Frederick County Health Care Coalition
LHIC12-0101
Year 1 Local Health Improvement Coalition Report

The Maryland Community Health Resources Commission (MCHRC) grant award to the Frederick County Health Care Coalition supported more than 10 of the objectives listed in the Frederick County Local Health Improvement Plan. Without the MCHRC grant funding only a few of the activities undertaken would have been initiated this past year and those activities that would have been initiated would not have been as far reaching. All but two of the proposed performance measures were met or exceeded and it is expected that one of the two will be achieved early in 2013. The other one of the two is a result of 3 families being lost to follow-up.

The Frederick County Health Care Coalition's Local Health Improvement Plan focuses on 5 priorities identified by community stakeholders in October 2011. The priorities for local health improvement are 1) mental health, 2) affordable dental care, 3) access to care, 4) wellness and prevention, 5) health inequities, and 6) early childhood growth and development. The MCHRC grant supported targeted key actions from each local priority for health improvement. More detailed reports are for each activity funded will be submitted as a separate attachment.

Wellness and Prevention Priority

Goal 1, Objective 2 and Goal 2, Objective 1 address healthy weight in children through actions to increase the continuing education classes for daycare providers and through the implementation of a culturally and linguistically appropriate educational campaign targeting underserved communities. To accomplish Objective 2, Key Actions 1 and 3, a Growing Kids Healthy themed full-day professional development conference was held October 6th for 62 licensed child care providers in Frederick County. Workshop sessions covered health, safety, and nutrition core knowledge areas. Continuing education credits were awarded to 62 child care providers for a total of 372 credit hours earned. In all, 75 people received information on the American Academy of Pediatrics feeding recommendations. 100% of the evaluations were extremely positive and at least 75% of respondents indicated they received information they would use in their programs. The child care provider workshop also supported Goal 3 of the Early Childhood Growth and Development priority focusing on promoting best practices regarding physical health and well being of young children.

Goal 2, Objective 2, Key Actions 2 and 3 of the Wellness and Prevention priority were accomplished through the development of a culturally and linguistically competent educational campaign on healthy beverage choices to increase the awareness of healthy beverage options. Workgroup members developed campaign theme, "Rethink Your Drink, Choice Matters! Campaign material was developed and translated into Spanish. Campaign material consisted of fact sheets, posters, stickers and healthy beverage toolkit. The toolkit posted to the Frederick

County Health Department and the Frederick Memorial Hospital websites. In-kind support was provided by Frederick Community College graphic art students who designed campaign posters and bus ads, designed stickers, and formatted fact sheets, a resource that represented an up-leverage of the MCHRC grant funding. Campaign posters were distributed to school health nurses to be displayed in 65 county school health rooms. The campaign poster was featured on the Frederick County Public School Food Services November menu reaching about 40,000 students. Exterior and interior TransIt bus ads were purchased for four week displays of campaign message resulting in an estimated 203,040 impressions of exterior bus ads. There was print and radio media coverage along with social media site coverage of the campaign. In conducting research for the campaign, many communities had adopted the Rethink Your Drink slogan. The workgroup hoped to adapt some of the work that had been done by others but found that there were challenges with some of the organizations being able to share information or images. In some instances the organization's process for sharing information took longer than the time available for the MCHRC grant performance period.

To accomplish Objective 2, Key Action 3 of the Wellness and Prevention priority, a Healthy Eating Trail was designed to engage parents and children in fun, interactive and educational activities which promote interactive learning, health education and encourages healthy food choices. The Healthy Eating Trail consists of 10 learning and activity stations which are spread throughout various departments of local grocery stores. Each learning station covers a different food topic and includes educational information and interactive learning activities. The Healthy Eating Trail equips children and their caregivers with the tools and information they need to make healthier decisions as they shop at local grocers starting with Giant Eagle stores in Frederick County.

During the planning stages of the Healthy Eating Trail we quickly realized the saturation of signage currently existing within local grocery stores. As a result we specifically designed the size, design and location of the learning stations so that they would differentiate themselves from traditional store signage. By including healthy food messaging at points of purchase we hope to temper the media messages that many children carry with them while grocery shopping. On average more than an estimated 5,000 individuals visit the 7th Street Giant Eagle in any given month and will receive some level of exposure to the Healthy Eating Trail.

