



**Local Health Improvement Coalition Minutes**  
Baltimore County Department of Health 6401  
York Road, Third Floor  
Baltimore, Maryland 21212



December 6, 2023 | 3PM WEBEX

Welcome and Introduction

Ms. Leister welcomed members and asked that everyone introduce themselves in the chat.

Guest Speaker-Health Literacy

Dr. Maybury, Faculty Specialist of the Horowitz Center for Health Literacy from the University of Maryland School of Public Health gave a presentation on the Maryland's Consumer Health Information Hub. Maryland passed Law-HB1082 the spring of 2022, effective July 1, 2023 designating Horowitz Center as a health literacy hub. This requires that the State and local agencies provide information about health, health insurance, safety or social services benefits need in plain language. This law recognizes that health literacy is essential to health equity. Access to accurate, consistent, and plain language information that is culturally and linguistically appropriate is as important as the access to health care services. This law grew out of the pandemic as a statewide framework for agencies to provide information to their constituents. The definition of health literacy was published in 2020 focused on the people and how they find, understand and use information. The recent definition updated in 2023 added organizational health literacy, which is how organizations (healthcare, public and community health organizations) help equitably enable individuals to find and understand information. Providing information on websites, patient portals and language used in public health and health care can present barrier when using jargon versus plain language. Plain language is a baseline to communicate in a way that people understand the information the first time they read or hear it. The Horowitz Center has worked on several projects with local jurisdiction focusing on plain language and language access. In July 2023 we reached out to local health improvement coalitions to inform them of the resources and how we can assist in providing information in plain language. We have a plain language checklist developed by the Maryland Health Benefit Exchange. The checklist was developed by stakeholders as evidence-based communications practices to ensure content is clear and actionable for the intended audience. We have worked with several state agencies and health departments to review the health information on their websites. There are several tools available for healthcare organizations to build websites, evaluate website basics, sustainability modules, professional development and training webinars. We are working on a schedule to offer 15-20-minute lunch and learn webinars. The webinar for January will focus on plain language, and the guest presenter will discuss data visualization for February. We will convene on January 10 with individuals from different LHIC, ethics and health departments to network and discuss ways to help people understand and access information. The Maryland Consumer Health Information Hub is available on our website. There you can find resources to find guidelines, tools, and research to help with your writing, visuals, webinars, and more. There is also a statewide translation and interpretation contract available for translating information into different languages. If you are interested in joining the conversation and networking, please let me know [cmaybury@umd.edu](mailto:cmaybury@umd.edu).



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Ms. Leister reported that the health department has a standard to produce documents in English and Spanish at a minimum. Translation and interpreter services are a challenge.

Ms. Andrews asked if there is an individual assessments tool offered.

Ms. Maybury reported that a self-assessment tool is offered, but contracted out. If you would like for us to review the information, please email it to [cmaybury@umd.edu](mailto:cmaybury@umd.edu). For more information about the Horowitz Center for Health Literacy, please visit our website at <https://sph.umd.edu/research-impact/research-centers/horowitz-center-health-literacy>.

### Community Health Needs Assessment

Ms. Leister reported that the Baltimore County CHNA planning group has been meeting with the vendor on the community survey, key stakeholders input and focus groups. The community health survey had 2,034 responses with 1% in Spanish, which does not mirror our population. From those responses, 72.5% were female, 27% were male, over 55% were over the age of 60 years old, and 59% identified themselves as white. There were 115 key stakeholders, 34 of them represented the largest percentage of nonprofits. There were 13 focus groups representing 90 people from homeless services, seniors, veterans, etc. The results are not finalized. The group will be setting priorities for moving Baltimore County forward on the Health Improvement Plan. Baltimore County ranks 15 out of 24 reported counties for health outcomes and 10 out of 24 reported counties for health factors. The vendor identified preventable hospital stays, access to quality dental care for children, blood screenings for lead in children, access to healthy food, eligibility for free or reduced lunches, opioid dispensing, adolescence tobacco use, and food insecurity as areas of improvement for Baltimore County. The subcommittee reports will provide more information about some of these concerns. We need to revisit and follow up on the three priority behavioral health needs of substance use disorders, physical health and health disparities discussed in 2020. We will review the priority setting and numbers going forward. Results from the primary data shows that we had over 2,000 participants in the survey on the westside. The summary findings from the preliminary review identified the top five community health needs as heart disease, obesity, diabetes, mental health and cancer. The top five social needs in the communities are neighborhood safety, access to insurance, access to physicians, housing and homelessness, and the lack of affordable childcare. Key leaders identified mental health, substance use, housing, access to care and food security as the top five community needs; these needs did not mirror the needs from residents. In Baltimore County, the top five social needs are access to housing, crime reduction, access to healthy food, affordable childcare and access to jobs and employment. The focus groups mirrored the needs of the previous groups. Residents provided anecdotal quotes that provided insight about the need for educational information, safety and crime, food security, quality access to care and transportation. The work groups are busy working on the CHNA.



