



BALTIMORE COUNTY
DEPARTMENT OF HEALTH

Baltimore County Health Coalition 2024 Quarterly Meeting

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December 4, 2024



Agenda

- Welcome and Introductions
- Elise Omaki – Research Coordinator applied epidemiology and public health practice
Eileen McDonald
- Hospital Population Health Reports
- Subcommittee Reports
- Announcements

December 4, 2024



Fetal and Infant Mortality Reviews as a Public Health Strategy to Prevent Injury and Violence



Johns Hopkins Center for Injury Research and Policy

Agenda

- Introductions
- Injury as a Public Health Problem
- FIMR and CDR Implementation and Impact
- How We Can Support Our FIMR/CDR Teams

Center Mission

The Johns Hopkins Center for Injury Research and Policy is a collaborative of injury prevention experts who:

- conduct innovative research,
- teach today's practitioners and tomorrow's leaders, and
- translate discoveries into effective solutions to the devastating and costly problem of injuries in our society.

The background of the slide is an abstract architectural wireframe. It features a grid of lines that form a three-dimensional structure, possibly representing a building or a complex framework. The lines are light gray and set against a white background, creating a sense of depth and perspective. The structure is composed of several interconnected planes and lines, some of which are slightly offset from each other, giving it a dynamic and modern appearance. The overall effect is clean and professional, suitable for a presentation on a serious topic like public health.

Injury as a Public Health Problem

What is an injury?

That which results from exposure to a physical agent (energy) in amounts or at rates above or below the threshold of human tolerance.

The physical damage that results when a human body is subjected to energy in amounts that exceed the threshold of physiologic tolerance – or else, the lack of one or more vital elements, such as oxygen.

How do we classify injuries?

- Fatal vs. Nonfatal
- Intentional vs. Unintentional
- Nature of Injury: Specific physiological outcomes in terms of damage to the body
 - Fracture
 - Laceration
 - Contusion
 - Burn
- Mechanism of Injury (AKA External Cause): Incident in which energy is released suddenly
 - MVC
 - Fall
 - Fire

Injury vs. Accident

Why is terminology important? What is implied by accident?

Accident implies that event is not predictable, not preventable, a random act, an “act of god” – no control.

Injury implies that events are predictable and preventable.

10 Leading Causes of Death, United States

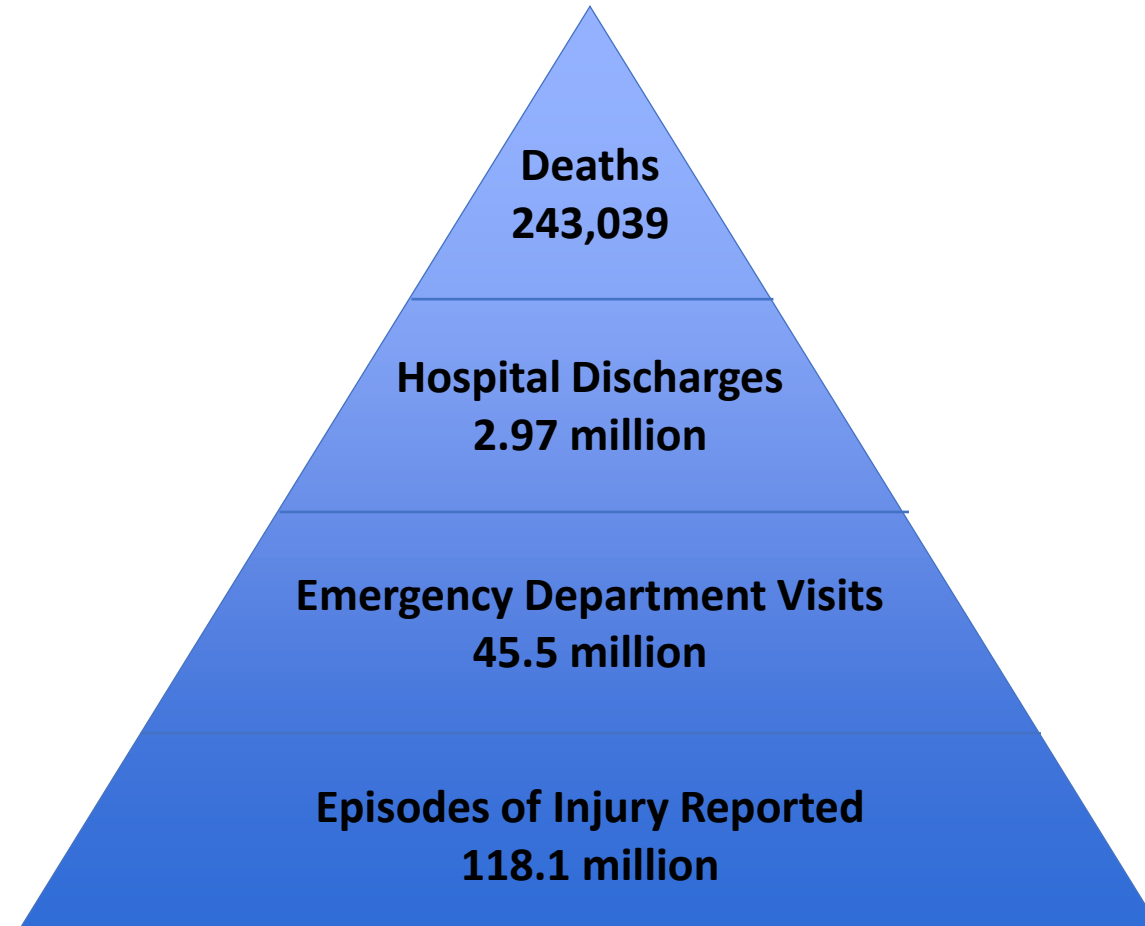
2021, All Deaths with drilldown to ICD codes, Both Sexes, All Races, All Ethnicities, 2001 - 2021 with No Race,