> Wellness and Prevention Proposed Evaluation Measure: By 2014, reduce the proportion of Frederick County children ages 2-18 years who are obese (equal to or greater than the 95th percentile of BMI for age) to 16.4%. County baseline (2010): 17.4%. Data Source: MDBRFSS. *2011 data not comparable due to change in methodology by CDC

Access to Care Priority

Goal 1 focuses on improving the availability of interpretation services in outpatient health care settings. Objectives 1 and 2 focus on the development of briefing packets and a directory for health care providers. In mid September, 2012, a briefing package was developed and finalized by a joint effort Frederick County Health Department, Frederick Memorial Hospital (FMH), Asian American Center of Frederick (AACF) and Access to Care Work Group. "Investing in Interpreters: A Guide to Providing Access to Health Care in Frederick County, MD" is the main brochure that outlines the issues to address the utilization of interpretation services for health care by individuals with Limited English Proficiency and individuals with hearing impairment. This document was sent via email to all providers within the FMH system. In addition, AACF developed a survey to determine the usage of interpreters among health care providers. AACF's staff/consultants visited 50 medical, dental, and mental practices in the past 4 weeks representing more than 260 providers and 18 disciplines. An evaluation is underway with pre- and post-intervention assessments to improve future outreach and education efforts. A second survey will be administered in the next few months to measure the effect of the educational activities and any changes in the use of interpretation services.

A Health Care Resource Guide for Uninsured Persons that includes language interpretation resources was developed and printed for distribution of more than 1000 guides at several large events held in Frederick and health and human service providers.

> Access to Care Priority Evaluation Measure: The two proposed evaluation measures were achieved -- Educate 60% of all primary care and specialty health care providers in Frederick County about legal requirements for interpretation services in health care and health promotion activities and to Provide language-specific information resources of the language interpretation services and interpreter training programs available in Frederick County to 60% of all primary and specialty health care providers.

Mental Health Priority

Goal 4, Objectives 1 and 3 focus on stigma being a barrier to accessing timely care and the corresponding objectives are to increase primary care provider awareness and screening and general public education. A Suicide Prevention Toolkit was created for Primary Care physicians. The Toolkit includes information on depression, anxiety and suicide for both the physician audience and the patient audience. Educational brochures for the public were created conveying simple information at the 5th grade reading level. The Suicide Assessment Five-step Evaluation and Triage (SAFE – T) pocket card was also included. Two screening tools and instructions for their use were also included: the GAD 7, a screening tool for anxiety, and the

PHQ 9, a depression screening tool. Each physician practice was given information on a DVD for reproduction.

The Toolkit was distributed to 77% of primary care and urgent care physicians, pediatricians and nurse practitioners (165 primary care physicians, 2 Physicians Assistants, 8 NPs and 18 pediatricians in 64 practices). Additionally, 9 pharmacies agreed to post information on suicide prevention, depression and anxiety. The educational brochures created on suicide warning signs, "How to talk to a suicidal person," signs of depression, and symptoms of anxiety, were distributed to the same 9 pharmacies, as well as 24 community agencies and the hospital emergency department and behavioral health unit staff. Identified resources were listed on educational materials, translated into Spanish and distributed at community events including The Convoy of Hope and Rally for Recovery. See the attachment for more details about major event locations where general public education was provided. It was learned that screening tools tend to be long and complicated and created for use in the adult population. Screening tools for children and adolescents are still being researched and we are waiting for permission to utilize the PHQ 9 for Teens (GLAD-PC) created by The REACH Institute (The Resource for Advancing Children's Health).

Utilizing a pharmacy intern from the University of Maryland, School of Pharmacy for assistance with this project proved to be a valuable asset. Expanding the project to include pharmacies was key as most patients interact with their pharmacist 12 to 15 times a year, compared to 3-4 visits with their primary care or ambulatory care provider. 100% of independent pharmacies in Frederick County that were contacted were very willing to provide information and make it available to the public. Unfortunately pharmacists at chain pharmacies and grocery stores are not as free to have this information available at their discretion.

Most physicians and practice management staff were eager to receive and utilize the information. Many primary care physicians and pediatricians recognized the lack of mental health services in the county and appreciated the support and tools provided. Several physician practices required more time than simply dropping off the materials as they were eager to have a list of referral sources and supports.

