

Mid-Shore Health Improvement Coalition /MS-SHIP
6/11/12

Present: Nora Becker, Karen Bishop, Carolyn Brooks, Scott Burleson, Courtney Bertam, Tracy Curry, Ashyrra Dotson, Dorine Fasset, Kathy Foster, Roger Harrell, Margaret Ellen Kalmanowicz, Paula Lowry, Kathleen McGrath, Michele Morrisette, Cathy McKelvy, Nicole Morris, Phyllis Naujokes, John Nickerson, S. Pahlman, Laura Patrick, Jenny Randolph, Kia Reed, Madeleine Shea, Cindi Slacum, Leland Spencer, Ina Upshur, Mary Walker, Sandra Wilson, Kathy Wright, Allen Young

Dr. Spencer reviewed the purpose of the Mid Shore State Health Improvement Coalition. He noted that we will take a break over the summer, and reconvene in September. He also noted that there will be Health Zone funding opportunities this summer to fund resources to address health needs such as diabetes, high blood pressure, and asthma. The purpose of the funding is to increase access to care and reduce disparities.

Ms. Madeleine Shea of DHMH noted that Obesity & Tobacco will also qualify.

Dr. Spencer stated that in light of the work that is occurring in the Mid-Shore region, we are well positioned to compete for these funds, and that discussion of these opportunities for our region will need to be conducted via email. Our region's programs targeting policy and environmental changes in the workplace may be considered. For example, "Get Healthy Kent" will be included in the annual cancer collaborative. This program is showing measurable outcomes, 15 businesses w/1,000 employees are participating in Kent, and there is interest in it at the state level.

Ms. Nicole Morris shared information about the Mid Shore Body & Soul program, to be launched this summer. This project has very quick turnaround requirements. The goal is for three African American faith based communities per county to participate (15 total). Applications went to all health departments and Minority Outreach Technical Assistance (MOTA). The deadline is 6/22; Ms. Morris is soliciting volunteers to review applications.

Once participants are selected, there will be 2 training dates, mid July, and the program itself will be started by August, so we can report back to state by November.

Dr. Spencer introduced the topic of Tobacco: 1/3 of our kids are smoking, but every health department has funding for tobacco prevention. Why are our numbers so high? What are we missing?

Linda Walls reviewed the procedures to discuss this question by program theme, clarified that the discussion would include all anti-tobacco programming (not just youth), and described the meeting evaluation tool.

Ms. Walls noted that our objectives for today are to assess current resources available for tobacco prevention and tobacco cessation in the five county area; to identify gaps; and to identify promising strategies. Those present were asked to contribute their knowledge & experiences of their respective communities.

	Caroline	Dorchester	Kent	QAC	Talbot	ALL
Smoking Cessation Programs	1. Cessation Classes, CCHD (Weds, Daytime) 2. Cessation Classes, YMCA (Thurs evening)	Smoking cessation DCHD, morning & evening; Nicotine replacement	Smoking cessation KCHD, a 4-week class, led by trained counselor,	Individual TAP/TEG Nic. Replacement (Chantrix,	Smoking cessation, TCHD, morning & evening; Nicotine replacement	SHS employees program. Quitline Support, counseling,