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A representative from the community schools program stated that facilitators perform a needs assessment throughout multiple schools and identified access to health care for both documented and undocumented individuals who do not have health insurance. This leads to higher absenteeism due to no access to a physician. If you are interested in partnering with the Community Schools to address this issue, please contact Ms. Sweets at [asweets@bcpd.org](mailto:asweets@bcpd.org) or Mr. Sollar at [msollar@bcps.org](mailto:msollar@bcps.org). We will follow up on this with our school-based wellness centers so that we are serving the needs of the population in Baltimore County.

There is also a New Americans work group that should be making official recommendations from the executive office. There is one group that involves health care. We are also looking at ways to provide wrap around services.

The State is performing a comprehensive state assessment and updates are ongoing. Ms. Leister is a member of the steering committee along with 23 others with representation from inside and outside of healthcare field. We had our first meeting earlier this week to gather more information. We will identify and prioritize the state's health needs which will then develop the 2024 health improvement plan. The most recent comprehensive plan is 10 years old. A survey for Maryland residents to express their thoughts on health care in the state is available in multiple languages.

#### Hospital Reports Population Health

##### Lifebridge Northwest

Ms. Dashiell reported that Lifebridge has been immersed in getting surveys completed and meeting with the work group to discuss the preliminary information received. We are looking to start a new program using the start stop continue approach. We have started working with senior buildings and Ms. Wallington on food access, resource books and blood pressure screenings to residents in the Northwest area.

##### MedStar Franklin Square

Ms. Isenock reported that MedStar Franklin has received about 1,500 surveys with 2 focus groups. In their recent meeting, behavioral health, mental health, substance abuse disorders and transportation were identified as the biggest needs in the community. Transportation was mentioned in both access and social determinants of health.

#### GBMC



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Ms. Thompkins reported that GBMC is working on the CHNA, reviewing data, prioritizing, exploring ways of implementation, and looking for potential partners. In the past, we had many items on our implementation plan. Our president and CEO has encouraged us to focus on key initiatives over the next 3 years for more success. We did the first annual community benefit report and public report, both are available on our website. This is a public facing report that focuses on community initiatives, and community dollars spent on an annual basis. We are applying for additional funding from the community health resource commission to continue our work in Baltimore City and the Jonestown community to increase access to care, reduce hypertension, obesity and diabetes.

#### University of Maryland SJMC

Ms. Brown reported that the third and final strategic planning meeting was held today for the community health systems in the University of Maryland system. We took the four core functions, created several goals, and aligned them. The common themes were the community benefit report, CHNA, and equity, diversity and inclusion. Kudos to Ms. Thompkins, the report looked great and we want to emulate it. Kudos to MedStar, we used a lot of your questions. We have been working on community engagement and outreach to address disparities. The work revolved around cultural competence. We are excited to have met and made progress on our goals.

#### Subcommittee Reports

##### Homelessness

Ms. Leister reported for the Homeless Continuum of Care Group. The point in time count and housing inventory count will be January 24<sup>th</sup>. This count is to capture a snapshot of the homeless in Baltimore County. It is both a HUD mandate and a way to understand local homelessness trends. The weather date is January 30<sup>th</sup>. They have established a governance board and held 7 monthly meetings since the group started. The Department of Health and Human Services has several representatives as well as outside entities on the board. If you would like to volunteer to help with that count or join the subcommittee, please reach out to [kruppert@baltimorecountymd.gov](mailto:kruppert@baltimorecountymd.gov).

##### Opioid Intervention Team (OIT)

Ms. Andrews reported that the Opioid Intervention Team (OIT) has held 2 public input sessions. These sessions are related to the opioid restitution funds, which is a lawsuit about distributors, manufacturers and pharmacy chains for negligence demonstrated in helping to create the opioid epidemic. The first session was held September 14<sup>th</sup> in Dundalk in conjunction with the Maryland Opioid Operational Command Center (OCCC). The second session was held November 30<sup>th</sup> at the Randallstown Library. The meeting had similarities with emphasis on recovery housing, awareness of fentanyl, expanding harm reduction services, promoting coordinated care for co-occurring disorders and exploring opportunities for prevention through addressing adverse



