

**Allegany County Health Planning Coalition
Meeting Summary
January 15, 2013**

Members Present

Dr. Sue Raver	Lesla Diehl
Nancy Forlifer	Susan Stewart
Fred Tola	Susan Walter
Christa Walker	Chris Delaney
Jennifer Wilson	

Members Absent

Jenelle Mayer	Mary Beth Pirolozzi
Karen Bundy	Courtney Thomas

Welcome

Members were welcomed to today's meeting.

Adopt Minutes of October 16, 2012

Dr. Raver asked if there were any corrections to the minutes for October. There were no additions or corrections. Jennifer Wilson motioned to accept the minutes as presented. Lesla Diehl seconded the motion, and the group unanimously approved the minutes.

**Implementation review to complete ranking for Phase 2
(July 1 through December 31, 2012)**

Fred reviewed the Local Health Action Plan Status Report. We are currently wrapping up Phase 2 of this report. Members ranked each action. The rankings will be compiled and the full rank will be put on the website. Fred went over the areas of the Local Health Action Plan that required a ranking score.

- Implement the 4 P's Plus Assessment Tool – There were 9 total referrals out of 127 assessed. Another measure of the number of referrals will be reviewed.
- Education and media campaign on the health risks associated with second-hand smoke and third-hand smoke – Examples for the measure include: An e-mail was sent through AHEC, the caucuses, the parish nurses, and County United Way. There was also a payday display at the hospital.
- Provide increase access to free/low cost tobacco cessation with nicotine replacement and education – 19 WMHS employees/spouses cessation and nicotine replacements were done and 3 community members were done. During July – Oct WMHS employees/spouses cessation and nicotine replacements were done and 24 referrals to the health department.
- Mass media campaign to promote awareness of dangers of second hand smoke and available cessation services – A large percentage of the population was reached.
- Promote cessation quit-line – Quit line information was distributed in conjunction with the COPD Campaign that was sent to the Health Department's Mental Health Clinic, AHEC caucuses, County United Way, parish nurses and WMHS employees. A baseline for Quit line users will be sought.

- Coordinate with DHMH Office of Oral Health implementation of educational campaigns on the importance of dental health – Identified the issue that the focus of the oral health campaign is children but our focus is on adults. There was no activity during this period.
- Community education about depression and bipolar disorder, abuse and neglect and available resources to help – A Mental Health First Aid Class was held in November with 12 participants (most from community agencies). Fred will send the flier to EMS first responders. There is no pre and post-test with the Mental Health First Aid curriculum; there are only evaluations. The training is a 12-hour evidenced-based class and the curriculum cannot be changed. A Mental Health First Aid class is scheduled for April 2, 4, 9 and 11 from 4:00-7:00 p.m. The minimum class size is 12 and the maximum is 25.
- Develop a public educational campaign in tandem with the prescriber training to address safe use, storage and disposal of prescription drugs and identification of abuse and available treatment – There were 3 large ads in November in the newspaper. All 16 pharmacies in the county were given fliers and cards to distribute with dates and places of where to take medications. There are 933 containers through December. Chris has posters she would like Nancy to assist her with distributing to physicians' offices. Chris will email the poster to Susan S. and Lesa. Lesa stated the MHSO (CSA) could have a bulletin board display in their lobby about this.
- Conduct compliance checks at alcohol retailers to restrict sales to minors – There were approximately 197-199 compliance checks and some were duplications. 19 establishments sold to underage cumulatively through December. There are about 168 establishments that serve alcohol and this includes restaurants.
- Conduct sobriety road checkpoints and require convictions to install ignition interlock devices for their cars – Zero were done. Discussion will occur about perhaps removing this action.
- Provide information on the dangers of binge drinking at area schools – Through December 812 students were educated at Mt. Ridge.
- Offer breathalyzer at large community events serving alcohol – The community coalition has alcohol agreements with bars and if the bars agree to offer food, games, etc. to distract patrons from drinking a lot, then bar personnel are provided with free TIPS training which is required for establishments that serve alcohol.
- Advocacy for screening of at risk populations – There is only information for the month of July.
- Pursue mandatory vaccination of healthcare providers in area, except for declinations due to medical or religious reasons - The health department is up to the high 60's. 98.8% of WMHS employees, providers and volunteers received the vaccination. Nancy stated there were people who resigned instead of receiving the vaccination.

Coalition Workgroup

Chris, Jennifer, Jenelle, Nancy and Fred meet opposite months of this coalition to work out details of LHAP. The group made changes to the measures for priorities 1-6. They will look at priorities 7-13 next week. There are also some changes to the baseline goals. Those goals will be reported at the next coalition meeting.

Collaboration Initiatives – Update on progress and request input

The 95210 contest has been approved for the Board of Education. It was distributed to all schools, presented to the health nurses, and put on Channel 97. It was also sent to County United Way and the After School Coalition.

