

Allegany County Health Planning Coalition

Meeting Summary
September 5, 2013

Members Present

Susan Stewart - WMAHEC
Lorelee Farrell – ACPS
Mary Beth Pirolozzi – CUW
Jenelle Mayer – ACHD
Chris Delaney – ACHD

Jenn Wilson – ACHD
Courtney Thomas – HRDC
Sandi Rowland – AHR
Michelle Wilson – ACHD
Susan Walter – Tri-State CHC (via phone)

Nancy Forlifer - WMHS
Lesla Diehl – MHSO (CSA)
Fred Tola – ACHD
Sue Raver, MD – ACHD

Members Absent

Christa Walker – WMHS

Tracy Curry – UHC

I. INTRODUCTIONS:

Jenelle Mayer introduced a new member, Michelle Wilson. She is the new Community Grant Transportation Coordinator. The rest of the group introduced themselves to Michelle.

II. ADOPT MINUTES OF July 9, 2013:

Dr. Raver asked if there were any corrections or additions to the minutes for July. There were no additions or corrections. Fred Tola made a motion to accept the minutes as presented. Lesla Diehl seconded the motion, and the group unanimously agreed.

III. COMMUNITY HEALTH NEEDS ASSESSMENT - DATA REVIEW – Nancy Forlifer:

Nancy asked the members to pull out the Community Health Needs Assessment FY14 packet that was emailed to them and mentioned that since it is the last year of the current planning cycle, it is time to begin the community health needs assessment for the next three year cycle. Nancy reported that the Local Health Action Plan (LHAP) Workgroup, which consists of representatives from ACHD and WMHS, is responsible for facilitating the needs assessment process. She explained the process the workgroup used to do this. (This is detailed on the first page of the packet.)

Nancy then presented the 18 identified needs and associated data to the Coalition members pointing out some areas of concern, and our county's comparison to the State's.

IV. PRIORITIES & FRAMEWORK – Fred Tola:

The Coalition was asked for input on prioritizing the needs based on community capacity to act, feasibility of having a measurable impact, resources already focused on the issue, and root cause connections.

Using the Hanlon Method, Fred distributed a hand-out for "Prioritization of Health Needs" in our county and asked the members to rank the three different criteria from 1 – 3; where 1 is the least and 3 is the highest value. This process will be used to identify the priorities in order to develop a plan. If some priorities are rated very low, they may be dropped. The criteria are:

1. Significant Need
2. Capacity & Feasibility
3. Root Cause

Sandi Rowland inquired about whether data collected by hospitals on domestic violence is universal and whether the screening process is consistent across the State. She was concerned that the county's rate is 3X the State's. Nancy will check on this and email the information to all the members.

Fred collected the surveys and totaled the rankings after the meeting. (See: Appendix to Coalition Minutes of 9-5-13.)

Nancy explained the reasons the workgroup sorted the needs under three main categories for the framework of the plan. After much discussion, the Coalition members agreed on the following revisions to the categories:

- Add socio-economic to access
- Will continue healthy lifestyles and wellbeing
- Disease management will be continued

The group also agreed to the following data changes:

- Will move health literacy under access
- Will look at dental and children & poverty as a measure

Lorelee Farrell reported that the Board of Ed is incorporating more dental health education to all the elementary, middle, and high school students in the county. Dental hygienists and dentists throughout the community will be providing the education at the schools.

V. COALITION DEVELOPMENT:

- **Recommendation of New Members – Nancy Forlifer**

Last meeting there was discussion about adding new members. They will be invited to an orientation first before attending the scheduled meetings. Following are the recommendations and who will invite them to the orientation:

- Joe Caporale – Media (Chris Delaney)
- Steve Kesner – Housing (Fred Tola) Note: Steve's wife works for the Co. Housing Authority. YMCA Housing could be a back-up.
- Stu Czapski – Economic Development (Nancy Forlifer)
- NP Caucus Member – Provider (Susan Stewart) Note: Jenn Wilson can contact CMG as a back-up.
- WMHS or TSCHC – Care Manager (Nancy Forlifer)
- Steve Schellhaus – Law Enforcement (Mary Beth Pirolozzi)

- **Organizational Structures – Fred Tola**

In moving forward with the Community Integrated Medical Home (CIMH) initiative or Affordable Care Act (ACA), the State is recommending that the LHICs be strengthened and become a more formalized, nonprofit 501(c)3 structure. Therefore, three organizational structures were presented to the members for their feedback. They are:

- Mountainside Community Coalition – This Coalition existed several years ago. Fred explained how this structure operated. It eventually became a 501(c)3. A copy of their by-laws is available.
- Community Trustees – From the Community Toolbox Kit. Nancy gave an overview of this structure and how it operates. This model could be used as a 501(c)3 or as an

informal structure. An MOU could be done with definitions of who fits in what categories.

