St. Mary’s County Community Health Advisory Committee

MINUTES

February 15, 2012

Members Present:

<table>
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<tr>
<th>Member Name</th>
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<tr>
<td>Dr. Larry Polsky</td>
<td>Georgette Gaskin</td>
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<td>Patty Belanger</td>
<td>Lori Jennings-Harris</td>
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<td>Joan Gelrud</td>
<td>Roy Fedders</td>
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<td>Dr. Kathy O’Brien</td>
<td>Dr. William Icenhower</td>
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<td>Ella May Russell</td>
<td>Jeanne Schmitt</td>
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<td>Eleanor Ritchie</td>
<td>Michael Cahall</td>
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1.) Call to Order / Introduction of guests: The meeting was called to order by Dr. Polsky at 6:05 p.m. Handouts were distributed.

2.) Roll Call: Committee members in attendance introduced themselves. New CHAC applicant, Michael Cahall, was introduced.

3.) Presentation of Minutes: Minutes from the Nov. 16, 2011 CHAC meeting were distributed. A motion was made and seconded for approval of these minutes.

4.) State Health Improvement Process (SHIP)/Local Health Improvement Process (LHIP):

At this time, Dr. William Icenhower informed the committee of the State and Local Health Improvement Process (SHIP and LHIP). Handouts were distributed and a PowerPoint presentation was provided.

State Health Improvement Process (SHIP)

Background:
- DHMH began work on SHIP in January 2011.
- The goal of SHIP is to provide a framework for accountability, local action and public engagement for Maryland’s health progress.
- SHIP 2011-2014 targets were selected after reviewing state, local and national plans and indicators, and consulting with state officials and health and community leaders to discuss health outcomes and factors.

Overview:
- Six focus areas were chosen, including:
  - Healthy Babies
  - Healthy Social Environments
  - Safe Physical Environments
  - Infectious Disease
  - Chronic Disease
  - Healthcare Access
- Includes 39 measures, with “Increasing Life Expectancy” encompassing all six focus areas.
Local Health Improvement Process (LHIP)
Overview:
- LHIP was developed to determine the current and future health care needs of St. Mary’s County residents and recommend policy that optimally addresses the identified needs
- Serves as a forum to locally prioritize SHIP’s objectives
- Advises the Board of County Commissioners, serving as the Board of Health, on local health issues
- In order to receive federal funding, the Community Health Advisory Committee will need to be renamed the Local Health Improvement Coalition to abide by SHIP guidelines

Areas of Concern in St. Mary’s County (as determined by the 2009 Community Health Assessment):
- Obesity
- Healthcare Provider Shortage
- Tobacco Use
- Childhood Sexual Abuse
- Infant and Child Death Rates

5.) Subcommittee Reports:
A. Healthy and Fit St. Mary’s Coalition:
Joan Gelrud updated the committee on activities of the Healthy and Fit St. Mary’s Coalition. There has been a focus on the social marketing campaign. Patty Belanger informed committee members of the “St. Mary’s Health & Fitness Expo” which will be held May 20 at Chancellor’s Run Park and will include activities to provide physical activity and social awareness. The coalition is in the process of applying for several grants, including the Community Transformation Grant (CTG). Grant monies awarded so far have been used for social marketing. Part of the CTG will require setting up a demonstration project somewhere in the community, surrounding a local church, neighborhood or school district, to put in place evidence-based practices to see if this makes a difference in that community. Another part of the grant includes creating social policy around obesity and improving BMI. The coalition is looking at the redevelopment areas of Lexington Park and the utilization of walking trails and bike trails. The Governor’s initiative will include looking at trans fats in restaurants, businesses and schools as related and its impact on obesity.

B. Infant Mortality Subcommittee:
Dr. Polsky reported that the Fetal/Infant Mortality Subcommittee met to discuss two fetal deaths within the past quarter. One was determined to be a chromosomal abnormality and the other was a probable abnormality; both were considered to be unavoidable. Dr. Polsky stated that SHIP data reflects a relatively high number of SIDS deaths. The subcommittee will review the number of deaths from SIDS for accuracy and to see where this data was obtained.

C. Childhood Sexual Abuse:
At this time, Jeanne Schmitt of the Dept. of Social Services (DSS) distributed handouts and provided information on Prevent Child Abuse Maryland. She explained that St. Mary’s County DSS and the Child Advocacy Center (CAC) participate in Prevent Child Abuse Maryland which, with funding from Prevent Child Abuse America, convenes a partnership of public and private organizations committed to the values and goals of preventing child sexual abuse.
• *Prevent Child Abuse Maryland*, along with DSS and CAC have accomplished:
  o Defining the baseline problem and collecting information about the magnitude, scope, characteristics, and consequences of child sexual abuse
  o Using research to identify how and why sexual abuse occurs, the causes of sexual abuse, the correlates of child sexual abuse, and the factors that increase/decrease the risk of abuse
• *Prevent Child Abuse Maryland*, along with DSS and CAC are currently:
  o Designing, implementing, and evaluating interventions to prevent child sexual abuse based on research and results in other areas
  o Identifying two jurisdictional collaboratives (yet to be determined) to be provided technical assistance, grant funding, training and other resources to begin results-tested interventions with concurrent evaluation for effectiveness in Maryland
  o Mobilizing and identifying partnerships in each jurisdiction to implement interventions and monitor the effects of intervention on risk factors and the target outcome of preventing child sexual abuse based on a statewide roll-out of tested policies, plans and practices to prevent child sexual abuse. Interventions must occur on multiple levels at individual, family and community levels.
• Outcome of Discussion:
  o Better communication needs to occur between DSS and first responders. First responders need guidance on handling suspicious cases.
  o A curriculum to train-the-trainer might be beneficial. MedStar St. Mary’s Hospital would like to help facilitate this.
  o The age of the victim should be included on the data chart.
  o Joan Gelrud stated that MedStar St. Mary’s Hospital would like to replace this initiative with another area of focus if the current Community Health Assessment determines that childhood sexual abuse is not as prevalent as previously thought.

