



Wicomico County Local Health Improvement Coalition Meeting Minutes

Friday, April 5, 2019 @ 9:30 a.m.

Meeting Name:	<i>Wicomico Local Health Improvement Coalition</i>	Meeting Location:	<i>Greater Salisbury Building Conf. Room</i>
Meeting Date:	<i>Friday, April 5, 2019</i>	Minutes Recorder:	<i>Cathey Insley</i>
Meeting Time:	<i>9:30 a.m.</i>	Minutes Reviewer:	<i>Group</i>

Meeting Attendees and Organizational Representation: *Pattie Tingle (MAC, Inc.), Doug Wilson (Community), Rev. Thomas Tucker (CEC), Jason Sammons (DSS), Joe Ruffo (Sby Homeless Services), Mark Danderson (Community), Lori Brewster (WiCHD), Suzanne DeVito (BCCP), Melinda Wilkins (PRMC), Dhruvi Patel (UM Extension), Lisa Renegar (WiCHD), JoAnn Waggoner (WiCHD LCP), Lois Haynie (WiCHD LCP), Steve Walas (Encompass Health), Judy Barkley (Wesley Temple), Cathey Insley (WiCHD), Francis DiBari (Agnodice Healthcare, Inc)*

TOPIC	DISCUSSION	ACTION
WELCOME	Lori Brewster called the meeting to order and self introductions were made.	
MINUTES	Doug Wilson made a motion to approve the February 1, 2019 minutes as written, seconded by Steve Walas and carried.	Cathey will post to web.
PRESENTERS	<p>Wicomico Local Cancer Programs (JoAnn Waggoner, Suzanne DeVito, Lois Haynie) Staff working in BCCP and Colorectal Cancer programs are all relatively new to their roles, but all are long time health department staff. JoAnn shared that in addition to the services provided by the programs, staff provide education, linkage to other health department programs for clients and their families, and often develop trust relationships with the client's entire family.</p> <p>BCCP: Goal is early detection through screening, and identifying women that may not otherwise seek screening.</p> <ul style="list-style-type: none"> In 2019 an estimated 5,290 women in Maryland will be diagnosed with Breast Cancer and an estimated 830 will die. Prior to April 1, 2019 each county had their own BCCP. Effective April 1, 2019, BCCP has been regionalized through use of HUB programs. Wicomico is the HUB for Somerset, Wicomico and Worcester counties. Will see clients for all three counties with no additional money, and a cut in prior year funding. Clients can choose any HUB, and have already had clients from Dorchester ask to come to Wicomico since their HUB is on the upper shore. The program contracts with the hospital and other service providers at Medicare rates. The presentation the program uses for outreach, and current BCCP brochure were shared. 	

- Clients are identified through annual recall lists, and through outreach at community health fairs, networking and provider referrals.
- **Qualifications:** Females ages 40-64, uninsured or underinsured, income eligible less than 250% of federal poverty guidelines.
- If treatment services are needed, staff help clients apply for State diagnosis and treatment funds.
- **Challenges:** Transportation, and language barriers. BCCP teams with the Komen grant program that funds a spanish speaking caseworker.
- Dhruvi asked about impact outcomes, such as improved screening rates. State requires documentation in CAST system, which asks how client heard about the program. CAST shows previous years, regardless of the county where they were served.
- Lois shared that in previous years, ~250 women are screened annually. Will be able to estimate numbers after the first quarter of serving as the HUB for the lower shore.
- Case management includes explaining test results, follow through and recall, and develops a trust relationship.
- **Good news:** There has not been a cancer diagnosis in either BCCP or Colorectal this fiscal year.

Colorectal Cancer: Funded through the Maryland Cigarette Restitution Fund.

