where you live.
  - The clinics will be from August 13 - 21, and all the services will be provided at the Allegany County Fairgrounds.
- f. E-Cigarettes (Maryland Law Center) - Chris Delaney reported on the following:
- A presentation for providers on e-cigarettes was given by Dr. Donald Shell last month. He is the Director of the Cancer & Chronic Disease Bureau, DHMH; Chris distributed copies of his presentation.
  - In response to an inquiry at the last meeting by Stu Czapski in reference to what businesses can and cannot do about e-cigarettes, Chris contacted Cathy Hoke, University of MD Legal Resource Center, about doing a presentation. Chris then contacted Stu, and he informed her that the Chamber of Commerce would support this effort. Joe Caporale will provide Chris with the Chamber's fiscal calendar (September should be a good month for businesses possibly at one of their monthly breakfasts.)
- g. Youth Risk Behavior Survey (YRBS) - Chris distributed copies of 2013 YRBS Summary Charts that show an overview of the results for Middle and High Schools. The charts also compare Allegany County's percentages with the state's percentages. The YRBS covers topics such as whether you wear seat belts, drinking, substance use, physical activity, depression, physical fights, bullying, sexual activity, how many hours on the computer or playing video games, sexual preference, etc.

- Dr. Raver reported that we did not do well particularly with smoking and drinking. We did better in the area where youth felt that they had supportive adults outside of school.
  - In the area of sexuality, respondents didn't use as many condoms, but more girls were on birth control pills.
  - The survey will be done every two years.
  - Chris asked, *"How do we want to use this data from the YRBS to encourage behavioral change?"*
    - ACHD's Facebook and Twitter page - Prevention would like to create a page just for teens with links to teen issues such "How do I quit cutting?"
    - Could use community partners to give gift certificates if they "like" the page.
    - Could possibly have a teen council - advisory group of students.
    - Students Against Destructive Decisions (SADD) - This program was used at Mtn. Ridge last year. This could possibly be expanded to other schools.
    - The student councils at each school could appoint a health ambassador.
    - Hang posters in schools.
    - Chris is working on graphics that will stand out; she will take designs to students for feedback.
    - Simulator such as the one that was used at ACM for distracted driving.
- h. Family Violence Council - Nancy reported that the action step is changing and that Jenn Wilson and Carey Moffatt will be attending the meetings and will report back.
- i. Tobacco Free Coalition Meeting - Chris mentioned that the next meeting is scheduled for Thursday, July 17<sup>th</sup> @ 3:00 PM.
- j. Drug & Alcohol Council Meeting - Chris added that the next meeting is scheduled for Friday, August 1<sup>st</sup> @ 8:30 AM.

#### VI. NEXT HEALTH PLANNING COALITION MEETING:

The next Allegany County Health Planning Coalition meeting is scheduled for **Tuesday, September 9, 2014 @ 1:30 PM, Administrative Conference Room, ACHD.**

Submitted by:

Mary Strem  
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