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childhood experiences and trauma. Baltimore County has about \$9.5 million dollars in local abatement funds from the national settlement and the state. The County will release a grant opportunity after the holidays. The grant will be for county agencies and community organizations. Recommendations for the expenditures of this fund in the county are guided by three documents. The first document will be the report from 2019 developed by an expert work group with public input with 11 recommendations for addressing overdose responses. The second document will be recommendations from the Drug Overdose Legality Review Team (DOLRT). The third document will be the findings from interviews conducted with families of individuals who suffered a fatal overdose in their family to get feedback of the needs from a systems perspective. The other piece deals with House Bill 116, which mandates the provision of all three medications for opioid use disorders in our detention centers. This is currently an unfunded mandate for this state. The restitution funds will be used partially to fill in the gap of funding. We had a presentation in October about the Quick Response Team. This is a collaboration between the Health Department and Emergency Medical Services. We hope to roll out this team in the next couple of months. We purchased a vehicle through the CDC Overdose Data to Action grant. The vehicle will be staffed by a paramedic and a peer recovery specialist. We are going to target based on data, and availability of this team. The team will be responding in real time to overdoses in the community when 911 is called. The team will do follow up for non-fatal overdoses they have already occurred. The paramedic will be able to offer buprenorphine induction in the field and a warm handoff link to community providers for maintenance care. In November we had researchers from Hopkins Blomberg School of Health. They talked about wound care surfacing from the contamination of Xylazine in the illicit drugs supply. Xylazine is not meant for human use, and one of the results we are seeing across the harm reduction continuum is bad wounds on people injecting a contaminated supply. There are good recommendations that go across healthcare systems, and public health community organizations on how to assist with that wound care. If you are interested in the report or joining the Opioid Intervention Team, please contact Ms. Andrews at [eandrews@baltimorecountymd.gov](mailto:eandrews@baltimorecountymd.gov).

Tobacco Coalition

Ms. Garbarino reported that the Tobacco Program is continuously working on preventing initiation among youth and young adults, promoting quitting among youth and young adults, eliminating exposure to secondhand smoke and identifying tobacco related disparities. The program will hold a virtual cessation class January 4<sup>th</sup> for individuals who want to quit smoking in the new year. The walk-in hours continue a North Point Library, Tuesday evenings from 4:00-7:00 p.m. We have a staff member who completed a tobacco treatment specialist course. This will allow the staff person who is bilingual to provide tobacco cessation services directly in Spanish. We are offering four \$5,000 community grants in FY2024 through the Cigarette Restitution Fund for organizations to conduct tobacco community education. These will be awarded to three faith-



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based organizations and one youth focused organization. We anticipate a fifth grant opportunity for a community organization to provide store to store tobacco retailer education about tobacco 21 and other laws. We continue enforcement efforts and have completed over 1,200 compliance checks and issued over 250 citations since July 1<sup>st</sup>. We are monitored our fails for retailers sells weekly. Overall, it is around 20% week to week. On October 16<sup>th</sup>, the FDA sent two finalized rules to the White House Office of Management and Budget. These rules would ban menthol in cigarettes and flavored cigar products. This was years in the making and it has potential to decrease tobacco related diseases in depth. We are looking to expand membership of the tobacco and cancer subcommittee. If you have any questions about the grants, want to support and join the tobacco and cancer subcommittee, please contact Ms. Garbarino at [ngarbarino@baltimorecountymd.gov](mailto:ngarbarino@baltimorecountymd.gov).

Ms. Leister reported that money will be coming in from the Juul settlement. We anticipate that money will be directed to youth prevention activities related to vaping, and smoking. More details to come.

#### Low Birth Weight

Ms. Messler reported ongoing work of the FIMR Community Action Team which has been working on several objectives from the Strategic Plan. We are actively recruiting for a Social Worker I and Social Worker II with Baltimore County's New Hope Program. We have two nurses that have completed the Childbirth Education Instructor training, they will be scheduling classes soon. We are excited to work with Dr. Kim, Associate Professor and Advertising Public Relations Unit Coordinator at Towson University. Dr. Kim has agreed to utilizing her spring class of 2024 to work with us to develop our public education campaign. Dr. Kim anticipates 34 students, and those students will break into 4-5 groups. They will work competitively to produce materials. The Maternal Child Health Unit and Johns Hopkins School of Nursing students completed and hosted a virtual and in-person pregnancy support group at the Owings Mills Library. This culminated with a baby shower at the library on Tuesday, November 14<sup>th</sup> where participates in the support group and some clients from our Prenatal and Early Childhood, and Babies Born Healthy Programs were able to receive pack in play, safe sleep bundles which included sleep sacks and hard back books, literature and pacifiers. We were also able to give those who qualified Chromebooks with the help of our Operations staff from the health department. The students from Hopkins had tables with education demonstrations around safe sleep, breastfeeding, swaddling, and taking a baby's temperature. The library and head start had tables at the event. Ms. Pfaff is interested in forming a work group to focus on what data will be collected and goals of the group. If you are interested in joining the subcommittee, please contact [tmessler@baltimorecountymd.gov](mailto:tmessler@baltimorecountymd.gov).

