

**THE FIVE HUNDRED SEVENTY FIRST REGULAR MEETING OF THE
BOARD OF HEALTH OF BALTIMORE COUNTY
FRIDAY, DECEMBER 01, 2023**

The Five Hundred Seventy-First meeting of the Baltimore County Board of Health was held December 1 at 9:30 a.m. via WebEx.

BOARD MEMBERS PRESENT: Steve Adelsberger, Dr.Samuel Havrilak, Judy Kistner and Winona Matthews, Dr. Camille Smith

MEMBERS ABSENT: Katie McElroy

OTHERS PRESENT: Della Leister; Deputy Health Officer and Secretary Pro Tem, Samantha Allen; Accreditation Coordinator, Quality Improvement and Kathy Wynn, Executive Secretary.

Dr. Havrilak opened the meeting. Should it be necessary to close the meeting, the Chair will conduct a recorded vote on a motion to close. A closing statement will also be prepared that cites the part of the Open Meetings Act that contains the applicable exception, lists the topics to be discussed in the closed session and give the public body's reason for excluding the public.

I. READING AND APPROVAL OF THE MINUTES

To approve the minutes of October 27, 2023

Minutes were approved with the following correction:

First page, OTHERS PRESENT – Second paragraph, first sentence to read: *Dr. Havrilak opened the meeting.*

Motion: Ms. Matthews
Second: Dr. Smith
Decision: Unanimous Approval

**II. COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)
PRELIMINARY OVERVIEW**

Prior to presenting on the CHNA, Ms. Leister updated the Board on the Annual Report, originally an agenda item for this meeting. A member of Ms. Leister's staff is working with a master's nursing student on the annual report. Suggestions were taken from the Board last year and from Ms. Leister's leadership team. With those suggestions and upon review of annual reports from other counties, the report is being revised. It is taking more time to compile the report for this year, it is normally done by this meeting. When completed, Board members will receive a copy. Ms. Leister will also briefly review with the Board at a future meeting.

The CHNA is a joint effort between county hospitals and the health department. All use the benefit and services of Ascendent Healthcare, who is a health care consultant assisting with this assessment. Ms. Leister reviewed the draft forwarded by Ascendent Healthcare.

We were hoping to get 2000 responses for the community web survey; 2,034 responses were received. A small key factor is that only 1% of those surveys were completed in Spanish. We did make a concerted effort. Ms. Leister sent the survey to the New Americans Taskforce liaison in the County Executive's office to for forwarding.

Respondents were not just from Baltimore County which makes sense as some of our hospitals serve people in a number of different areas. There were a number of respondents from the Liberty Road/Woodlawn corridor. There weren't as many responses as we would have liked on the east side of the County.

72% of the respondents identified as female, 27% identified as male. The largest breakdown of participants were 60 to 74 years of age at 33%. The next group were ages 50 to 59 at 27%. The third group were over age 75. The bulk of the CHNA respondents were over the age of 50. 59.2% identified as white, 36% identified as black. 4-5% identified as more than one race. 97% identified as non-Hispanic, 3% identified themselves as Hispanic.

Most respondents, 61%, reported having good mental health every day in the last month. There were individuals anywhere from 2% to 10% that had multiple days in the past 30 where they were struggling with their mental health. 98% of the respondents said they had health insurance and more than 90% stated they typically see their primary care provider at least once a year. 50% stated they saw their provider two to three times a year.

The top five community health needs with 1900 individuals answering this question:

68% - heart disease and high blood pressure

62% - overweight/obesity

61% - diabetes and high blood sugar

57.4% - mental health

48% - cancer

Number 6 was alcohol and drug addiction at 41%.

The top five social needs that impact the community:

47% - neighborhood safety and violence

38% - availability access to insurance.

34% - access to doctors

33% - homelessness

32% - lack of affordable childcare.

Others commented on limited access to healthy foods, transportation, poverty, lack of jobs and discrimination.

The top barriers to improving health in Baltimore County, what barriers if any exist, was cost/unable to pay at 78%. 55% thought that not them personally, but one of the barriers in their community was no insurance. 32% stated insurance not accepted. 30% stated the wait was too long. 24% stated transportation was an issue.

When they were asked specifically about access to healthy food and dental care, about 75% said they have regular access to healthy and affordable food. 5% stated they did not. 18.2% stated sometimes they have access. 90% said they do have access to a dentist or dental services. 8% stated they did not have access to dental care.

A key leader survey was also done. The key leader survey is different from above as they were to respond as a key leader in communities they serve. There were 115 responses. Key leaders were from across the County; we had a number of responses from the Towson corridor. 33% were from a non-profit, 22% were from the County or county government and 20% were healthcare providers. 12% were other, e.g.; a community neighborhood organization, public schools or law enforcement and then the numbers trickle down for education, faith-based and community development.

More than half of the key leaders in Baltimore County thought that the health of the County had gotten worse over the past three years. 49% of the respondents said that it gotten worse, 32% thought there was no change, 14% thought it had improved. Then we have some numbers for greatly worse, 2.6%. The primary reasons cited were mental health, poverty, food and security substance use, access to care and COVID 19. It is fairly significant that over half of our community leaders think the health of the county has decreased.