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Smoking Cessation Programs (continued)	<p>3. Worksite Cessation, Tri-Gas & Oil (7) Businesses</p> <p>4. FY13 Working w/low income housing to go smoke free.</p> <p>5. Individual sessions (3 RN's, 150 people/yr). CCHD calls clients @ 3,6,9 mo, & 1 yr after to see if still smoke free.</p> <p>9-wk sessions, different class ea. Week.</p> <p>On-site for employees to quit smoking.</p>	<p>therapy (3 class min. to get Nic replacement; 1x1 if they can't come to classes. Target 120 participants /yr</p>	<p>offers Nic. Replacm't (Chantrix, patches, etc.). Class is offered @ HD, in community, & at employers. About 100 participants /yr</p>	<p>patches, etc.),</p> <p>Pathways to Freedom</p> <p>1 on 1 sessions w/follow up visits</p> <p>Geared to faith based (105, ytd)</p>	<p>therapy (4 class min. to get Chantrix gum, bupropion patches lozenges); 1on 1 if they can't come to classes</p> <p>On-site employee classes done by TCHD</p>	Products
Enforcement Activities	<p>compliance checks, CC Sheriff (1 x 1 quarters)</p> <p>Sheriff's Office doing monthly vendor ed.</p> <p>Teen Court (TC coordinator work DJS & School Resource Officers for tob. Citations</p> <p>Referrals from Schools</p>	<p>Cambridge P.D. compliance, have \$\$ from Partnerships for Drug Free Dorchester</p>	<p>Alcohol-Tobacco Inspector compliance checks, verifies tobacco is locked, behind counter, ads not @ eye level.</p> <p>Youth Tobacco Citations go to DJS, then to KCHD for ed.; parents must attend too</p>	<p>Tobacco Citations</p> <p>State police are a source of citations</p> <p>Teen Court (volunteer adult participants unfunded)</p> <p>Board of Ed</p>	<p>"Friendly" compliance checks "you almost sold..." TCHD</p> <p>Easton PD cites youth for underage possession</p> <p>Referrals from Schools</p> <p>Teen Court</p> <p>County Ordinance; TCHD has authority to enforce clean</p>	<p>Enforce (citations) Clean Air Act, usually not food places, often b/c the boss is doing it.</p>
Enforcement Activities (continued)						

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Enforcement Activities (continued)	Local Judge wants to have TV program promoting TC programs/ incr. youth awareness of consequences				indoor air law & product placement law (citations: \$250/\$500/\$1K) complaint-based, only 2 or 3 per yr.	
School Based Programs	<p>HD staff teaches all 5K students on tobacco prevention, Pre-K-12th;</p> <p>Funds \$250 to all elementary schools</p> <p>Work @ 4H Sharon Pahlman to teach in school Health (?)</p> <p>Caroline work w/SHP/SHOUT programs for peer to peer student teaching</p> <p>5. CCHD staff on School Health Council;</p> <p>6. Staff nurses go into schools for cessation classes</p> <p>CCHD helping school board w/revamping school wellness policies (tobacco prevention)</p> <p>CCHD teach teachers & BOE employees, in-</p>	DARE for middle & high schools?	<p>Tobacco awareness program, 1 time session, 2x/yr, middle & high school</p> <p>Life Skills, 3rd-9th grade, incl. coverage of tobacco included.</p>	<p>Towards No Tobacco,</p> <p>Project Alert (middle school)</p>	<p>TCHD gives \$\$ to supplement:</p> <p>-peer leadership;</p> <p>-curricula</p>	

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School Based Programs (continued)	<p>service 2x/yr.</p> <p>Write PSA's to put on morning announcements</p> <p>Poster Contests (World No Tobacco Day)</p> <p>School Speakers "No Puff Daddy"</p> <p>Work w/Judy Centers, teach Pre-K youth & parents.</p> <p>Start teaching young (day care centers)</p>					
Community Outreach	<p>MOTA members speak /pass out flyers weekly to promote tobacco activities</p> <p>MOTA office open MWF for questions & scheduling events.</p> <p>MOTA Tobacco Prev. @ men's event in spring, women's event in fall.</p> <p>Local Radio station Ads, WCEI</p> <p>Work w/Drug Free Coalition to advertise no Tobacco use.</p>	<p>MOTA-Monthly events, faith & community based orgs to reduce tobacco mortality. Only 1 MOTA person, who partners w/ community orgs (Comm.Pop Ed, Vendor Ed, Faith & Comm Orgs Ed.)</p> <p>Dorchester DRI-DOCK outreach in recovery community</p>	<p>MOTA 2 activities, Sept (All) & Apr (emphasis on youth); distr. Info throughout yr. 6 participants</p> <p>CATS; 9 churches participate; funds cut this yr; previously mothers-day banquet; events were monthly. 20-25 participants</p>	<p>WNTD-Mothers day Banquet; Prayer Vigil</p> <p>Red ribbon week</p> <p>Faith based-smoke-free Sundays in, May; included info in bulletins about dangers of smoking, referrals to resources.</p> <p>CAST- Gr. American Smoke-Out block party 1st Fri in Aug; disseminate info; 25 members CAST</p>	<p>TCHD mini-grants to faith based or CBOs.</p> <p>Smoke Free grounds policies of TCHD, Chesapeake College, several churches, businesses, hospital, YMCA.</p> <p>Outreach to physicians offices, health fairs, etc.</p>	