Goal 4, Objectives 4 and 5 focused on public witnessing and peer support. The Maryland Certificate Program for Peer Support Specialists is still under development so an alternative approach was sought during the grant period. The Speech Craft program began on October 22 with the goal to help people with mental health issues become more effective at communicating their stories to help reduce stigma and to support their peers. More than 3 meetings have been held with the goal of 6 peers participating being achieved and expected to continue after the grant period.

> Mental Health Evaluation Measure: Performance exceeded the proposed targets for training and education -- Education will be provided to 75% of primary care, emergency

and behavioral health care settings. Fifty percent of primary care physicians will be educated about depression and stress indicators, and use of screening tools. Six peers to receive training for peer support were identified and continue to pursue training.

Affordable Dental Care Priority

Goal 2 focuses on the development of good oral health behaviors through education. It became clear in researching information for oral health education for service providers, seniors, and adults with low income that very little appropriate literature is readily available. Oral health educational materials are much more available for parents and children, especially thanks to the oral health literacy campaign underway through DHMH/Office of Oral Health and the Maryland Dental Action Committee. In addition, the local resources to which we may direct adults and senior adults with low income are very limited. The oral health message that we needed to take the time to create locally includes a brief statement about the importance of dental health and connection to general health and directs viewers to contact Frederick County Health Department where a System Navigator will assist them in finding a local provider for oral health care. Broad reaching venues, such as TransIt buses and Frederick's Child magazine, were selected to communicate the messages. A portable display board was purchased for oral health presentations. The display board can be reconfigured with information relevant to any audience. Presentations included back-to-school events in targeted schools; literacy night at the Frederick County Judy Center, a program for children ages birth to kindergarten serving three elementary school communities. While we have gotten an oral health message to a wide audience of children and adults – over 2000 total – this is a message that needs to be repeated and presented in a variety of media. Although we had anticipated providing specific training to caregivers during the period of this grant, we lacked the materials needed to conduct that training. This effort will continue over the next several months. We were successful in providing messaging to central office and building level administrators for Frederick County Public Schools and School Based Health Center health care providers which will in turn assist us in accessing students and families in each of the targeted elementary schools throughout this school year.

> Access to Affordable Dental Care Evaluation Measure: This performance measure was only partially met due to the unanticipated lack of readily available educational materials for the adult population. The proposed evaluation measure was for culturally and linguistically appropriate oral health education will be directly provided to over 300 persons at high-risk for oral disease and children and to over 30 service providers for high-risk populations. Over 2,000 high risk persons were reached, but only 8 service providers before the grant performance period ended.

Early Childhood Growth and Development Priority

Goal 5 is focused on promoting best practices regarding the safety of the young child through educational outreach initiatives target at families and the general public in Frederick County. The first objective under that goal is to promote best practices regarding safe sleeping and

SUIDS (sudden unexplained infant death) prevention. Ten Pack-n-Play cribs were purchased for distribution to area agency clients who did not have/could not afford a crib for their newborns. Ten cribs were quickly distributed to 8 families (2 sets of twins) along with comprehensive education. In addition, safe sleep educational materials were posted in locations where persons with children are likely to view the materials. Many more Pack and Play cribs could have been given out with more funding to purchase more cribs. All recipients of Pack and Play cribs were contacted in October 2012 for a three month follow-up phone call. Of the eight families who received cribs, five families were reached and continue using the Pack and Play, four infants are back sleeping with one infant side sleeping per doctors orders due to reflux. Three families did not respond to follow up phone calls so we do not know if they are still using the cribs.

> Early Childhood Growth and Development Performance Measure: This performance measure was not entirely met as not all [10] families who received a crib through this funding responded to the 3-month evaluation so we do not know if all [10] families who received a crib through this funding will report that they are still using a crib at the 3-month follow-up. We do know that 100% of the families reached were still using the crib at 3 months.