Key leaders rated the top five community health needs of Baltimore County:

70% - mental health/ suicide

53% - substance use and alcohol use 48% housing.

45% - access to care

40% - food security

Following closely behind food security at 37% was primary preventive health.

What key leaders think are the top community health needs differ from what the residents view as the top health needs. The next step in this process is we are meeting as a group to set priorities by reviewing all of this information. Key leaders did mention that there's a lot of resources in the community, but they are not enough.

Key leaders top five social needs:

57% - access to affordable housing

53% - reducing crime

50% - access to healthy foods

45% - affordable childcare

42% - access to employment

Following close behind at 41% - substance abuse and treatment.

Identified groups key leaders thought were highest need:

60% - persons in poverty.

55%, - the African American community

53% - seniors

46% - persons experiencing homelessness

44% - children and youth

Two thirds of key leaders stated that health and social needs vary across the County. They highlighted Dundalk, Randallstown and Reisterstown as having particularly high needs.

Key leaders identified barriers to improving the health of the residents in their communities.

72% - cost of care

63 - health literacy.

54% - appointment availability

53% - lack of health insurance

52% - lack of transportation.

Do you feel the residents in communities we serve are health literate (able to understand health related information)?

53% stated yes

47% stated no

This definitely gives us room for interventions. They gave us some ideas of what some of those interventions should be for health literacy.

Key leaders were asked where they thought members of the community typically sought, medical care:

60% - emergency department

53% - walk in or primary care

42% - primary care

33%, - community clinic

27% - hospital, medical campus

There were 13 focus groups with 90 participants. For one of our focus groups, no one showed up, which was very disappointing as it was one of the ones the health department was responsible for.

There was a wide variety of representations, the Jewish community, faith-based community, a diabetes group, seniors, veterans, behavioral health clients and peers.

Some of the high priority, health and social needs identified in the focus groups were affordability of health care, understanding your coverage and participants described some areas as healthcare deserts.

Quality of health care was another area that came up in the focus groups with a fair amount expressing fear and mistrust toward providers. The cost and availability of healthy food was described as a significant challenge. Educational needs primarily focused on community, health education and building awareness of existing resources. We hear that a lot that we have a lot of resources and nobody knows about them.

Lack of access to transportation and transit were described as major barriers to health care.

Family community and social support were identified as a need. They needed a greater community engagement for their overall wellbeing. Crime and violence were frequently noted. Lack of safe places to exercise outdoors contributes to poor health in the community. Individual's experiencing homelessness felt fear; transportation, family, community, social support, education, food, security are barriers.

A number of people are more comfortable going to the hospital after a problem arises instead of getting routine preventative care to avoid issues down the road.

Upon review of preliminary findings, all three groups identified access to care, transportation and food insecurity as issues

There are some areas where we are not sure that the responses are totally reflective of the population. New Americans are hesitant to engage with government as they're worried about immigration issues. The homeless are hard to reach. You have seniors that are totally isolated and

homebound. Still, this is incredibly great information and we're very happy that we were able to get as many responses as we did.

III. PUBLIC HEALTH ACCREDITATION

Ms. Allen reported we are preparing to submit our annual report for PHAB at the end of March. In preparation, all of the areas were identified that we were less than demonstrated in. We have been making corrections, implementing plans and placing procedures in place. We are developing a language access plan for Baltimore County. That planning process started about two weeks ago. We are looking forward to having the language access plan to share with the board.

IV. DEPARTMENT COMMUNICATION BY THE SECRETARY

- COVID – the vaccine is being offered to uninsured and underinsured. Nationally, there has been slow movement on the new vaccine. We will promote through our mobile unit. Twenty doses were administered at an event held about two weeks ago. We continue to monitor COVID, look at the numbers, answer questions, etc.
- FLU vaccine – we had a successful Super Saturday, not as much vaccine was given as we would have liked to have given out. We are continuing to offer the vaccine at our health centers and will be holding some special focused clinics at Drumcastle, especially as we get closer to the holidays with college kids coming home.
- JUUL is a company that sells smokeless tobacco/vaping products. All of their advertising has been targeted to youth. They were sued and a settlement was awarded. We are waiting to hear more. Some jurisdictions have already received settlement funds and they are going to schools.
- Yesterday Ms. Leister and finance staff met with MDH audit staff. The department is undergoing a fiscal audit which will review the last three fiscal years. We just finished an audit about a year ago.

Program Updates:

- Animal Services home for the holidays – individuals adopting an animal will have all fees waived. The County Executive and foster coordinator appeared on the local CBS channel promoting both being a foster parent and adoption.
- We are preparing to implement a community pet scanning project which has not yet been made public. There will be hand held scanners in weather proof boxes at several locations throughout the County. There are still logistics to work out, we are excited about this project and will be one of the first in the nation to roll out this project.
- We were informed that we are going to have significant cuts in HIV prevention, partner services and a few others. The challenge with this is the cuts will go in for the fourth quarter of this year and definitely for FY '25. We have not received this in writing, they want us to evaluate what we think can be cut.