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Community Outreach (continued)	<p>CCHD go out ea. Weekend w/MOTA vendor-Union Bethel AME</p> <p>Have 15 churches that work w/CCHD on tobacco</p> <p>Churches: Union Bethel AME, Coppins AME, New Beginnings, New Hope Baptist, Replanted Zion, Abrams Memorial, Metro-Zion.</p> <p>Monthly church newsletters, tobacco prev./ed.</p> <p>Visit Drs. Offices ea. Qtr, promote cessation classes. (physician referral best source for Caroline Progr.)</p> <p>Magazine articles (Caroline Review, a free monthly).</p>	<p>Dorchester YAC Youth Action Council (alcohol, tobacco, marijuana) kids creating PSA's, posters, media activities</p>	<p>Kent smoke-free outdoor spaces. Ban in place: CRHS; KCHD. In process: @ county gov't buildings, county parks at all times, Washington College.</p> <p>Gospel Feast Community Outreach to come & sing.</p>	<p>Kick Butts Day</p> <p>Info. Distr./displays @ events</p> <p>Mini-grant activities</p> <p>Media Campaigns, incl. Millington billboard, press releases</p> <p>AA women targeted seminar, 1 day, ways to stop, prevention.</p> <p>Basketball tournament, invite other counties, sometimes youth, sometimes adults.</p> <p>Pathways to Freedom (trained community members).</p>		
Other TAN					Working toward public housing smoking ban	United Health Care has a 1x smoking cessation presentation, @ providers (FQHC's), Faith-based, CBOs,

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Discussion

1. 17% = minority percentage needed in order to establish MOTA
2. Coalition marketing & recruitment; broaden from just tobacco to “community wellness” this allows greater participation
3. Cessation Classes have been offered at Anne Arundel Medical Center (?) on Kent Island, but no one shows up.
4. Tax increases bring people to smoking cessation classes!
5. Kent County Public Schools: The late bus has been cut this year. This will have an impact on families. JV may be cut
6. Employee breaks in workdays, it's a ‘smoke break’ the youth follow the older employees.
7. Youth switch to marijuana when tobacco cessation & prevention are heavily funded

Gaps & Needs:

1. Cessation Medications: Budgets for smoking cessation medications do not last full year.
2. Tobacco Compliance Checks uneven
3. Tobacco Citations uneven?
4. No Teen Court, Dorchester & Kent
5. Kent CATS funding cuts; needs more funding
6. Dorchester MOTA – need more members

In spite of all these programs, Mid-Shore Youth still smoke at greater rates than peers in rest of state – why?

1. Glamorized in movies & TV
2. Risk-taking, experimenting w/other drugs
3. Tobacco use is connected w/Mental Health & depression. Self medicating
4. Cultural / generational
5. “there's nothing to do” is a dodge, there's plenty to do. You have events, they don't show up.

In spite of all these programs & services, our rates don't change. If we get an increase in funding, do we do more of the same?

Strategies

1. Increase sports activities in schools, at younger ages. Kids want to perform better, can sustain through high school years. Have sports options for the kids that don't make the JV & Varsity teams to fill self esteem & self awareness
2. Include the parents in tobacco cessation, prevention, awareness campaigns.
3. Reach children at an earlier age,
4. Parent role modeling.
5. Visual Advertising, (ex: the lady with the tracheotomy).
6. Intensive, saturated campaign, we need to put it in their faces (like: “Clickit or Ticket.”)