



Mid Shore Health Improvement Coalition
February 14th, 2023
MEETING SUMMARY

Meeting Facilitator:	Nicole Morris, Director, Mid Shore LHIC
Meeting Details:	1-2 PM via Zoom
Number of Attendees:	46
Attendees:	Anna Ashley, Nancy Bedell, Kenyn Benjamin, Robin Cahall, Sharee Campbell, Joseph Ciotola, Jonathan Dayton, Kristin Dietz, Katie Dilley, Jessica Denny, Ashyrra Dotson, Lynne Duncan, Doreen Fassett, Brenna Fox, Linda Friday, Carole Friend, John Griep, Angela Grove, Emily Gruber, Vandrlick Hamlin, Roger Harrell, Patty Linder, Maria Maguire, Leigh Marquess, Carol Masden, Hannah Mayhew, Kathleen McGrath, Mary Miller, Michelle Morgan, Nicole Morris, Michele Morisette, Emily Paterson, Matthew Peters, Vicki Petro, Jonathan Qvarnstrom, Estela Ramirez, Jessica Ransome, Kathy Riggins, Hayden Rhodes, Isabel Robinson, Christina Schindler, Amy Travers, Tara Wampler, William Webb, Karla Wieland-Cherry, Lara Wilson, Savannah Winston, Brittany Young

Nicole welcomed the coalition and introduced the agenda and speakers.

Agenda item : LHIC Workgroups Progress Report

Workgroup	Presenter	Discussion Summary
Telehealth	<p>Lara Wilson</p> <p>Director, Rural Health Care Transformation at UM Shore Medical Center Chestertown, University of Maryland Medical System</p>	<p>The workgroup has met twice and has representation from both the provider side as well as the health insurance side, consumer side, primary care, and hospital, which makes for lots of different perspectives. The group reviewed Maryland’s Preserve Telehealth Access Act of 2021 Recommendation Report and had a special presentation by NORC, which performed the study. The group has also reviewed the National CMS report which looked at telehealth usage during the public health emergency for the entire nation. The next meeting (April 27th) will discuss the ending of the public health emergency and the implications on telehealth.</p> <p>Next meeting: April 27th, 1 PM</p>
Provider Recruitment/ Retention	<p>Jonathan Dayton</p> <p>Executive Director, MD Rural Health Association</p>	<p>This workgroup established a survey to be sent out to everyone in the mid-shore, as well as other regions in Maryland to collect data on the challenges and potential solutions to provider recruitment and retention. Survey findings will be shared with the LHIC. The group is devoting approximately \$10,000 in funding to hire a vendor(s) to develop a website which will function as a recruitment/retention hub for the region.</p> <p>https://www.midshorehealth.org/post/rfp-website-design-video-product-ion</p> <p>Next Meeting: April 3rd, 10 AM</p>
Tobacco/ Cancer	<p>Angela Grove</p> <p>Health Education Program Manager,</p>	<p>This workgroup has done a data dive, looking at the county health rankings, cancer mortality rates, and tobacco use rates. Some counties fare worse than others, particularly Dorchester, Caroline and Kent. For all five mid-shore counties, tobacco use rates among middle and high</p>

	<p>Dorchester County Health Department</p>	<p>school age are extremely high. To highlight, the average for the Mid Shore for all tobacco use for high school age was 43.2% vs. the state average of 27.4%. The workgroup looked at certain populations, for ex: pregnant women. With smoking rates high among pregnant women, conversation transpired about what's happening locally, why it's an issue, etc. Some of the themes that came up were smoking and vaping is a coping mechanism, it's generational, limited care, and access to care. Vaping in particular is attractive to youth and it's hard to catch them using that. The group also discussed resources that are currently available. There are cessation and wellness programs, mobile outreach, food pantries, community events, etc. Those are opportunities to connect with community members as educational presentations. The next step is more than just talking to young people in the schools, but doing something more impactful. Some things that came out of the conversation was more information about minority and vulnerable populations in particular is needed in order to better target whatever strategies we want to implement. Another key discussion was to create a shared calendar of community events, in order to have some sort of hub for sharing these events with each other as well as a member inventory list so that community members can be connected to resources and services. Planning Survey available here</p> <p>Next meeting: April 12th, 1 PM</p>
<p>Health Literacy</p>	<p>Kathleen McGrath Director, Outreach & Community Health, UM Shore Regional Health</p>	<p>This workgroup conducted a survey among workgroup organizations to determine common issues around health literacy, and how they impact the outcome for the populations served. The results indicated an overwhelming amount of issues. The most common problem is that accessing care is very much impacted by the language barrier(s) and translation services available in the region. Most agencies are having</p>