	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+
1	Congenital Anomalies 3,963	Unintentional Injury 1,299	Unintentional Injury 827	Unintentional Injury 915	Unintentional Injury 5,084	Unintentional Injury 10,708	Unintentional Injury 34,452	Unintentional Injury 36,444	Covid-19 36,881	Malignant Neoplasms 108,023	Heart Disease 553,214
2	Short Gestation 2,946	Congenital Anomalies 412	Malignant Neoplasms 347	Suicide 598	Homicide 2,758	Suicide 4,185	Suicide 8,862	Covid-19 16,006	Heart Disease 34,535	Heart Disease 89,342	Malignant Neoplasms 446,354
3	Sids 1,459	Homicide 309	Homicide 188	Malignant Neoplasms 449	Suicide 2,343	Homicide 3,877	Homicide 7,571	Heart Disease 12,754	Malignant Neoplasms 33,567	Covid-19 73,725	Covid-19 282,457
4	Unintentional Injury 1,306	Malignant Neoplasms 282	Congenital Anomalies 171	Homicide 298	Malignant Neoplasms 592	Covid-19 1,050	Covid-19 6,133	Malignant Neoplasms 11,194	Unintentional Injury 31,407	Unintentional Injury 33,471	Cerebrovascular 139,257
5	Maternal Pregnancy Comp. 1,113	Heart Disease 116	Heart Disease 66	Congenital Anomalies 179	Covid-19 351	Malignant Neoplasms 731	Heart Disease 4,155	Suicide 7,862	Liver Disease 10,501	Diabetes Mellitus 18,603	Chronic Low. Respiratory Disease 120,152
6	Placenta Cord Membranes 672	Perinatal Period 68	Covid-19 63	Heart Disease 132	Heart Disease 325	Heart Disease 619	Malignant Neoplasms 3,615	Liver Disease 5,833	Diabetes Mellitus 7,597	Liver Disease 17,664	Alzheimer's Disease 117,922
7	Bacterial Sepsis 557	Cerebrovascular 55	Chronic Low. Respiratory Disease 54	Covid-19 79	Congenital Anomalies 202	Diabetes Mellitus 238	Liver Disease 1,833	Homicide 4,863	Suicide 7,401	Chronic Low. Respiratory Disease 17,620	Diabetes Mellitus 72,451
8	Respiratory Distress 414	Covid-19 54	Cerebrovascular 35	Cerebrovascular 53	Diabetes Mellitus 107	Congenital Anomalies 217	Diabetes Mellitus 1,285	Diabetes Mellitus 2,961	Cerebrovascular 5,755	Cerebrovascular 14,634	Unintentional Injury 69,003
9	Circulatory System Disease 402	Influenza & Pneumonia 47	Septicemia 28	Chronic Low. Respiratory Disease 45	Cerebrovascular 72	Complicated Pregnancy 180	Complicated Pregnancy 797	Cerebrovascular 2,189	Chronic Low. Respiratory Disease 3,174	Suicide 7,267	Nephritis 44,013
10	Intrauterine Hypoxia 358	Benign Neoplasms 37	Influenza & Pneumonia 27	Diabetes Mellitus 39	Chronic Low. Respiratory Disease 61	Cerebrovascular 118	Cerebrovascular 624	Septicemia 1,108	Homicide 2,768	Septicemia 6,477	Parkinson's Disease 37,568

