

**Harford County Health Department  
Local Health Improvement Coalition Meeting  
University of Maryland Upper Chesapeake Health – Kaufman Cancer Center  
October 20, 2014, 12:00pm-4:00pm**

**Minutes**

**Attendees**

See Attached.

**Presentations**

Available online: <http://www.harfordcountyhealth.com/october-20-2014-lhic-meeting/>

**Welcome** – Susan Kelly, Harford County Health Officer

Susan welcomed the Coalition members to the annual Local Health Improvement Coalition meeting. A special acknowledgement was given to attendees from the Department of Health and Mental Hygiene, Kevin Liu, Quality Improvement Specialist and Temi Oshiyoye, Director of the State Office of Rural Health.

**Seven Questions About the Health of Harford County Residents’ - Update to the Local Health Improvement Coalition** – Dr. Russell Moy, Harford County Deputy Health Officer

- Dr. Moy provided a brief data update to the Local Health Improvement Coalition (LHIC) by asking the group seven questions pertaining to Harford County data.
  - Cancer is the leading cause of death in Harford County. Although cancer death rates have gone down by 9% over the past five years, County rates are still worse than the State. More specifically, incidence rates for lung, colorectal, oral, and melanoma cancers are all worse than the State.
  - Although Harford County rates are better than the State for kids eating their fruits and vegetables, Harford County is worse than the state in adult physical activity, smoking, and drinking. In addition, Harford County is not only worse than the State in adult overweight/obesity, but is actually the worst county in Maryland for percentage of adults at a healthy weight.
  - High blood pressure, high cholesterol, and diabetes rates for Harford County are all worse than the State. Rates of heart disease death, stroke, and COPD in Harford County have all gone down over the past five years. However, these rates are all still worse than the State.
  - E-cigarettes are battery powered vaporizers that simulate tobacco smoke by producing a vapor. They contain nicotine, are not a proven safe alternative to smoking, and are not regulated or subject to quality controls. Harford County’s LHIC Tobacco Workgroup drafted a position paper recommending that, until regulating authorities say otherwise, e-cigarettes should be treated as other tobacco products regarding their use restriction in public places, offices, and government buildings as well as human resource and school policies.
  - Harford County’s newborn rate of maternal drug and alcohol exposure has increased by 45% from 2012-2013, while the State’s only increased by 14%. Additionally,

- Harford County has the 5<sup>th</sup> highest drug-induced death and suicide rate in the State. Suicide death rates have increased by 10% over the past five years in Harford County.
- For the first time, Youth Risk Behavior Surveillance Survey (YRBSS) data was made available at the County level in Maryland. According to this data, the key areas of concern for Harford County youth include:
    - Currently smoked cigars or cigarillos
    - Currently drank alcohol
    - Drove when drinking
    - Threatened/injured with weapon at school
    - Did not go to school because felt unsafe
    - Bullied at school
    - Electronically bullied
  - Racial disparities persist with cancer mortality and incidence rates, percent of adults who currently smoke, teen birth rates, and infant mortality rates (racial disparities with infant mortality rates have been worsening since 2008). The Health Department applied for a grant to fund the Faith Communities Health Project to Reduce Health Disparities, which focuses on outreach and connections with faith-based communities in Harford County.
  - According to 2014 State Health Improvement Process (SHIP) data, Harford County does better than the State in many other indicators including: infant mortality rates, teen birth rates, early prenatal care, salmonella infection rate (due to many of the Health Department's Environmental Health programs), pedestrian injury rate on public roads, percent of persons with health insurance, and many more.
  - Dr. Moy also gave brief information on Ebola including what it is, who is at risk, what are the symptoms, and what are the important key messages for everyone.

**Cancer, Man and His Environment** – Dr. Philip Nivatpumin, Medical Director, Kaufman Cancer Center, Director, Population Health

Dr. Phil reviewed a wealth of information about various types of cancer and risk factors. Some of his main takeaway points are included below.

- There is a wide variation in incidences and types of cancer geographically; pointing to the role that environment plays in cancer.
- Many of the “Western” medical problems are preventable.
- Cancer is not a recent disease. Reviewed the history dating back to 1500 BC.
- Environmental effects on cancer risk: radiation, pollution, industrialization, food/water contamination, toxicity.
- In the US, 41% of Americans will be diagnosed with cancer and 21% will die from cancer.
- Cancer is a mutation in the genome (it is a genetic disorder) – origins of cancer are either hereditary or due to environmental exposure. “Epigenetics” is everything in your control that affects your genome.
- Lifestyle choices that influence cancer risk: tobacco, alcohol (in combination, increases rate even more).
- Plastics and additives can also be carcinogenic (especially BPA/#7 plastic) - recommend not heating plastic and using glass storage containers.