#### Food Insecurity

Ms. Leister reported that the committee continues to research bringing farmers markets to Sollers Point Recreation Center in Turner Station. They are going to meet with DEWD and WIC in



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January to discuss local farmers who may be interested in the process. The subcommittee met with the Department of Aging to discuss how the senior's farmers market nutrition program operates. They are in the planning phases of conducting outreach and education to those speaking Spanish in 21222. In partnership with the University of Maryland Extension, they are hosting their fourth cooking demonstration for parents at the Fleming Early Headstart Program. The Maryland Department of Health has reported that funding for the SPINE grant will end at the end of this month on 12/31/2023 and will not resume. They have asked that all local jurisdictions continue to meet with them to discuss resources and barriers and updates. Baltimore County is positioned to sustain our previous activities started under the SPINA grants. If you are interested in joining the subcommittee, please contact [awallington@baltimorecountymd.gov](mailto:awallington@baltimorecountymd.gov).

### Chronic Disease

Dr. Baucom reported the Chronic Disease Prevention consists of a physician, health educator, public health nurses, and outreach workers with one being bilingual. Our current program priorities are outreach partnership activities in the last 6 months. Our program attended over 30 events. Our primary focus has been cardiovascular disease which remains the number one case of death in the country, and stroke awareness through the BEFAST program that recognizes the signs of stroke. The nurses completed the Healthy Heart Ambassador Program Certification Training. This is a 90-day program that supports participants who have been diagnosed with hypertension or complications related to hypertension. They can be self-referred or referred by a provider. Participants are supported on their journey toward self-management of their blood pressure along with improving nutrition and medication compliance. It consists of at least 6 health heart visits, 2 per month during the 3-month program. They will learn about lifestyle change habits that support good nutrition and engage in physical activity that supports health and wellness in the community. The program is scheduled to be initiated at Essex Library and then in Lansdowne and Randallstown after January. Stroke awareness and recognizing the signs of stroke BEFAST acronym (Balance, Eyes, Facial, Arms, Speech, Time). The biggest focus is getting people not to delay calling 911. We are initiating a public service campaign for a stroke awareness of Baltimore County residents and hoping to involve some of the health coalition members to support these initiatives. We continue to promote health eating and nutrition education and partnership with the county libraries. We are currently doing that along with resources triage at Woodlawn, Randallstown, Essex and Lansdowne. The program for weight management Taking Off Pounds Sensibly (TOPS) is funded by the Tobacco, Diabetes and Chronic Disease promotion and prevention grant. It's offered at no cost to participants to promote healthy weight, nutrition and physical activities to delay and support comorbidities associates with pre-diabetes, diabetes and hypertension. We currently have two chapters on Monday evenings and Thursday afternoons that are held at Morning Star Baptist Church. We recently started a third chapter with 17 members at Liberty Senior Center. It's a closed chapter, which means only members of the senior center ages 60 years and older can join, but the membership is free. The TOPS chapters



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will be expanding to Essex and Lansdown in 2024. If you have any questions or want to join the subcommittee, please contact [sbaucom@baltimorecountymd.gov](mailto:sbaucom@baltimorecountymd.gov).

Collaborative Continuum

Ms. Leister reported that we have many partnerships both formal and informal as we continue to collaborate on this continuum. We are much further along than when the group started many years ago. We are always looking for new members. We have certain groups that are not represented in this larger group, but there is some representation on the subcommittees. We would like to welcome anyone else that wants to join us on the large group. If you have any questions or want to join, please contact [dleister@baltimorecountymd.gov](mailto:dleister@baltimorecountymd.gov).

Announcements

Ms. Leister reported that the health department continues to promote naloxone distribution, covid vaccination under the bridge program for those that are uninsured and seasonal flu vaccination is being offer at our sites. The next LHIC meeting is March 6, 2024 and will be virtual. The meeting after that will be June 5<sup>th</sup> in-person. If there are any partners that have a location to host the meeting, please let us know.

Meeting adjourned at 4:08 p.m.