5 Leading Causes of Injury Death, United States 2021, All Injuries, Both Sexes, All Races, All Ethnicities

	<u><1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>
1	SIDS 1,459	Unintentional Drowning 476	Unintentional Mv Traffic 381	Unintentional Mv Traffic 489	Unintentional Mv Traffic 2,869
2	Unintentional Suffocation 1,072	Unintentional Mv Traffic 309	Unintentional Drowning 146	Suicide Suffocation 316	Homicide Firearm 2,611
3	Homicide Unspecified 138	Unintentional Suffocation 127	Homicide Firearm 105	Homicide Firearm 254	Unintentional Poisoning 1,561
4	Unintentional Mv Traffic 106	Unintentional Hot Object Or Substance 101	Unintentional Fire/Flame 95	Suicide Firearm 235	Suicide Firearm 1,185
5	Homicide Other Spec., Classifiable 53	Homicide Unspecified 99	Unintentional Suffocation 37	Unintentional Drowning 98	Suicide Suffocation 768

Injury Pyramid



CDC data from Schneider, 2021, Figure 17-3. Nonfatal data for 2016, deaths for 2017.

The background features a complex, multi-layered wireframe structure in shades of gray, resembling a modern architectural design or a data visualization. The lines are thin and create a sense of depth and perspective. The overall aesthetic is clean and professional.

FIMR and CDR Implementation and Impact

Fetal and Infant Mortality Review and Child Death Review

- Process that systematically reviews the circumstances surrounding the death of a child
- Issue recommendations to prevent future similar deaths, and thereby improve the health and safety of the community
- Process is prevention-oriented. Reviews are NOT approached from a punitive perspective
- Identify gaps within and between our systems

FIMR and CDR Teams

- Teams are organized at the local and state level, usually through the health department
- Team members represent diverse organizations – health care, social services, education, law enforcement, elected officials
- Members can be appointed, recruited, designated in statute
- Volunteers – most members take on the assignment in addition to their usual duties

Environmental Scan of FMIR and CDR Teams

Key Informant Interviews

We conducted in-depth interviews with 19 coordinators of state and local teams.

Four key themes were discussed:

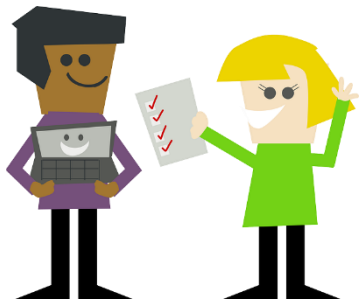
- **The Importance of Relationships**
- Collecting, Recording and Entering Data
- **Issuing and Implementing Recommendations**
- **Having an Impact**

35-item Survey

A total of 987 FMIR/CDR members responded to the survey from 46 states and DC.

Four groups of measures:

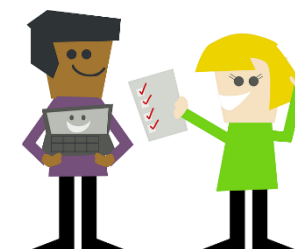
- Team & Member Characteristics
- **Attitudes & Beliefs**
- Role of Policy and Working with Policymakers
- Addressing Barriers & Identifying Priorities



The Importance of Relationships

Interviewees stressed the importance of having good relationships with their internal and external partner organizations. Strong relationships facilitate data sharing, CDR team participation, and being able to have an impact of the community.