Sustainability

Since the MCHRC funding supported the development of materials with the accompanying education and distribution being carried out through in-kind support the activities in all of the priority areas will be sustained through a commitment from all partners involved to continue to provide the in-kind support needed to achieve and exceed the Local Health Improvement Plan goals and objectives. For example, Rethink Your Drink, Choice Matters! posters and fact sheets will be distributed to pediatric offices, the YMCA, and others. There continues to be outreach to health care providers who have not yet received a visit to review the Suicide Prevention Toolkit and a plan to expand the list as necessary to include those indentified as benefiting from receiving information regarding depression, anxiety and suicide prevention. Oral health literacy presentations and messaging will be on ongoing project through the next year. Although we had anticipated providing specific training to caregivers during the period of this grant, we lacked the materials needed to conduct that training. This effort will continue over the next several months.

Without a doubt, the MCHRC funding leveraged other direct and indirect funding from community partners. The volunteer planning, outreach, and education time spent on nearly every activity was committed specifically because there was funding available to carry out the desired key actions much sooner than had been expected.

Bonus Funding Report

Bonus funding from the MD Community Health Resource Commission totaling $25,000 supported the Frederick County Health Access Program (FCHAP), the Frederick County Health Care Coalition's initiative to improve health care access for low to moderate income, uninsured residents. The program assists county residents with incomes less than 250% of the Federal Poverty Level, who are ineligible for or awaiting assistance from public programs by connecting them with primary and specialty care providers and the health care services they need in a timely manner. Individuals with MD's Primary Adult Care (PAC) coverage are assisted with specialty care needs. The program partners with local medical and ancillary service providers so that enrolled individuals pay just $15/doctor's visit, receive lab/diagnostic tests at no costs, and are assisted with obtaining prescription medications.

$10,000 of the funding was utilized for direct care services for an average of 200 active enrollees and covered discounted lab/pathology/radiology services, anesthesia/facility fees associated with needed diagnostic tests, specialty medical care procedures, prescriptions (not available through pharmaceutical company assistance programs), and needed medical supplies. With the donation of care by providers and discounted ancillary services, the value of care provided during the grant period exceeded $93,000.

Additionally, $15,000 of the bonus funding enabled the Frederick County Health Access Program (FCHAP) to provide 428.5 hours of care coordination services for current and new enrollees and also to provide assistance to those in the community who need and/or qualify for other resources and programs. The care coordinator evaluates potential enrollee's health care needs, enrolls, and schedules primary and specialty provider appointments, ensures enrollee understanding of follow-up orders/instructions, assists enrollees with obtaining prescriptions/labs/diagnostic testing, and provides transportation and arranges interpretation services as needed. The care coordinator provides valuable assistance to the many enrollees who have been without a source of consistent health care and lack the skills or confidence needed for managing their health care needs. Recruiting physicians and ancillary health service providers willing to donate or reduce fees for services needed by enrollees is also the task of the care coordinator. Additionally, community members (enrolled or not) are assisted with finding appropriate health and wellness resources in the community and applying for state insurance programs (Medical Assistance, PAC, etc.) for which they may be eligible.

During the grant period, an additional 36 uninsured individuals were enrolled in the Frederick County Health Access Program and 2 additional specialty care practices signed partnership agreements. Through care coordination efforts, 20 individuals were assisted with applying to state health insurance programs with 43 residents were referred to other community resources/programs which could help them meet their health/wellness needs and goals. This

expansion in access meets or exceeds the objectives identified in the proposal. At a community meeting held on September 19, 2012 to update constituents on the Local Health Improvement Process and progress, information about the Frederick County Health Access Program was shared along with stories of individuals in need of health care services who were helped by the program. The program's activities and success in improving access to care for un- and underinsured county residents by connecting them with local providers and ancillary services and providing care coordination assistance is consistent with the expressed purpose of the MCHRC.

> Bonus Funding Access to Care Priority Performance Measure: The performance exceeded the proposed performance measure with the total number of persons enrolled during the grant period increasing by 36, not 30 persons. Two more providers signed provider partnership agreements. The number of persons assisted with enrollment in public insurance programs and referred to other community resources was higher than proposed at 63 instead of 60.

The FCHAP program is expected to continue in 2013, as it has in the past, with charitable contributions to support the direct services for uninsured persons and the care coordination services. The full implementation of health care reform is expected to have a significant impact on the need for services and the availability of funding for those who remain uninsured, so the sustainability of the FCHAP program past January 2014 is questionable due to those external factors.