		<p>issues with providing health information, both written and spoken, in a language other than English. The group has identified that some services are being employed through Choptank Community Health. The group will look at their resources to see if they can be used across the region. At the next workgroup meeting Dr. Cynthia Baur of the Horowitz Center for Health Literacy, will be discussing the new state hub for literacy in Maryland. This will help the workgroup strategize and look for goals that are aligned with the state health literacy goals.</p> <p>Next meeting: March 15th, 10 AM</p>
Health Equity	<p>Matthew Peters</p> <p>Executive Director, Chesapeake Multicultural Resource Center</p>	<p>This workgroup is focusing on the social determinants that cause health gaps in vulnerable populations. Income level, housing, language, race, ethnicity etc. influence disparities in diabetes, smoking, and most of the other workgroups. The group is looking at mapping where many of the social determinants are overlapping to target specific populations and census tract areas where the resources really need to be dedicated. LHIC funding will be used to implement selected strategies.</p> <p>Next meeting: March 16th, 1 PM</p>
Diabetes/ Healthy Living	<p>Amy Travers</p> <p>Director, Quality and Safety, Luminis Health</p>	<p>This workgroup has established three main areas to discuss at the next meeting 1-the regional Diabetes Prevention Program, 2-where and what the schools' wellness and physical activity of the five county region are, and 3-the extent of workforce initiatives around healthy eating and physical activity. From there, an action plan will be put into place to guide the group.</p> <p>Next meeting: March 16th, 3 PM</p>

Agenda item: 211 Maryland

Presenters: Kenyn Benjamin, Sharee Campbell

Discussion Summary:

[211 Maryland](#) is the state's most comprehensive health and human services resource database. With over 7,500 resources, individuals with essential needs can get connected to local help 24/7/365. The Maryland Information Network, a 501(c)3 nonprofit, has powered 211 Maryland since 2010.

211 MD oversees a statewide network of call centers, providing essential connections to Marylanders when they need it most. Callers are automatically routed to their regional call center for assistance, and 211, Press 1 callers are connected to a larger group of crisis centers.

211 MD includes:

- Ongoing, Supportive Text Messages
- Call | Text | Chat. 211 specialists listen, identify all unmet needs, connect callers to resources and follow-up when needed.
- 211 Health Check. Connect with a caring and compassionate specialist each week. The mental health check-in is free and confidential. Call 211 then press 1.
- Searchable resource database by county includes: Aging/Disability, Employment, Children & Families, Domestic/ Family Violence, Employment, Health Care, Food, Housing/ Shelter, Immigration, Legal Services, Mental Health, Substance Use, Tax Services, Utility Assistance, and Veterans.
- New 211 Behavioral Health Care Coordination Program for MD Emergency Rooms
 - Hospital staff may refer an eligible patient for 211 Care Coordination by completing the referral at [211md.org/ care coordination](http://211md.org/care-coordination) or by dialing 211 and pressing 4 immediately. (Daily, 8 a.m. to 8 p.m.)
 - 211 Care Coordinators will acknowledge your referral within 30 minutes of receipt and will immediately begin identifying available resources.
 - 211 Care Coordinators will connect hospital staff and patients to available, conveniently located behavioral health services.

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| | <ul style="list-style-type: none">○ 211 Care Coordinators will follow up to ensure a successful placement and update the electronic record to close the loop with discharge planners. |
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There was discussion on using the Mid-Shore LHIC as a conduit to ensure the resources that are in 211 MD are reflective of the breadth of services and programs offered within the region, and that they are updated routinely to be accurate and credible for the public.

Next-Steps: Nicole will follow-up with Kenyn and his team to discuss how best to accomplish this and will ask for the entire coalition's support in ensuring we put forth a best effort.

Next Meeting: April 11th, 2023: 1-2:00 PM via Zoom

If needed, please email hayden.rhodes@maryland.gov for a calendar invitation.