- Staffing & In-Kind Support -FY2014 (Carroll Co. Model) – This is the partnership for Healthier Carroll Co. This structure was previously discussed and was put in some of the grant proposals. The State is using this structure as their model. Nancy gave an overview and explained how this structure works. Nancy has a copy of their by-laws. Might want to consider this model if the Coalition decides to move in the direction of a 501(c)3 based on its current structure.

Input – Nancy would like input from the members based on the models presented. The direction the Coalition is leaning towards can be presented to all the partners in the current plan, and then the partners can give their input as well.

- Mary Beth Pirolozzi recommended that current 501(c)3 entities that have related missions such as AHEC, Associated Charities and Allegany Health Right be considered as a collaborative partnership instead of creating another entity. Nancy responded that the hospital and health department have to be involved, and the idea is to have a neutral entity that will be able to bring the partners together.
- Dr. Raver mentioned that a lot of other funding is tied to having this LHIC-type structure now. She added that State pressures are going to be greater, especially if they receive the two large grants they are applying for, although one of the benefits would be a full data person and possibly money supports to help with this entity.
- Susan Stewart is in favor of the Carroll Co. Model. Basically, with this model the Coalition would just be formalizing what they are already doing and making it a 501(c)3.
- Chris Delaney asked that if we become a 501(c)3, would the coalitions currently supporting the subcommittees (i.e. Drug & Alcohol Council) be absorbed under that umbrella and be able to apply for grants themselves or would it all come from the top? Nancy responded that there is no definite answer to that question. It depends on who you are asking.
 - The State sees the LHICs as being the entity that could then trickle down to the various groups that exist now to do the different parts.
 - The Carroll Co. group forms “leadership teams”, which are entities that were previously partners. These leadership teams do different components of it and are assigned money for the projects they are doing. With this scenario, the Drug & Alcohol Council could be considered a leadership team.
- More comments on the Carroll Co. Model were:
 - In response to an inquiry by Sandi Rowland, Nancy responded that other nonprofit groups from the community are part of the Board of Directors
 - Susan Stewart - There is a plus to the State being in favor of this model. Will be more likely to receive the money if using the same model as the State.
 - Chris Delaney - The counties will be able to help and support each other if using the same model.
 - Jenn Wilson - This particular model has worked in a similar county for a number of years.

Agreement to explore the Carroll Co. Model further:

Chris Delaney made a motion to explore the Carroll Co. Model. Susan Stewart seconded the motion, and the group unanimously agreed.

VI. FOCUS GROUPS AND PLANNING PROCESS:

- **Partner Meeting - October 24th** - The Coalition would like to invite the agencies listed on the handout “**List of Agencies, Group or Entities listed in LHAP**” to the partnership meeting on October 24th from 8:30 AM – 10:30 AM, located in the Community Room, ACHD. Nancy added that she would like the members to give feedback as to whether the agencies highlighted in yellow should be deleted. She added that she received a call from the health chair (Ava) for NAACP who stated that she would like to be connected so that agency will stay. Nancy will contact her.
 - The agencies to be deleted are:
 - Fort Recovery
 - March of Dimes
 - Rotary
 - School Athletic Association
 - Restaurants
 - Medical Society
 - Parent Group Parent host Lose most
 - The agencies to be put on hold for later for a health and wellness activity are:
 - W MD Wheelman – cycling group
 - Boy Scouts
 - Big Brothers Big Sisters
 - The agencies that are staying on the list, but need identified representatives are:
 - Providers – Pharmacies (Bill Mackie)
 - Providers – MH (Lesa D. will call someone from Villa)
 - FSU – (Dr. Ketterman)

Nancy reported that the Coalition Workgroup members will verbally invite all the contacts on the list. She then explained the agenda for the partner meeting.

- **Other groups for reaching out?** – Nancy asked for input on other groups that would be interested in hearing about the data and plans and giving their input. One group the information will be shared with is the Chamber of Economic & Development Committee. Some suggestions for other groups were:
 - Hunter Douglas (Fred will invite them.)
 - Let Nancy know if you think of any other groups.

