

# Wicomico County Local Health Improvement Coalition Meeting Minutes Friday, December 3, 2021 @ 9:30 a.m.

Meeting Name:	Wicomico Local Health Improvement Coalition	Meeting Location:	Virtual Meeting		
Meeting Date:	Friday, December 3, 2021	Minutes Recorder:	Cathey Insley		
Meeting Time:	9:30 a.m.	Minutes Reviewer:	Group		
Meeting Attendees and Organizational Representation	Donna Clark (HOPE Inc), Lori Brewster (WiCHD), Tammy Griffin (WiCHD), Doug Wilson (Community Member), Lisa Renegar (WiCHD), Tara Wampler (Aetna Medicaid), Jill Kenney (MAC Inc.), Kat Rogers (TidalHealth), Nicole Acle (Wicomico County Council), Dhruti Patel (UM Cooperative Extension), Cathy Woodward (WDSS), Steve Walas (Encompass Health), Mae Esh (Holly Centre), Tuesday Trott (Holly Centre), Keirsten DeBoer (Deer's Head), Christina Gray (WiCHD), Jason Sammons (WDSS), Claire Otterbein (UWLES				

ΤΟΡΙϹ	DISCUSSION		
WELCOME	Nicole Acle called the meeting to order at 9:32 AM. Members announced themselves.		
October Minutes	Steve Walas made a motion to approve October minutes, seconded by Kat Rodgers. Minutes approved.		
Presenter:	<ul> <li>Health Trends for Priority Health Areas in Wicomico County</li> <li>Christina Gray, Epidemiologist, Wicomico County Health Department</li> <li>Conduit (Consultant for CHNA) presentation was shared at the October meeting.</li> <li>Christina presented to provide additional data review and things that may have changed since last CHNA.</li> <li>Moderate county population increase since 2010.</li> <li>Income, poverty and education benchmarks lag behind the state.</li> <li>Wicomico has a slightly younger population compared to neighboring counties.</li> <li>Higher prevalence of heart disease, stroke and kidney disease.</li> <li>Population change seems to show trends of people moving to more rural county areas over the last 10 years, and the number of Hispanic residents doubled. Majority population is white, non hispanic.</li> <li>SOCIAL DETERMINANTS OF HEALTH</li> <li>Economic Stability: Association with health outcomes well established.</li> <li>Median household income has increased, but lags behind the state and county over the same time period.</li> <li>Cost of living: 4 of 10 residents are renters.</li> <li>Household income needed for affordable rentals - income needed to afford rentals is greater than median income for the county.</li> </ul>		

Education: Higher education level associated with better health outcomes.

- Higher education graduation rates are behind the state.
- One quarter of residents have a Bachelor's degree or higher.

#### Access to Care:

- Uninsured are more likely to not have a consistent primary provider.
- Number of primary care providers per resident is lower than the state.
- 1 in 3 Hispanic residents remain uninsured.
- Number of dentists and mental health providers per resident locally is higher than the state.
- Lower proportion of uninsured, higher rate of residents with a routine checkup.

Neighborhood and Built Environment: High crime is associated with poor health outcomes.

- 1 in 5 households have a severe housing problem.
- Food access: low access in eastern portion of the county, however some areas that were food deserts in 2015 are no longer.

Social and Community Context: Social support is critical to managing stressors.

- Voter registration increased in 2019, as did owner occupied housing.
- Number of seniors living alone can indicate social isolation issues.

## CURRENT PRIORITY AREAS: DIABETES, CANCER, BEHAVIORAL HEALTH

#### Diabetes:

- 1 in 10 residents are diabetic, the #6 cause of death in the county.
- Prevalence in seniors higher than the state.
- Disparities: age adjusted mortality shows increase; higher in black non hispanic male residents.

#### Heart Disease/Stroke:

- 5.9% of residents have heart disease. Heart disease #1 and stroke #3 cause of death.
- Mortality rates for HD and Stroke are much higher than state rates.
- ED visits for black non hispanic males are 4.5 times higher than white.
- Heart disease death rates have improved, however heart disease death rate for black non hispanic males and stroke death rate for general population have increased.

Cancer: 2nd highest cancer mortality rate in the state.

- #2 cause of death in 2019. 1 in 4 cancer deaths due to lung cancer.
- Males have higher incidence and mortality rates across most cancers.
- Age adjusted incidence rates are lower in black non hispanic residents, however the death rate is higher.
- Overall cancers, particularly prostate and colorectal cancers have decreased, as well as lung cancer mortality.
- 1 in 5 adults in Wicomico smoke, 3rd highest in the state.
- Youth smoking has decreased significantly, from 18.3% down to 6.9% in 2019.
- Electronic (e cigarette) device use has increased in youth.

#### Behavioral Health:

• COVID impact on mental health and substance use has been significant.

•	Intoxication death age adjusted mortality rates in 2019 were an increase from our 2017 rate, but are
	lower than the state rate.