- Water supply can have contaminants – plastics, pharmaceuticals, chemicals (chloroform, pesticides) that attribute to birth defects and cancer.
- Other potential sources of carcinogens – well water, dry cleaning, drywall, medical radiation, tanning booths.
- Nutrition and exercise is key – obesity and diabetes are rising worldwide. Processed, nutrient poor foods and sugar are much to blame. Cell inflammation is central to disease.
- Chronic stress disrupts physical health. Biological reactions to stress include increased heart rate, blood pressure and blood sugar levels. Stress is a factor in aging.
- Getting enough sleep is associated with a lower BMI, lower levels of a hormone that triggers appetite and higher levels of a hormone that triggers the body is full.
- Gut Microbiome – there is an interrelationship between bacteria in our bodies and mood; our microbiome is affected by what we eat, where we travel, stress and antibiotics.
- Most antibiotics are sold for meat and poultry production, which can lead to drug resistant bacteria.
- Income, social position and even self-perception of where you stand in the world (social gradient) drives behavior and health. The poorest people have the worst health outcomes.
- National Geographic Study of “Blue Zones” identified the geographic areas where individuals have the longest lifespans. Characteristics of these regions: family, no smoking, plant-based diet, consistent moderate physical activity, social engagement and legumes.

**Tobacco and Pregnancy: Harford County** – Dr. Donald Shell, Director, Cancer and Chronic Disease Bureau, Maryland Department of Health & Mental Hygiene

- When tackling health disparities, tobacco must be part of the conversation.
- In addition to adverse health outcomes, tobacco use causes a fiscal burden for us all - government programs treating tobacco-related disease, higher health insurance premiums.
- Almost 150,000 Marylanders suffer from disease or cancer caused by cigarette smoking; 6,800 Marylanders die prematurely every year as a result of past or current cigarette smoking.
- One-third of those youth who are now tobacco users will die prematurely as a result of their use of tobacco.
- Dr. Shell focused in on one subset of the population – pregnant women. Approximately 15% of adult females in Harford County smoke. Rates are highest among white women (16%) and those who have less education (33% of those with less than a high school education smoke).
- 10% of Harford County women smoked while pregnant in 2013 (state average 7%). Among smokers, the percent of pregnant women who quit increased with each trimester, however 54% of pregnant women smokers never quit.
- Other concerns – flavored tobacco & youth. Products are cheap and packaging is appealing.
- Tobacco use is correlated with use of other substances. Youth that drink alcohol are 3 times more likely, marijuana users are 5 times more likely and prescription drug users are 9 times more likely to use tobacco.
- Tobacco use can also be correlated with higher rates of: anxiety disorders, depression, activity limitations, chronic drinking, binge drinking, lack of health insurance, unemployment and a lower household income.

- Surgeon General’s Report of 2010 noted many health risks to pregnant women who smoke and their children. Smoking rates are highest among white, non-Hispanic women with Medicaid.
- Children exposed to tobacco smoke have higher rates of cognitive and behavioral problems, childhood cancers, respiratory infections, ear, eye and oral health problems.
- Adolescents with prenatal exposure to maternal smoking have a weaker cognitive reward response, are more likely to engage in risky behavior and seek more intense rewards.
- Bottom line – Pregnant women should be encouraged by all those who serve them to quit smoking. There are free resources available that they can be referred to.
  - MD Quit (1-800-QUIT NOW) – phone, web and text resources (pregnant women get 10 behavioral health counseling calls; all other adults receive 4 calls)
  - Health Department – cessation classes
  - Nicotine Replacement Therapy with a doctor’s consent
- Advice from a health care professional can more than double cessation success rates. Phone counseling also doubles chances of quitting.