VII. UPDATES – Nancy Forlifer:

- **The Center of Mind-Body Medicine** – Nancy reported that there is a meeting next Wednesday from 10:30 am – 12:30 pm. After the Center met with Weinberg, they were advised to be more in touch with what’s happening with aging. Therefore, they did more research. Cheri Snyder met with Courtney and Renee from HRDC to talk about their interest in the area of aging and what may work. A group for the area agency on aging (Terri and other folks from AHEC, and other entities) will give the folks from the center more input, and then they will write a grant again to Weinberg with emphasis on aging and actual application of the training to the aging population.
- **Reports to SHIP (Yr. 2 Highlight and Financials)** - Emotional Mental Health will be highlighted in their annual report. Fred pulled the financials together. Nancy circulated the report to the Coalition members.

- **CIMH (HEZ 2.0) – “Healthy Cumberland”** – Was sent to the State. The State sent the proposal to the Feds. Will find out in January whether it will be funded. Dr. Raver reported that this is the one that if approved, the three HEZs that were considered fundable as well as the others will get funding, and that is where we would get a data person.
- **Healthy Allegany (CHW & Transportation)** – Jenelle Mayer is now the project director. Potential dates for the community health workers’ training are Oct. 28th – Dec. 6th. Still undecided on how many. There is a transportation meeting on Sept. 17th to present the proposal with a program with a mobility manager, HRDC and transportation vouchers. It is hopeful that all the programs that come will contribute part of their budget to transportation vs. having their own programs. Details will hopefully be finalized on that day.
- **Getting Healthier together Survey – last call** – Nancy received three more surveys since her last email. She now has 93. The goal is 200.

VIII. UPCOMING EVENTS – Nancy Forlifer:

- **Sept. 18th (8 am – 1 pm) ACA & Behavioral Health Forum** – Invitations went out. Dr. Raver reported that individual calls have been made. She informed Lorelee Farrell that Dr. Ben Brauer was the contact for the Bd. Of Ed for this forum because he is the one that has been the most connected with mental health issues. Lesa Diehl will forward an email with the details to Lorelee.
- **Sept. 18th (12 – 1 pm or 5:30 – 7 pm) E-Cigs...Education Program** – Chris Delaney reported that this is funding through the Pregnancy and Tobacco Cessation Health (PATCH) program with emphasis on getting pregnant women into tobacco cessation. Dr. Shell is presenting on “E-cigarettes and Trending towards Smoking”. It’s free, and is CME training for docs, nurses and social workers.
- **October 11th (11 am – 1 pm) ACA & MD Health Benefit Exchange, located in the Community Room, ACHD** – Suzanne Schlattmann from “Healthcare for All” will be presenting. AHEC will be a co-provider. This is being promoted to human services and healthcare providers.
- **Nov. 7th (8 am – 10 am) ACA & MD Health Benefit Exchange, located in WMHS Auditorium** – Carolyn Quattrochi, Exec. Director of Governor’s Office on Healthcare Reform will be presenting. This will be a different slant from Suzanne’s.
- **LHIC 2nd Annual Meeting** – Dr. Raver reported that the meeting has once again been changed to October due to technical difficulties. We were invited to present on our highlighted disparities and our plan.
- **Mission of Mercy** – Sandi Rowland reported that the Mission of Mercy is scheduled for Oct. 25th & 26th. You can still volunteer on their website: www.westernmdmom.com.

IX. NEXT MEETING:

The next meeting is scheduled for Nov. 12th at 1:30 pm in the Administrative Conference Room, ACHD.

Adjourned at 3:30 pm.

Submitted by:

Mary Strem
Allegany Co. Health Department
Office of Public Health Preparedness

APPENDIX TO COALITION MINUTES OF 9/5/13

**PRIORITIZATION OF HEALTH NEEDS -
TOTALS (SUMS OF 13 SURVEYS)**

Please rank each criteria from 1 to 3 - Where 1 is the least and 3 is the highest value:

<u>Data Points (Needs)</u>	CRITERIA			<u>TOTAL</u>
	<u>Significant Need</u>	<u>Capacity & Feasibility</u>	<u>Root Cause</u>	
1. Primary Care Access	38	30	31	99
2. Dental Access	34	28	26	88
3. Children & Poverty	39	23	38	100
4. Single Parenthood	32	22	34	88
5. Suicide	31	28	20	79
6. Drug Induced Deaths	29	28	22	79
7. Behavioral Health	37	31	34	102
8. Teen Birth Rate	31	25	32	88
9. Domestic Violence	34	27	25	86
10. Fall Related ED	28	26	17	71
11. Physical Inactivity	35	30	37	102
12. Smoking	37	30	37	104
13. Health Literacy	32	30	26	88
14. Asthma	24	29	19	72
15. Hypertension	34	32	29	95
16. Diabetes	35	33	31	99
17. Heart Disease	35	31	32	98
18. Sexually Transmitted Infections	27	25	19	71