- More than 75% of deaths were white non hispanic, and almost  $\frac{2}{3}$  of deaths were male.
- Alcohol use self reporting binge drinking has increased.
- Suicide mortality rate has been stable since 2019, however disporportioately seeing white non hispanic males driving suicide deaths locally.
- LGBTQ students more likely to report suicidal thoughts/planning.

#### Sexually Transmitted Infections:

- Incidence across all demographic groups has increased the last five years.
- County rates for gonorrhea and chlamydia are higher than state rates.

#### Health Among Older Adults:

- Proportion of falls in age 65+ has decreased, with a higher fall rate in females than males.
- One third of seniors live with at least one disability.
- Chronic kidney disease in seniors increased.
- Alzheimer's deaths are higher among white non hispanic females.

## **Oral Health:**

- More high school students report seeing a dentist in the last year.
- Oral cancer incidence and mortality have increased.
- <sup>3</sup>/<sub>4</sub> of oral cancer cases are males.

## **Respiratory Diseases - Non-Covid:**

- CLRDs are the 4th leading cause of death in the county, and Flu/Pneumonia are #14 cause of death.
- 43.5% of residents reported receiving a flu shot in 2020 and 68.8% aged 65 and older have had a pneumonia shot, which is a slight decrease over the last three years.
- ED visits for asthma were higher in black non hispanic males.

# Infant and Child Health:

- Infant mortality rate, preterm births and premature births have decreased.
- Teens are more likely to have low birth weight and preterm births.

#### **Overall Wellbeing:**

- Life expectancy is 2.6 years lower than the state, and 2.4 years less for black non hispanics compared to whites.
- Compared to Maryland, Wicomico shows slightly higher prevalence of disability.
- Self reported poor physical health days were decreased compared to 2016.

# QUESTIONS

- Nicole asked if cancer data could be broken down by geographic region. Christina answered that data can be requested from the state by zip code.
- Nicole commented that our local LGBTQ youth are more likely to contemplate or attempt suicide, possibly due to lack of support and professional resources in the community.

Health Officer UpdatesLori Thanked Christina for her presentation and expressed how fortunate we have been to have her in Wicomico<br/>County.

#### Staffing challenges:

- Healthcare in general seeing staffing challenges. Health Departments are suffering.
- Private industry offering sign on bonuses, and have taken some public health nursing staff from LHDs.
- Currently recruiting for 10 nurses.
- Challenging recruitment for EH sanitarians.

## COVID:

- Numbers continue to increase.
- Ongoing vaccination at the Civic Center, and through community events.
- Will be only doing indoor events moving forward after an outdoor event where temps were in the 30s.
- Testing continues. Home test kits received from the State. Health department has partnered with the library to distribute to the community. Within a couple of hours the first delivery, all given out.
- New Deputy Health Officer Dr. Cynthia Calixte started in October. She was formerly with Chesapeake Health Care, and is maintaining a private practice in addition to working full time at the health department. Dr Calixte is fluent in Haitian Creole.
- Annual report was completed and has been shared with the LHIC by email.
- Primary Care Office at the state has been undergoing the required professional shortage area review.
- In the past the three lower shore counties were submitted as one group; decided to submit separately.
- Wicomico County geographic area did not meet criteria for primary care shortage for CMS physician bonus. Met the needs for eligibility for federal poverty level in infant mortality rate as well as providers accepting Medicare.
- Submitting for us under HPSA. Scored a 14. Tri County region last time scored a 15 and was not eligible for CMS physician bonus at that time either.
- Dental Received a high needs HPSA score of 18, primarily due to percentage of population with fluoridated water and percentage that meet federal poverty level.
- Met geographic HPSA for Dental as well. Will find out what the federal government decides.
- Thanked members for their support of the LHIC and the health department and wished all a happy holiday.
- Nicole Acle asked if there is a bonus for allied health professionals, CNAs, Nurses?
- Nurses are eligible under nurse loan repayment at the state. For those not seeking tuition reimbursement there is no bonus system.

# Subcommittee<br/>UpdatesCHNA Update - Lisa Renegar• Partners continue to work with Conduent HCI (Consultant)• Consultant completed secondary analysis and currently working on primary data analysis, which includes<br/>750 community surveys, key informant surveys and focus groups.• Next step is prioritization of Health Priorities in January.<br/>• Final report should be out in the spring.

• Lisa sent a link to updated CHIP when the Annual Report was sent by email. Can be found on our website.