- Since 2001, have provided screening colonoscopy for over 39,000 low income, uninsured or underinsured residents. 55% of those served were minority and 33% were men.
- Outreach is similar to that for BCCP, and eligibility is similar, but is central to Wicomico only.
- Can assist with navigation if client is insured but meets all other criteria.
- Barriers: Literacy, transportation, understanding of the screening process.
- Screening goal for FY19 is 28 colonoscopies, which has already been met. Anticipate completing 5-10 additional by the end of June. Have provided navigation services for 9 this year (double the goal.)
- Only 8 colonoscopies this fiscal year were “normal.” Others found polyps and/or adenomas, both of which are removed during colonoscopy.
- Nurse case manager will work with provider if their recommendations don’t match the minimal clinical elements of the program, to advocate for earlier screening. Nurse case manager also sometimes hears client report things at intake that they may not have made the provider aware of.
- Mark shared that he did some research on cost vs effectiveness after a personal testing experience, and questioned whether screening by colonoscopy is the most cost effective. JoAnn shared that a Medical Advisory Committee meets annually and advises on what services state programs will provide. Mark stated that JAMA did some meta analysis in 2016 that looked at number of life years gained with FIT testing, ColoGard and colonoscopy. JoAnn shared that the nurse case manager for the program has a close family member that was diagnosed through colonoscopy - something that was not identified with DNA testing.
- Shane Assalone, Nurse Case Manager for the Colorectal Cancer program was not able to attend but shared the following post-meeting:

	<ul style="list-style-type: none"> ○ Colonoscopy can detect about 95% of all colorectal cancers and advanced precancerous polyps. ○ Cologuard comes with a lot of false positives - as many as 13% of patients, as noted on the Cologuard website. While Cologuard detects 92% of colorectal cancers, it identifies 42% of precancerous polyps. ○ Colorectal cancer is preventable. Colonoscopy allows removal of precancerous polyps before they become cancer. ○ Cologuard is not recommended for patients identified as high risk for developing colon cancer. Many patients do not know what their risk is. Program staff assesses clients individually to help identify these risk factors. <p>Komen Breast Cancer Prevention Program:</p> <ul style="list-style-type: none"> ● Cara Rozaieski shared that the “Closing the Gap” program serves Hispanic women of any age. The program is small, but provides needed interpretation, translation, navigation, education and screening funds of last resort to a vulnerable population. ● Serve 100-125 women annually with Elizabeth Martinez providing the case management. 	
<p>HEALTH OFFICER UPDATES</p>	<ul style="list-style-type: none"> ● Very busy legislative session coming to a close, with a lot of health bills reviewed. Tobacco 21 was moved out of legislature and is on the Governor’s desk for signature. ● Poplar Hill was discussed at the DATE county council meeting. The Executive Director of the state OOC and Deputy Secretary of Behavioral Health were in attendance for the discussion on whether to accept the money. Council felt they were being rushed to make a decision to accept, even though they have been aware for approximately a year. They also felt Baltimore City residents would be accepted and there was opposition from the residents in the Bivalve/Westside areas. ● The provider identified to manage the treatment facility has now withdrawn their name due to the scope of the project. ● Funding is now being reallocated for other programs. The County Executive is not giving up hope and will continue working to open a treatment facility. If Poplar Hill is not designated for this project, it may be converted to a female only pre-release unit (State is requiring two female only units.) ● Wicomico Health Department was one of 4 jurisdictions awarded grant funds establish a Safe Station (Worcester, Kent and Queen Anne also funded). The Safe Station be housed at the Recovery Resource Center. Most are housed within a law enforcement agency or fire department, which may be a deterrent for those seeking help. The Safe Station at the RRC would allow someone wanting to seek treatment to show up anytime 24 hours a day. When the RRC is not open, a security guard will be present to contact a Peer if someone seeks treatment. 	
<p>Subcommittee Updates</p>	<p>Behavioral Health (Lisa Renegar)</p> <ul style="list-style-type: none"> ● Goals and objectives were reviewed at the last LHIC meeting. BHA plan review went well. State feedback was that the plan was well written and they liked the collaboration they saw with SWOT analysis and brainstorming completed on how to incorporate the 7 integration domains into the plans goals, objectives and strategies. Data analysis was commended. 	

- Wanted expansion in a few areas, and plan was approved with the requested corrections.
- BH Workgroup planned to meet in March, but deferred until the new LBHA Director starts in mid-April.