Healthy Vending and Making Healthy Choices Easier - The Cumberland YMCA has been awarded a pilot for healthy vending and will buy a machine to have fruit for sale. They will track what sells, how long it takes to make a profit, etc. and will report back to this group. The information will be used in an attempt to get additional healthy vending in this area.

A letter was sent to the Booster Club in an attempt to get concession stands to offer more healthful food choices. Jenelle will follow up with this.

The group previously discussed having mini grants for social support to promote anti-bullying, mentoring, etc. Nancy distributed a draft mini grant proposal for review. She will adjust the questions and add her name to the proposal in case anyone needs assistance completing the form. The grant application will be sent to schools, FCRC, County United Way, and also put on the website. The proposals will be accepted until February 25th.

One of the actions in the plan is on consistent recommendations for screening. Nancy stated information regarding services that are covered preventive screenings and what is covered by insurances will be placed in physician's offices.

Progress Update on Baseline & Goals

Baselines and measures will be reviewed annually. Fred and Nancy are updating what the county and state changes are in order to re-evaluate and post them to the website. SHIP changed more than half of their baselines and goals. The state information is the basis for what the county goals should be. Nancy distributed the updates:

- Tobacco
 - Tobacco use by adults - The county health rankings are 26% for 2011 for Allegany County and 24% in 2012. The status remains the same. SHIP county update is pending due to BRFSS.
 - Tobacco use by youths – No changes. The county update is pending due to BRFSS.
 - Tobacco use during pregnancy – There was no update today.
- Obesity
 - % of adults who are at a healthy weight – county updates are pending due to BRFSS. The county health rankings are not positive. Status is the same.
 - % of elementary age children who were in the 95th percentile or higher – The number remains the same.
- Access
 - % persons (under 65) with health insurance – SHIP changed the baseline and goal. As a result, we also changed the local goal. People with insurance have increased. However, the variance did not get better.
 - FTE needs for PCP and MH providers – The FY 12 report shows that we need 4.8 PCP and 3.8 MH. We have shown improvement.

- % individuals report missing medical appointments due to transportation – No changes.
- Emotion & Mental Health
 - Rate of behavioral health related admissions to ED per 100,000 population – SHIP changed and is now including substance abuse. They are only counting people in this data at Maryland hospitals who are Maryland residents. They are not counting West Virginia and Pennsylvania residents.
 - Poor mental health days-Average # reported in past 30 days age adjusted – We are at 3.9. We have shown improvement but are still the same variance.
- Substance Abuse – Alcohol & Drugs
 - Reduce drug-induced deaths (deaths per 100,000 population) – The baseline was changed. We have shown improvement.
 - % alcohol-related crashes – There was no information on this today.
- Screening
 - Rate of ED visits for hypertension per 100,000 – SHIP changed the data to only include Maryland residents and this lowers the baseline. The status remains the same.
 - Rate of ED visits for diabetes per 100,000 - SHIP changed the data to only include Maryland residents and this lowers the baseline. The status remains the same.
- Heart disease & stroke –
 - Age adjusted death rate per 100,000 population from heart disease – The county has gone up somewhat. This has not changed the status.
- Health literacy – no measures available.
- Healthy Start
 - Infant mortality rate per 1000 births – SHIP changed the data for the baseline. It is now a count and not a percentage.
- Dental – refer to access priority for goal and strategies.
- Cancer
 - Age adjusted mortality rate per 100,000 population from cancer – The wording for the measure was changed from death rate to mortality rate and from malignant neoplasms to cancer. We have decreased but the status remains the same.
- Immunizations – The wording for the measure was changed from adults to children and adults and from who have had a flu shot in the last year to who get vaccinated annually against seasonal flu. SHIP updates are pending BRFSS.
- Chronic Respiratory Disease – This is per 100,000 and not per 10,000. SHIP changed data baseline and only includes Maryland residents.

The above information will be updated and put on the website.

Institute for Healthiest Maryland

Institute for Healthiest Maryland is an organization whose mission is to measurably improve the health of Maryland citizens. They will support community transformation efforts. They translate public health research into practice and provide technical assistance to local health departments and community organizations. Renee Fox is executive director. Dr. Diane Romaine is on their board and would like to have a presentation in this area. The group would also like to find out what they can offer us. Members would like community groups (Coalition Workforce,

Workgroup on Access to Care, AHEC, etc.) to give presentations at this event. John Delaney and other elected officials will be invited. April 19th and 26th were suggested dates from Diane Romaine; however, they will not work well for the group. Nancy will attempt to get another date possibly April 12th or a date in May. Nancy will develop an outline and send to members. Susan S., Jenelle, and Dr. Raver also will be involved with this process.

HEZ Update

Dr. Raver stated we are still waiting to hear about the HEZ grant and should know sometime this month.

Next Meeting

The next meeting will be held on March 12, 2013. If it is necessary to meet next month, the group will meet on February 12th. Members will be notified.

Adjourned at 3:30

Submitted by Heather Haines