**Spirituality’s Role in Addiction Recovery** – John Wanner, Addiction and Recovery Counselor and Consultant – Retired from Fr. Martin’s Ashley in May, 2014

- Personal recovery journey of 30 years, worked in the addictions field for 25 years.
- Harford County has a vibrant, broad based recovery network.
- Addiction is a primary, chronic disease of the brain’s reward, memory and motivation circuits. This brain impact can be seen in any addiction (gambling, shopping, etc.)
- The limbic system in the brain is survival based, and seeks to avoid pain or feel better. Conversely, the frontal lobe is responsible for higher order cognitive functioning, helping us to slow down and think through decisions rather than being impulsive.
- Substance abuse over time interrupts these pathways and things that used to be pleasurable lose meaning. Dopamine, a pleasure producing chemical in the brain, can take 3-24 months to return to someone with an addiction.
- Spirituality refers to how connected we are to the world and how we feel about ourselves. Spirituality is broader than religion.
- Recovery/Spiritual Practices and Principles:
  - Gratitude
  - Sense of well-being/peace of mind
  - Connectedness to others
  - Moral framework
  - Honesty, tolerance, patience, acceptance
  - Continuum from simple bonding to a sense of oneness
  - Reduction in stress, improved well being
- Addiction is self-centered. Spirituality helps a person seek things outside of oneself.
- Over time, these practices can help the brain properly re-integrate the frontal lobe and limbic system. When a person’s mental state improves, so will their well-being and it will no longer be worth it to use drugs and alcohol.
- Physical effects of spirituality practices: decreased activity in the amygdala (less anxiety and fear), decreased blood pressure, heart rate and stress hormones.

- Empathic socialization is offered through support groups (example: Alcoholics Anonymous). Groups are nonjudgmental, have a shared experience and common goal, offer coping skills.
- Overall, spiritual principles can help a person achieve a sense of calm, hope, serenity, inner peace, self-esteem and a positive optimistic outlook on life.

**Active Living/Healthy Eating Update** - Bari Klein, Grants Administrator,

University of Maryland Upper Chesapeake Health, Harford County Health Department

- Call to action – “Get Healthy Harford”
- The Community Engagement Committee is one arm of the Local Health Improvement Coalition.
- Bari reviewed work that the committee has accomplished to date, some highlights include:
  - Built Environment – Safe Routes to Schools, Interdepartmental Bike and Pedestrian Group, Walking and Biking website, Bike Maryland in Harford County, helmet fittings
  - Healthy Foods – Ironbirds Healthy Challenge, Healthy Eating panels, community gardens, Harford County Public Schools (HCPS) Mobile Summer Meals Program
  - Community Engagement – Healthy Heart-ford 5k, school health fairs, physician presentations, County Council appointed Healthy Community Planning Board (HCPB)
  - Healthy Harford Day – 1,500 attendees in September 2014, two stages of movement classes, cooking demonstration, hands only CPR class
  - Other highlights – HCPS School Wellness Plans, growth of Chesapeake Spokes (cycling group), bike racks installed, farm to school produce, Breakfast Challenge
  - Next steps – Advocate for legislation through the HCPB, increase cooking classes, stronger emphasis on Rt. 40 corridor and northern Harford County

**Tobacco Update** – Vickie Bands, Director of Community Outreach, University of Maryland Upper Chesapeake Health

- The Tobacco Workgroup has recently drafted an e-cigarette policy paper (handout). The paper will be shared with the Board of Health and Aberdeen City Council at upcoming meetings and sent to the State. A version for the general public will also be available.
  - The goal in 2015 is to share this information widely with the community, including schools, colleges and businesses.
- A survey has been developed for local businesses to determine whether they have tobacco policies for their workplaces, and if so, what they include.
- Work is being done with multi-unit housing complexes to encourage smoke-free policies. Asthma is the number one reason children are admitted to the hospital.
- Investigating the opportunity of switching the penalty for sale of tobacco to minors from a criminal to civil offense.

Vickie also encouraged attendees to take a survey that the hospital is conducting as part of its Community Health Needs Assessment. The survey takes about 5 minutes, and is available online at: [www.tinyurl.com/UCHealthSurvey](http://www.tinyurl.com/UCHealthSurvey)

**Behavioral Health Update** – Sharon Lipford, Deputy Director of the Department of Community Services

- Behavioral Health Workgroup’s approach follows a Prevention, Intervention and Recovery framework.

- Prevention – Run 4 Recovery, Anonymous People screening, drug take-back events, expansion of law enforcement trained in Crisis Intervention Team training, partnerships with primary care/urgent care doctors as a first line of intervention for depression and suicide screening.
  - Among people who complete suicide, 45% have seen a doctor in the previous 30 days.
- Intervention – Health Department’s new Outpatient Mental Health Clinic, Beacon Health (the FQHC) has increased access to behavioral health services, Naloxone trainings have been given to 318 people (1/2 which are law enforcement) to be able to intervene in an opioid overdose, and plans to partner with the State on a “Near Miss Pilot Program” offering targeted follow up after an overdose.
- Recovery – Overdose Review Team, Vivitrol Launch at the Detention Center, promote recovery and support of peers, families and faith-based communities.
- Next steps - Consolidating local plans related to behavioral health, expansion of the suicide initiatives (pediatricians, senior adult physicians, schools, Behavioral Health Administration grant opportunity), social media campaign around drugs and alcohol, partnering with faith based organizations, focusing on senior adult population, looking into Tele-Medicine, Case Management Without Walls, and partnering with the FQHC and hospital on population health.