**D. Physician Shortage Initiative:**
At this time, Joan Gelrud provided a Power Point presentation to update the committee on the physician shortage in St. Mary’s County. A recent Physician Workforce Study shows that Southern Maryland has the greatest shortage of physicians in the state, including primary care physicians and specialists.

The physician shortage rate in St. Mary’s County is now at 86% and is predicted to be even worse by 2015. Psychiatrists are in critical need and MedStar St. Mary’s Hospital is working with Georgetown University Hospital for recruitment.

**MedStar Successes for FY 2011-12:**
• Center Radiology joined MedStar St. Mary’s Hospital as the new provider of radiology and imaging services. Seven new radiologists joined staff, providing specialization in interventional radiology, breast imaging, and muscular-skeletal.
• Recruiting/rotating specialists – pediatric cardiology services with Children’s National Medical Center. Other subspecialists will be provided in the new Outpatient Pavilion in 2012.
• Oncology consultation coverage by Washington Cancer Institute and Lombardi Cancer Center. Research opportunities will be offered through these partnerships.
• Georgetown University Hospital assumed the Pediatric Hospitalist program. This will provide coverage using Georgetown Hospitalists with residents.
• New MedStar Physician Partners Specialties office opened in Leonardtown with a full-time adult endocrinologist and a urologist.
• Dr. Tagouri, MedStar St. Mary’s Hospital pathologist, joined the Georgetown University Hospital Pathology Group, allowing coverage for Dr. Tagouri and expanding capabilities in the laboratory for latest technology and consultation from Georgetown pathologists.
• Nanozoomer technology to allow viewing of information by MedStar St. Mary’s Hospital and Georgetown University Hospital concurrently.

MedStar St. Mary’s Hospital’s Goals for 2011-2012:
• Expand on Family Resident Rural Rotation in collaboration with Franklin Square Hospital
• Continue with fourth year medical students’ rotation with the University of Maryland and Area Health Education Center. Since its inception in 2001, St. Mary’s Hospital and affiliated physicians have provided education to over 200 medical students.
• Provide physician recruitment to meet the needs of the growing population of St. Mary’s County, projected to be 130,000 residents by 2020.
• Implement regional strategies to develop service lines in cardiovascular, neurosciences, oncology, orthopedics, surgery and hospital-based services.

E. Tobacco Use Initiative:
Dr. Icenhower stated that smoking cessation classes are offered free of charge at the health department. The health department only has one person working part-time to assist with these classes, so the staff-shortage is a problem. He is hoping to receive extra funding through the Community Transformation grant to focus on smoking cessation classes in the Lexington Park area.

6.) Community Health Needs Assessment:
Joan Gelrud provided a Power Point presentation and updated the committee on the results of the most recent Community Health Needs Assessment developed by Holleran and the MedStar Health Advisory Task Force. This survey asked community members to provide input in the areas of access to care/services, key health issues, wellness and prevention, and quality of life.

• Access to Care/Services questions included:
  o Access to a primary care physician
  o Access to a medical specialist
  o Access to a dentist
  o Use of the Emergency Department appropriately (i.e., not as a key source of primary care)
  o Access to medical transportation
  o Access to physicians and health care providers that accept Medicaid and other forms of medical assistance
  o Health care access for veterans
  o Health care access for the uninsured

• Key Health Issues questions included the severity in St. Mary’s County of:
  o Diabetes
  o Heart disease
  o Obesity
  o Severe mental/behavioral illness
  o Cancer
  o Strokes
  o Substance Abuse
  o Asthma
Wellness and Prevention questions asked respondents to rate the availability of the following programs in St. Mary’s County:
  o Health prevention and wellness programs
  o Smoking cessation programs
  o Diabetes prevention/education
  o Cancer screening programs
  o Overweight prevention/education programs
  o Cardiovascular disease prevention/education
  o Substance abuse prevention/education
  o Mental health prevention and treatment programs

Quality of Life questions surrounded access to:
  o Recreational activities
  o Fresh produce and other healthy foods
  o Quality of water
  o Quality of housing
  o Quality of road/traffic conditions

Based on the initial responses of the survey, the areas of greatest need in St. Mary’s County are:
  o Transportation services
  o Obesity/overweight
  o Access to care for the uninsured and underinsured
  o Too few physicians for underserved; too few specialists
  o Availability of mental health services
  o Substance abuse
  o Note - Work is already underway for all areas of concern except the availability of mental health services

Summary:
  o Final results of the survey should be available June 2012
  o It may become necessary to set aside some of the original initiatives from the previous assessment and add new initiatives
  o Information on the survey needs to change from census tracts to census block areas because of disparities and diverse populations in this county

7.) Discussion of Old Business:
Prescription drug abuse is a major problem in St. Mary’s County. There is a push for physicians to e-prescribe medications. A question arose about how self-payers are entered into the database. Dr. Kathy O’Brien will research this and update the committee at the May CHAC meeting.

8.) Discussion of New Business:
None

With there being no further discussion, the meeting adjourned at 7:50 p.m. The next Community Health Advisory Committee meeting will be held Wednesday, May 16, 2012 at 6:00 p.m. in the Board Room at St. Mary’s Hospital.

Respectfully Submitted,
Patty Belanger, Recording Secretary
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