	<ul> <li>Subgroup Updates: <ul> <li>Behavioral Health Workgroup is meeting monthly, working on FY22 priorities Education and Awareness, Culturally and Linguistically Appropriate Services (CLAS) and data.</li> <li>Will soon start working on FY23 annual plan. State will transition to three year plans, instead of annual.</li> <li>LHIC grant - will have mini grants to provide diabetic supplies at local pharmacies</li> <li>Hoping to bring a consultant on board to evaluate the Diabetes Prevention Program.</li> <li>Will work on a diabetes resource guide. Chronic Disease workgroup working on this.</li> <li>MDH contracted with University of Maryland Horowitz Center to provide technical assistance for LHICs - although there is no funding, the state would like reporting completed.</li> <li>Chronic Disease Workgroup, Live Healthy Wicomico meeting every other month.</li> <li>Group will assist in developing the Diabetes Resource Guide.</li> <li>Covid outreach program: Chavonda Carr and Kayla Creighton implementing needs assessments throughout the county, specifically in vulnerable population areas. Attending events and partnering with Adopt a Block to complete assessments.</li> <li>o If anyone knows individuals impacted by COVID via job or housing loss, there are funds available to assist. Contact Tammy Griffin or Chavonda Carr in Prevention to get them enrolled.</li> </ul> </li> <li>Adolescent Health: GEMS programs in high demand by students and parents. Some schools started wait lists. Bennett Middle will start mid-December, WiMiddle in January and Salisbury Middle following WMS.</li> <li>Many requests for hygiene bags. Chavonda's team working to fill requests.</li> <li>Tobacco cessation continues virtually and in person. Just completed sessions with Go-Getters and HALO.</li> <li>Have seen an increase in teen tobacco referrals.</li> <li>Waiting on feedback on the BC/BS Health Equity grant submitted in the fall.</li> <li>Partnering with TidalHealth on the Pathways grant. Kat will provide updates on Pathways.</li> <li>Nicole</li></ul>
Partner Updates	<ul> <li>Kat Rodgers, Tidal Heath <ul> <li>Pathways to Health Equity grant funded through MHCRC.</li> <li>Based on the new health equity resource act passed by the legislature.</li> <li>Subgroup formed to compile a regional proposal. Commission asks that proposals address improving health outcomes, reducing health disparities, improving access to care, and reducing total cost of care, and increase primary and secondary prevention services.</li> <li>Will focus on a limited specific geographic area and address a specific health disparity condition.</li> <li>Reviewed CRISP data and CHNA data and identified hypertension and diabetes in black adult population.</li> <li>Focusing on Salisbury, Eden, Princess Anne, Pocomoke and Snow Hill.</li> <li>Proposal is \$1.4M over two years.</li> <li>Main components are to expand CHW workforce and partnering with Rebirth Inc, that primarily serves the Haitian community.</li> <li>The CHW will be a liaison to health departments, hospitals and health care providers.</li> </ul> </li> </ul>

ADIOLIDNIMENT Stove Walas made a motion to adjourn, second by Denna Clark and Kat Redgers. Meeting adjourned at 10:42 AM		<ul> <li>Expanding mobile health screenings on the Wagner Wellness van and helping staff the Wicomico and Worcester health department mobile medical vans and expanding education and outreach.</li> <li>Partnering with Pocomoke nonprofit "Building Mosaic Solutions" to provide education classes in Pocomoke and Snow Hill.</li> <li>Partners for Diabetes Prevention are LHDs, hospitals, Chesapeake Healthcare, Lower Shore Clinic, MAC, Building Mosaic Solutions, Rebirth and the YMCA, Salisbury University is an in-kind partner that will allow School of Nursing students to staff mobile medical vans.</li> <li>Unite Us platform: Will purchase kiosks for LHD and Chesapeake Healthcare to offer tablets for visual interpretation when an interpreter is not available.</li> <li>Letters of Support received from all delegates representing the shore, as well as the Mayor of Salisbury.</li> <li>Tidal Health Updates:         <ul> <li>COVID increasing. Were below 20 at one point, currently 34 (19 unvaxxed, 9 fully vaxxed, 1 with booster) in house with an additional 8 potential cases.</li> <li>Partnering with Froggy 99 on December 18th to provide flu shots and COVID shots in the old KMart parking lot.</li> <li>Exhale program - 15 referrals received and still accepting for households that may need it.</li> <li>Blood Pressure initiative: Received 150 cuffs from the American Heart Association. CHWs are giving them out and following up monthly to see if education and cuff show better individual management of BP.</li> </ul> </li> <li>Donna Clark (HOPF, Inc)         <ul> <li>HOPE received a grant from the Robert Shatner organization. \$70K coming in for dental care for adults.</li> <li>Can now serve individuals with income of up to \$35K a year. Can also now use any dentist, not just those that provide discounted care. Looking for referrals.</li> <li>Donna's new email: hope@hopesby.com</li> </ul> </li> <li>N</li></ul>	
ADJOCKNINE IN SLEVE Walds made a motion to aujourn, second by Donna Clark and Kat Rougers. Meeting aujourned at 10:42 AM.	ADJOURNMENT	Steve Walas made a motion to adjourn, second by Donna Clark and Kat Rodgers. Meeting adjourned at 10:42 AM.	
NEXT MEETING Friday, February 4, 2022 @ 9:30 AM (VIRTUAL) https://meet.google.com/rmy-cgaw-ngz or call 1(862) 295-2214 PIN: 314 793 458#	NEXT MEETING		