- The Behavioral Health Harm Reduction program has reached a milestone of 300 active participants. Launched in 2018, they have six staff in that division. They have successfully initiated over 1,100 encounters with those clients. They have given out almost 400,000 sterile syringes, 7,500 Naloxone kits and 72,000 used syringes have been responsibly collected.
- Behavioral Health is looking at crisis centers. Ms. Leister went with a team on Wednesday to Frederick County who just opened a 24/7 crisis drop-in center. It is not a crisis stabilization center yet but they are working towards that. From this visit, we took away many ideas about what they are looking for going forward and the support Frederick County provides and how they work together as it a very different municipality. We left very energized moving forward with working towards having more crisis centers in Baltimore County.
- Our suicide awareness coordinator, Heather Dewey, was on the Frank Conaway show to talk about Maryland's mental health crisis, local support services and prevention.
- We are working with the Revenue Authority to put 988 number signs (the number to call if you are having a mental health crisis) in parking garages of in Towson complexes.
- There was an ACCU site visit yesterday. Auditors reviewed 31 records with 100% success. There were two very minor issues on a document. They were very impressed with the County.
- We are back doing underage tobacco enforcement. We could not do during COVID as we could not have kids and compliance officers in the same car and we also could not get staff. Our numbers are not great yet; we are doing a lot of education and issuing of citations. The federal government will soon be doing their SYNAR compliance if they haven't already. We are waiting to see what their numbers are for Baltimore County.

Personnel:

- Jan Markowitz, an Epidemiologist with the department retired after 15 years of service
- Venus Rankin-Waters, a Social Worker II is retiring after 33 years of service
- Don Schlimm, Director the Local Management Board will also be retiring in a few weeks

Facility Issues:

- Cameras have been installed in our parking garage due to vandalism.
- Baltimore County government is implementing a very new system call Revolution. All phones in county buildings, with the exception of police precincts and the public safety building, will have a button on their phone that employees will be able to hit if there is a violent person/active shooter in your building. It does not stop you from calling 911 but it alerts employees/individuals in the building that there is an active shooter in the building. Training is in process. The button is to be used only be used for an active shooter.

- Reisterstown WIC is moving from the Chartley shopping center into the business center drive. Our goal to move is February 1. It is a fast turnaround time as the landlord at Chartley has not renewed our lease.

Events/Trainings:

- Dr. Branch has been appointed to a statewide Commission on Public Health by Governor Moore. This is a 16-member commission that was passed into law by last year's general assembly. They are charged with assessing and recommending improvements to public health services in Maryland.
- Ms. Leister was asked to serve on a statewide steering committee for the state's health improvement plan the State is undergoing for their reaccreditation. It is a very fast turnaround. It all has to be completed by March.
- November 20 was Public Health Thank You Day. We promoted public health and thanked staff for all the work they do.
- Last evening was the second opioid town hall meeting. The goal of these meetings is to gain input from residents as to how they think opioid restitution funds should be directed. Ms. Leister provided opening remarks. Participants provided some great ideas. They will be compiled with some of the other recommendations and information that we have found on our overdose reviews.
- Today is World Aids Day – encourage all to get tested, if never been tested, know your number and seek care if needed

V. OLD BUSINESS

Ms. Leister reported that all subsequent Cryptosporidium test results in the city continue to be negative.

Dr. Havrilak mentioned the Board was informed at the last meeting the underground water storage areas were to be finished by the end of the year. Does that still hold true? That is the message the City DPW has informed the department.

VI. NEW BUSINESS:

Dr. Havrilak had the opportunity to use the drug drop off box at the Towson police precinct. If anyone has present medication they wish to dispose of, it is an excellent way to do so.

Ms. Kistner inquired about lead pipes in Baltimore city and the houses. How are they doing that?

Ms. Leister and Environmental Health has a standing meeting with DPW and EPS in the County. This is an agenda item for the meeting scheduled for later this month.

Dr. Havrilak inquired if there was any information on whether water from lead pipes or lead from paint and paint chips, which is worse for children and adults? Ms. Leister will place on next

month's agenda a brief presentation from our lead program and will also obtain additional information regarding water in Baltimore City and pipes.

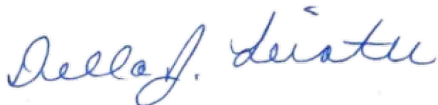
VII. REMARKS OF THE CHAIRMAN

Board members received next year's 2024 meeting schedule. Meetings will be virtual with the first in person meeting held in April. Dr. Havrilak wished all a very happy and healthy holiday season. The Board will next meet on January 26, 2024.

VIII. ADJOURNMENT

Motion: To adjourn the meeting at 10:18am.

Motion: Mrs. Matthews
Second: Ms. Kistner
Decision: Unanimous Approval



Della J. Leister, RN