**Closing Remarks** – Susan Kelly

Susan asked the group if they believe we are still heading in the right direction by focusing on the health priority areas of tobacco, obesity and behavioral health. The Coalition agreed that these are the still the top needs of the County. Susan thanked attendees for coming to the meeting and their ongoing work on the Coalition. She then invited participants to take a tour of the Kaufman Cancer Center.

**Attachment A: October 20, 2014 LHIC Meeting Attendees**

<b>First Name</b>	<b>Last Name</b>	<b>Organization</b>
Raymond	Armillei	MATT Program
Patsy	Astarita	University of Maryland Upper Chesapeake Health
Marcy	Austin	Harford County Health Department
Vickie	Bands	University of Maryland Upper Chesapeake Health
Kevin	Barnaba	Harford County Health Department
Mary Jo	Beach	Harford County Health Department
Rod	Bourn	Harford Community College
Greta	Brand	Community Member
Sylvia	Bryant	Harford County Office of Human Relations
Kathy	Burley	Harford Community College
Madelyn	Danner	Harford Community College
Elizabeth	Driskell	Community Member
Patricia	Ford	Community Member
Janet	Gleisner	Harford County Government Department of Planning and Zoning
Suzanne	Green	Y of Central Maryland
Elizabeth	Gylan	Alliance, Inc.
JoAnn	Johnston	Harford County Health Department
Beth	Jones	Harford County Health Department
Robin	Keener	Homecoming Project, Inc.
Susan	Kelly	Harford County Health Department
Bari	Klein	HCHD/University of Maryland UCH
Jayne	Klein	Klein's Shoprite
Wendy	Laroche	APG Community Health Promotion Council
Kelly	Lepley	Y of Central Maryland
Sue	Lichtfuss	Harford County Mobile Crisis Team, Sheppard Pratt Health System
Sharon	Lipford	Department of Community Services
Kevin	Liu	Department of Health and Mental Hygiene
Julie	Mackert	Harford County Health Department
Mallory	McCloskey	Harford County Health Department
Laura	McIntosh	Harford County Health Department
Lisa	Moody	Town of Bel Air
Russell	Moy	Harford County Health Department
Molly	Mraz	Harford County Health Department
Hudson	Myers	Harford County Government
Paula	Nash	Harford County Health Department
Mary	Nasuta	Harford County Public Schools
Phil	Nivatpumin	Kaufman Cancer Center
Temí	Oshiyoye	Department of Health and Mental Hygiene

<b>First Name</b>	<b>Last Name</b>	<b>Organization</b>
Kim	Parks-Bourn	Harford County Local Management Board, Department of Community Services
Linda	Pegram	Harford County Health Department
Jim	Ports	Harford County Department of Community Services
Mark	Puckett	Harford County Public Schools
Robert	Reier	Town of Bel Air
Jerry	Reyerson	Harford County Department of Social Services
Dottie	Ruff	Harford County Health Department
Joe	Ryan	Office of Drug Control Policy, Harford County Department of Community Services
Gale	Sauer	Aberdeen Proving Ground
Donald	Shell	State of Maryland Cancer and Chronic Disease Bureau
Richard	Slutzky	Harford County Council
Mary Beth	Stapleton	Harford County Public School System
Robin	Stokes-Smith	Upper Chesapeake Healthlink
Carol	Taylor	FACE-IT
Kimberly	Theis	University of Maryland Upper Chesapeake Health
Pat	Thompson	University of Maryland Upper Chesapeake Health
Patrice	Trisvan	MATT Program
Susan	Twigg	Harford County Health Department
Alex	Walker	Department Of Community Services
John	Wanner	Consultant/Counselor
Colin	Ward	University of Maryland Upper Chesapeake Health
Keith	Warner	Harford County Sheriff's Office
Brendan	Welsh	Harford County Health Department
Kristie	Willats	University of Maryland Upper Chesapeake Health
Cheri	Wilson	Hopkins Center for Health Disparities Solutions
Karen	Winkowski	Harford County Office on Aging