- *“It's locally powered. They know their communities best, they have their relationships, they know the problem areas they know the challenges. They can they recruit and run their own teams as they best see fit. And they're truly in the best position to influence their community members, and in the best position to identify what are the best prevention strategies and which ones to implement.”*
- *“I don't know how to deal with the with the issue of everybody's doing this as volunteers. You know, I still, I have a 40-hour week salaried position at the hospital that sometimes is 35 hours and sometimes it's 85 hours and depending on the week, I have no way to predict what that's going to be my management is good enough to allow me the flexibility in my schedule to do this panel work in addition. But it doesn't mean I have less responsibility in my job. As a result, and that's the case, I think for a lot of a lot of our members. So, I don't know how to be able to carve out the resources for different people to be able to do that, representing their respective disciplines or agencies or programs.”*



Issuing and Implementing Recommendations

On the process for making recommendations

- *"It's kind of a free for all. You know, it's a narrative box. I just, you know, normally typing as people are talking."*
- *"We really get all sorts of information put into the reporting system. Some of them are more like observations. Some of them are really specific and would be great prevention recommendations."*
- *"Some teams take a meeting, like one meeting every year, to just formulate those recommendations based on their data."*
- *"I want to be cautious and not say that the recommendations can come out of an individual case, but it's often about a couple of similarly situated [cases] that we're seeing or conversations that we're having."*



Issuing and Implementing Recommendations

On the content of recommendations:

- *“If they say something like -- go to all prenatal care visits -- I'll try to push back a little bit and say, well, you know, what might've been the barrier? And then try to get them to a place where the recommendation is a little higher, that's looking a little bit more at those barriers.”*
- *“People's attention span and desire to have a really in depth, detailed conversation about prevention recommendations can be really hard.”*



Issuing and Implementing Recommendations

On the tracking progress of recommendations:

- *“We don't really know. We put out the report and, we just don't have the capacity to track the progress.”*
- *“We work for government, so we can't really be hands on doing that.”*
- *“It's the inability of our program to advocate for change. That's just an ethical restriction on our status as state employees.”*

