

MARYLAND ADVISORY COUNCIL ON HEALTH AND WELLNESS

MINUTES

JULY 15, 2020

4:00 p.m.

The Maryland State Advisory Council on Health and Wellness held a virtual Preventive Health and Health Services Advisory public meeting on 7/15/2020, beginning at 4:00 p.m.

MEMBERS PRESENT

Mary Backley
Sumit Bassi
Mary Pat Raimondi Bertacchi
Jonathan Dayton
Jennifer Eastman
Mychelle Farmer
Meg Gwaltney
Donna Gugel
Roger Harrell
Rita Kalyani
Jessica Kiel
Namisa Kramer
Julie Maneen
Seth Martin
Rachel Pigott
Cameron Pollock
Jason Semanoff
Kelsie Shannon
Geeta Sharma
Teresa Titus-Howard
Kristin Watson
Vanina Wolf
Pam Xenakis

MEMBERS NOT PRESENT

Angela Deal
Lois Freeman
Gary Gerstenblith
Linda Kline
Aruna Nathan
Josie Ogaitis
Vivienne Rose
Anne Williams

MDH STAFF PRESENT

Olubukola Alonge
Ola Fajobi
Kathleen Graham
Amanda Klein
Maya Nirmalraj
Kristi Pier
Nacole Smith
Sue Vaeth
Pam Williams

GUESTS PRESENT

1. Open Maryland Advisory Council on Health and Wellness

Ms. Kiel, Chair, called the Maryland Advisory Council on Health and Wellness meeting to order at 4:00 PM, set the agenda, and held roll call.

January and April Minutes Approval

Dr. Farmer motioned to approve the January meeting minutes and Ms. Backley seconded the motion; 15 members voted to approve the minutes and 4 members abstained; the minutes were approved.

Mr. Pollock motioned to approve the April meeting minutes and Ms. Titus-Howard seconded the motion; 12 members voted to approve the minutes and 7 members abstained; the minutes were approved.

New Member Introductions

Four new members introduced themselves (Ms. Bertacchi, Mr. Dayton, Dr. Kalyani, and Ms. Shannon) and provided a general overview of their professional interests.

2. Open PHHS Advisory Committee Meeting

Donna Gugel, Director, Prevention and Health Promotion Administration, opened the Preventive Health and Health Services (PHHS) Advisory Council Block Grant Updates at 4:16 pm.

3. Preventive Health and Health Services (PHHS)

FY2019 Outcomes and Progress

Kathleen Graham, PHHS Coordinator, Center for Chronic Disease Prevention and Control

- Ms. Graham provided a detailed overview of the FY 2019 PHHS Block Grant and the role it plays in supporting the mission and vision of the Prevention and Health Promotion Administration (PHPA) at MDH. The Maryland Health and Wellness Council is the designated Advisory Council for the PHHS Block Grant. The purpose of the Block Grant is to allow states, tribes, territories, and D.C. to address unique public health needs and challenges.

COVID-19 National Emergency Declaration Impact on PHHS Progress

- Many local health department (LHD) PHHS grantees have been reassigned to COVID-19 activities.
- Multiple initiatives providing funding to LHDs were eliminated or delayed
- Social distancing has cancelled most in-person trainings, meetings, and group activities, while revising and many implementing virtually.
- Universities/colleges and schools experienced delays but some are reengaging.

Maryland Diabetes Action Plan

- The Maryland Diabetes Action Plan (DAP) was completed and published in November 2019. Funding was shifted to support the implementation of action steps in the DAP. COVID-19 delayed some activities; staff are being hired, and some actions have moved forward.

D-3 Diabetes Outcomes and Progress

- Expanded access to diabetes prevention programs.
- Increasing access to Diabetes Self-Management Education Support (DSMES) programs.
- Coordinating professional development opportunities, calls, and meetings for current and potential National DPPs in the Maryland Diabetes Prevention Network.
- Increasing the number of lifestyle coaches in Maryland trained to deliver the National Diabetes Prevention Program.
- Supporting master trainers to train lifestyle coaches to implement the National DPP.
- The HALT Diabetes Online Platform allows existing Diabetes Prevention Recognized Programs to offer the classes virtually.
- Enhancing software and programming for Be Healthy Maryland and Workshop Wizard through recruiting and referring to programs and managing data and billing.
- Investigating software to support bidirectional referrals for community-based organizations to communicate with health care providers while meeting HIPPA requirements.

HDS-2 Heart Disease Progress and Outcomes

- Supporting Charles and Queen Anne's LHDs to continue Mobile Integrated Community Health project to reduce emergent care usage by residents with chronic diseases
 - Expanding operational capacity to provide telehealth supporting practices, pharmacists, and CHWs
- A Hypertension Media Plan was completed. The plan aimed to increase self-monitoring of blood pressure at home and encouraged patients to get support for blood pressure self-monitoring from primary care providers, other clinical staff, and pharmacists.
- Blood pressure cuff distribution to LHDs to support self-management during COVID-19.

NWS-8 Adults at Healthy Weight

- Recognition for employers for worksite wellness efforts was delayed due to COVID-19.
- The development of messaging and graphics targeting women of childbearing age (18-44 years old) with a goal of maintaining a healthy lifestyle may be delayed.

- The State Center farmers market was not held this year.
- **NWS-10 Youth Obesity Outcomes and Progress**
- The Safe Routes to School (SRTS) projects are scheduled to start in July.
- Washington County will continue with the SRTS and two new counties, Somerset and St. Mary's, are participating.