Live Healthy Wicomico (Lisa Renegar and Cara Rozaieski)

- Mission is to improve the well being and health outcomes of Wicomico residents by promoting education and resources for chronic diseases.
- Still working to establish an identity and identify new partners.
- For the diabetes priority area the goal is to reduce the number of ED visits for diabetes (SHIP data).
- At the last meeting the group discussed ideas including education to doctors on the latest treatments and outreach/education for faith based community. One idea is for the Environmental Health program to share educational materials when they issue temporary food licenses to churches. Additionally, it was suggested that the Healthiest Maryland Businesses program could work with employers to advocate with insurance providers to provide diabetes education, prevention and resources that reduce risk of ED visits.
- Cancer Priority Area: we plan to work with the WiCHD Local Cancer Program on this newly identified focus area.
- Next Live Healthy Wicomico meeting is May 20th, 3:00 pm at the Health Department Adkins Building conference room.
- The LHIC group discussed prevention and education efforts offered locally. Melinda shared that PRMC offers nutrition and diabetes education on site (covered by Priority Partners), but this is for those already diagnosed. The program works with adults and children, provides nutrition coaching. Inpatient component is included, even if patient is in the hospital for unrelated issues.
- PRMC also partners with MAC, Inc to provide education.
- Wagner Wellness van uses a diabetes screener and can connect a patient with a primary care provider if they don't have one.
- The group discussed how to best reach the African American community since data shows that African Americans are at increased risk of developing diabetes. Judy Barkley shared that in person outreach is needed by a trusted member of the African American community. The group discussed a sub-group to plan this outreach, which the Live Healthy Wicomico group already is.
- Judy also shared that Wesley Temple has an active wellness group, but they need the education.
- Dr. Tucker agreed that lack of education, lack of transportation and being in a food desert are barriers in the African American community.
- Currently there is no staff member at the health department that can provide this education.
- Steve suggested that using a model similar to the peer program for the opioid issue may be a good opportunity, possibly using Community Health Workers.
- Cara asked if those in the target communities would be willing to bring representatives to a Live Healthy Wicomico meeting to open the dialogue and share education opportunities.
- Dhruvi Patel shared that the University of Maryland Extension looks at prediabetes data, looking at method of delivery and audience that needs education.
- Cara shared that Wicomico is a contractor under the SCALE program funded in Somerset County.

	<p>The program is similar to the CDC's Diabetes Prevention Program, but without the stringent requirements of the CDC grant. SCALE is evidence based and focuses on women of child bearing age and children.</p>	
Partner Updates	<p>PRMC (Melinda Wilkins)</p> <ul style="list-style-type: none"> • AHEC Oral Health grant has been finalized. Post visit, a CHW will contact patient with resources for their identified needs. • Remote patient monitoring begins with a 50 patient pilot on June 10, 2019. • PRMC is one of 4 hospitals in a pilot program that sends patients identified with food needs home with food. 3 days of food go home with patient at discharge, and the CHW brings another 9 days worth of food at a home visit. <p>Community Empowerment Center (Dr. Thomas Tucker)</p> <ul style="list-style-type: none"> • June 16th block party style health fair is planned. Flyer will be forwarded when finalized. • 200-250 people expected. • Will be partnering with WiCHD to educate on tobacco. <p>University of Maryland Cooperative Extension (Dhruti Patel)</p> <ul style="list-style-type: none"> • Partnering with Maryland Department of Aging to introduce an 8 month nutritional education program with fundamentals of nutrition and stress management components. • Conducting a year long study of the farming community with a focus on stress, mental health, and suicide prevention. Will work with the Maryland Department of Agriculture to develop a future program based on findings from the study. • Working on diabetes education program as discussed earlier in the meeting. <p>Wicomico County Health Department Prevention (Cara Rozaieski)</p> <ul style="list-style-type: none"> • STI rates in young people in Wicomico are very high. Prevention offers a comprehensive education program. • Tri County Walk led by local Health Officers is planned for May 11th at the Delmarva Shorebirds. Walk will go around the new boardwalk around the outfield. • Shore Transit is marking a walking route on the Tri County campus. • WalkWicomico member organizations are being asked to sponsor and plan a free community walk so there is at least one free event planned each month. 	<p>Vendors needed.</p> <p>Contact Cara if you know of a host site.</p>
NEXT MEETING	<p>Friday, June 7, 2019 @ 9:30 a.m. Greater Salisbury Building Conference Room</p>	
ADJOURNMENT	<p>The meeting was adjourned at 10:54 am.</p>	