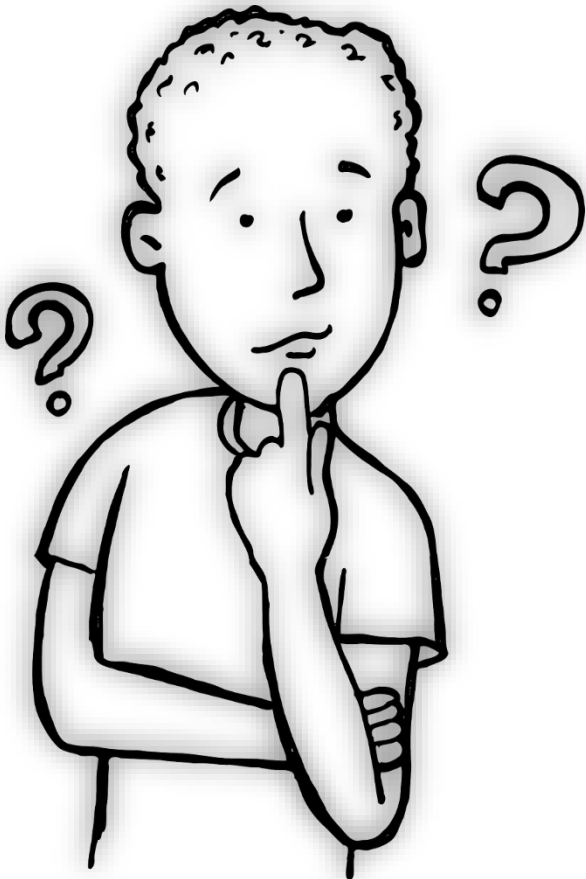


Having an Impact



- *“I don't know, I suppose, is the answer, but I have to hope that it's having some kind of positive effect”.*
- *“A fair amount of the recommendations that we come up with, I'm not sure that they ultimately get to where they need to get to, except [...] by influencing our members. They go out and kind of influence their people indirectly. I suppose I have to think that we reduce risk of reoccurrence. But, you know, ultimately, I'm not sure that the data would bear that out. I'm not sure that child deaths or serious injuries are decreasing over time.”*
- *“We've had a lot of really great prevention efforts going -- back to sleep, vision zero, our graduated driver's license. We've had some great legislation that has come out, um, a suicide prevention, gatekeeper training. Yeah, I mean, you can see our efforts, in our communities and our schools, so it makes a difference.”*
- *“I think of us as being storytellers.”*

Attitudes & Beliefs



Variable		N (%)
My team has the resources needed, such as knowledge, partnerships, materials, time, and funding, to conduct effective child death reviews.	Agree / Strongly agree	591 (70.4%)
	Neither agree nor disagree	136 (16.2%)
	Disagree / Strongly disagree	17 (2%)
My team has the resources needed to provide recommendations to prevent child death and injury.	Agree / Strongly agree	452 (54.3%)
	Neither agree nor disagree	182 (21.9%)
	Disagree / Strongly disagree	198 (23.8%)
The recommendations from my team result in meaningful change in my community.	Agree / Strongly agree	357 (43.4%)
	Neither agree nor disagree	338 (41.2%)
	Disagree / Strongly disagree	126 (15.4%)

The background of the slide is a light gray, semi-transparent wireframe of a modern building's structure. The lines are thin and create a grid-like pattern that recedes into the distance, giving a sense of depth and architectural complexity. The overall aesthetic is clean and professional.

How We Can Support Our FIMR/CDR Teams

An Example from Academia: EIEIO Project

- Evidence Informing Equity Interventions and Objectives Project
- Develop tools for assisting with communicating epidemiology, equity, evidence
 - Translation Guide & User Manual
 - Injury Equity Framework & Matrix
- Provide support and technical assistance for teams to:
 - Analyze inequities in the burden of injuries within their communities
 - Issue recommendations that draw from the best available evidence for preventing injuries

Healthcare Institutions

- Connect with your FIMR/CDR teams to learn about the trends and recommendations they are seeing in Baltimore County
- Support implementation of evidence-based injury prevention interventions
 - Funding, Staff Time, IT Resources
 - Institutional Policies
- Reward the champions who are participating on and partnering with fatality review teams

Community Members and Organizations

- Engage with healthcare institutions
 - Community Advisory Boards & Family and Patient Panels
- Share injury prevention resources with constituents
 - Safe Kids Worldwide
 - Injury Free Coalition for Kids
 - American Academy of Pediatrics
- Get involved with state and local advocacy efforts

Summer Institutes

Principles and Practice of Injury Prevention

June 16-18, 2025

This three-day course uses a problem-solving paradigm to introduce the principles and practice of injury prevention. The class will be offered in-person and online.



Advanced Injury Institutes:

Overdose Prevention

June 23-24, 2025

Suicide Prevention

June 25-26, 2025

These virtual two-day intensive courses broadens, advances, and challenges existing skills and knowledge of injury prevention students and/or multi-disciplined injury prevention practitioners.

Contact

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Johns Hopkins Center for Injury Research & Policy

<https://publichealth.jhu.edu/center-for-injury-research-and-policy>



Hospital Reports Population Health

- Greater Baltimore Medical Center
- Lifebridge Northwest
- MedStar Franklin Square
- St. Joseph's Medical Center
- Sheppard Pratt



Subcommittee Reports

- Chronic Disease
- Food Security
- Homelessness
- Low Birth Weight
- Opioid Intervention
- Tobacco





BALTIMORE COUNTY
DEPARTMENT OF HEALTH

Announcements from the Group

December 4, 2024





BALTIMORE COUNTY
DEPARTMENT OF HEALTH

Announcements Health Department

December 4, 2024





BALTIMORE COUNTY
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BALTIMORE COUNTY