C-1 Cancer Outcomes and Progress

- The implementation of the Breast and Cervical Cancer Program Community Outreach Worker/Translation Services Project was delayed until FFY20.
- The LHD HPV Vaccination in Health Systems project was also delayed.
- The hosting of a statewide cancer conference and 3 stakeholder meetings were rescheduled.

IPV-40 Reduce Sexual Violence Outcomes and Progress

- Supporting a Trauma-informed Survivor Services Grant in Prince Georges County.
- A Forensic Nurse Examiner (FNE) Training will be conducted in late summer.
- A prevention grant was issued in June utilizing strategies from CDC's STOP SV technical package

PHI-13 Epidemiology Outcomes and Progress

- Expanded support was provided for the surveillance system through a website with a real time, online data query tool
- Maintained a Program Evaluator to evaluate chronic disease prevention and control initiatives

FS-1 Food Safety Outcomes and Progress

- The Listeria monocytogenes training program for manufacturers was delayed until FFY20; Sanitarians are unable to visit work sites due to COVID-19.

PHI-1.6 Population Health Outcomes and Progress

- Community Health Worker Certification: planning for the development of an accredited Community Health Worker (CHW) training program has continued.
 - Hiring staff for the project is currently underway.
 - Assistance to 2-year colleges to provide certified CHW training programs has continued.
 - 522 CHWs certified (grandfathered in based on experience).

PHI-1 Population Health

- Core Competencies for Public Health Professionals
 - Funding for this objective was shifted to support the Diabetes Action Plan.

PHI-15 Population Health Outcomes and Progress

- Funding for this objective was shifted to support the Diabetes Action Plan.
- A Quality Improvement Council within Public Health Services was maintained.

- Substance use prevention and behavioral health promotion coalition efforts were integrated into overall local population health priority activities to achieve population health goals tied to the state health improvement plan.

PHHS Advisory Council Action on FY 2020 Work Plan

- There were no questions/comments or feedback on the PHHS FY 2019 Work Plan Progress.

4. Close PHHS Advisory Committee Meeting

- Ms. Gugel closed the Preventive Health and Health Services Advisory Meeting at 4:28 PM.

5. Adverse Childhood Experiences (ACEs) in Maryland

- 2018 BRFSS Data Review, Amanda Klein, BRFSS and Data Manager
- Ms. Klein outlined the presentation objectives:
 - Define adverse childhood experiences (ACEs)
 - Describe how ACEs influence health and wellbeing
 - Explain how population level data are collected
 - Explore the 2018 Behavioral Risk Factor Surveillance System (BRFSS) ACEs Module and Collected Data.
- ACEs: Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years). For example:
 - Experiencing violence, abuse or neglect
 - Witnessing violence in the home or community
 - Having a family member attempt or die by suicide.
- Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or household members being in jail or prison.
- ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities.
- Today, national data associated with ACEs continues to be collected by the Behavioral Risk Factor Surveillance System, with 42 states collecting ACEs data between 2009 and 2018. Today's data is from the 2018 Maryland BRFSS, which collected over 18,000 completed surveys, we will be focusing on the relationship between ACEs and the adoption of health behaviors, and disease, disability, and social problems. Additional information is available on other variables that will not be presented today.
- The Maryland BRFSS has been collected since 1995. It is a household survey, conducted via telephone solicitation. Currently it is collected via both landline and cellphone calls. Due to the calling method, it only collects data on non-institutionalized adults who are 18 years of age and older, meaning incarcerated

- populations and those in live-in facilities (due to age, mental illness, etc.) are not included in the sample.
- Solicitation for state-added modules will begin in the next few weeks, and we welcome everyone's suggestions if they are interested in having specific modules added.
 - The Maryland BRFSS ACEs Module was fielded in 2015, 2018, and is currently being fielded in the 2020 survey.
 - Data from Maryland's BRFSS can help us understand:
 - Prevalence of ACEs in Maryland
 - Populations most at risk by demographic characteristics
 - Prevalence of health outcomes by ACEs
 - Prevalence of risk factors/health behaviors by ACEs
 - Key considerations concerning data limitations:
 - BRFSS does not survey adults living in institutions such as nursing facilities, group homes, or prisons
 - Data do not indicate the severity or frequency of abuse
 - Data do not indicate the temporality of ACEs
 - In some instances, there is a small sample size, which limits the ability to look at the prevalence of some outcomes
 - BRFSS data demonstrate associations, not causality
 - Adoption of Health Risk Behavior
 - There are no significant differences between the prevalence of physical activity and ACEs type.
 - There were no significant differences for the number of ACEs based on the prevalence of diabetes.
 - There are no significant differences in the number of ACEs based on the prevalence of cardiovascular disease.
 - There are no significant differences in the number of ACEs based on the prevalence of arthritis.

6. Bylaw Biennial Review

Ms. Kiel thanked the Bylaws Ad Hoc Committee for their time and reviewed the recommendations provided at the April meeting, and discussed changes since April:

- Increase the attendance requirement to 75% for overall council meetings.
- Decrease the attendance requirement to 50% for committee meetings.
- Committee co-chairs are allowed and are required to follow the Open Meetings Act.

Ms. Titus-Howard motioned to approve the bylaw revisions and Ms. Wolf seconded the motion. 23 members voted to approve the revisions; the revisions were approved.

7. Public Comment

Ms. Kiel opened the meeting with a request for public comments; there were none.

8. Adjournment

Ms. Kiel thanked everyone for their attendance and participation. The meeting was adjourned at 5:03 PM for members' respective committee meetings.

Next meeting: Wednesday, October 14, 2020, from 4:00-6:00 PM