FREEZING WEATHER SHELTER

Where to Go in Baltimore County to Get Relief from the Cold



Freezing Weather Shelter Information

There are two Baltimore County Freezing Weather Shelter locations for the 2024 – 2025 activation period:

- 1 Eastern Family Resource Center**
9150 Franklin Square Drive, Rosedale
- 2 Community Health Center**
1811 Woodlawn Drive, Woodlawn
(shelter entrance located on the left side, underneath the library)

The shelter is activated **November 15 – April 15** when the temperature forecast calls for freezing weather. Homeless residents may call our **Referral and Screening line at 410-887-TIME(8463)**, option 1, to confirm activation and bed capacity at anytime.

The shelter opens at 6 p.m. when activated and closes at 9 a.m. the next morning. Additionally, daytime activation may occur during severe weather conditions.



Public Locations

During daytime hours, any County resident needing access to water and bathrooms in a warm environment may visit those facilities:

- | | |
|---|---------------------------|
| Open Government Facilities: | Public Facilities: |
| • Department of Social Services offices | • Shopping malls |
| • Public libraries | • Movie theaters |
| • Senior centers | • Restaurants |
| | • Grocery stores |

You may also contact **Prilogue** at 410-816-4150 609 Baltimore Ave., Towson. All visitors to those locations must follow posted rules.



Who to Call for a Shelter Bed

Homeless residents may call **410-887-TIME(8463)**, option 1, to speak with a screener in the Department of Social Services (DSS) for help with identifying shelter options. There are a limited number of shelter beds available in Baltimore County and surrounding jurisdictions. DSS performs a vulnerability assessment to prioritize placement in the County's shelters. DSS may be able to refer callers to other resources.

Free Online Training

Learn how to prevent an overdose death with this!



Target Audience

Anyone concerned about themselves or a loved one overdosing on fentanyl, heroin or prescription pain medication

Learning Objectives

Training participants will learn:

- What is an opioid?
- How to recognize, respond to and prevent an opioid overdose
- How to administer intra-nasal naloxone* to reverse an overdose

**A prescription medicine that reverses an opioid overdose. It cannot be used to get high and it is not addictive.*

Training Benefits

Receive a completion certificate and a kit containing the medication.

Good Samaritan Law Reminder

If someone calls 911 in an effort to help during an overdose crisis, or they are experiencing an overdose, their parole and probation status will not be affected, and they will not be arrested, charged, or prosecuted for possession of a controlled dangerous substance, possession or use of drug paraphernalia or providing alcohol to minors.



REV. 11/15/2024

2025 Training Dates

- Wednesday, January 8 | 10—10:30 am
- Wednesday, January 29 | 6—6:30 pm
- Wednesday, February 12 | 10—10:30 am
- Wednesday, February 26 | 6—6:30 pm
- Wednesday, March 5 | 10—10:30 am
- Wednesday, March 26 | 6—6:30 pm

- Pre-registration is **Required**.
- Link to training application will be sent prior to the start of the training.
- Please **do not** share the link to the training with individuals who have not registered.
- Attendees must join the training session within 5 minutes of start time in order to receive their certification and Naloxone.
- Naloxone kit distribution will occur 1–3 days after training. Information will be provided during the training regarding distribution location.

Register Online

www.baltimorecountymd.gov/odresponse

No internet access?

Call 410-887-3828

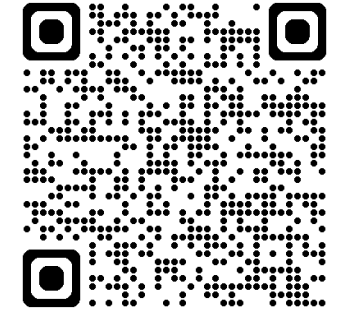
Should you require special accommodations (language interpreter, large print, etc.), please give us as much notice as possible by calling 410-887-3072 or emailing hhs@baltimorecountymd.gov.



100

YEARS OF EXCELLENCE

BALTIMORE COUNTY
DEPARTMENT OF HEALTH



[Local Health Improvement Coalition
Board - Baltimore County
\(baltimorecountymd.gov\)](http://baltimorecountymd.gov)

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