**Healthy Montgomery Steering Committee Meeting**



**MedStar Montgomery Medical Center**

**18101 Prince Philip Drive, Olney, Maryland 20832**

**Monday, April 4, 2016 ■ 6:00PM-8:00PM**

**Members and Alternates Present:** Uma Ahluwalia, Ron Bialek, Gina Cook, Raymond Crowel, Tanya Edelin, Carol Garvey, Leslie Graham, Patricia Grant, George Leventhal, Amy Lindsey, Sharan London, Dairy Marroquin, Kathy McCallum, Beatrice Miller, Nguyen K. Nguyen, Chrisandra Richardson, Joanne Roberts, Michael Stoto, Ulder Tillman, Deidre Washington, Emil Wolanin

**Healthy Montgomery Staff:** Dourakine Rosarion, Colleen Ryan Smith, Karen Thompkins

**IPHI Staff:** Susan DeFrancesco, Michael Rhein

**Guests**: Eleni Antzoulatos, RoseMarie Broadbell, Perry Chan, Betty Lam, Nancy Lim, Kate McGrail, Patricia Rios, Angela Rotter, Arlee Wallace

**Meeting materials made available online or provided at the meeting:**

* Agenda
* HMSC February Meeting Minutes for Approval
* CHNA Update Presentation
* CHNA Report Outline
* CHNA Report –Obesity Key Findings Draft
* Priority-setting Presentation
* Move More Promotional Items
  + 100 Mile Challenge Kick Off
  + 100 Mile Challenge
  + Move More Montgomery Festival
* EWBA Quarterly Report
* BHTF Recommendations Report - Executive Summary
* HHS Data Issues among Minority Health Initiatives and Programs (White Paper)

| **Topic/Presenter** | **Key Points** | **Action Item(s)** | **Responsible**  **Person** |
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| **Welcome and Introductions**  *Co-Chair Sharan London* | The meeting was called to order by Co-Chair Sharan London. MedStar Montgomery was acknowledged for hosting the HMSC meeting. Members and guests were asked to introduce themselves. |  |  |
| **Approval of Minutes**  *Co-Chair Sharan London* | Carol Garvey was at the last meeting but was not listed. A request was made to make this correction to the minutes.  The minutes were approved by Carol Garvey and seconded by Ron Bialek. | Correction to add Carol Garvey for attendance to the minutes. | HM Staff |
| **HHS Director’s Comments**  *Ms.**Uma Ahluwalia,* *DHHS Director* | Ms. Ahluwalia made the following comments:  A banner has been added to the HM website in acknowledgement of National Public Health Week (April 4-April 8).    Robert Wood Johnson recently released the 2016 County Health Rankings; Montgomery County was ahead in many of the rankings and Howard County is ahead by a few.  HM Priority-Setting Retreat is scheduled for June 9, 2016, 10:00am - 2:00pm. HHS and IPH have been collaborating in preparation for the retreat. A special thank you to Colleen, Susan and Karen who worked tirelessly on the CHNA report. A skilled facilitator has been identified, Margaret O’Brien. She was formerly with the Consumer Health Foundation and now a professor at Georgetown University.  A brief priority-setting prep session will be provided as part of the meeting today. Priority-setting invitations have been sent out but the HM team will re-send the invitations with updated information.  A project management approach will be implemented to execute future HM activities. The approach will include representatives from the hospitals, some HMSC members and HM partners. This development is in response to the hospital representatives expressing a desire for enhanced CHNA alignment between HM and the hospitals.    Councilman Leventhal will be presenting at the upcoming Hilltop symposium at UMBC on 6/17/2016. The topic is Montgomery County’s Health Improvement efforts. | Re-send the invitations to the Priority-Setting Retreat with updated information. | HM Staff |
| **Hospital Workgroup Update –** *Dr. Deidre Washington* | The HM Hospital Workgroup met regularly during the course of the preceding months.  A project management team approach will keep communication and coordination strong between CHNA cycles. It will also ensure that the group is action-oriented and that deliverables target specific goals. Hospitals will also be able to provide more regular input into the CHNA process.  Since last year, we have been working on Asset Mapping. We are looking at the six priority areas, and mapping where all of the hospitals are providing services within the County. The goal is to identify if there is overlap within services/locations and any existing gaps. This should lead to more strategic decisions in how resources are allocated.  The group is starting with cardiovascular outreach. Most hospitals are doing some form of outreach around blood pressure screening. Historically, the hospitals have not been aware of what services the other organizations have provided. The existing needs and the results of the asset mapping will be reviewed; the hospitals will work together so that more strategic decisions are made regarding the use of resources and efforts in cardiovascular outreach.  Lastly, we discussed how to better align our four individual CHNAs. We’ve been looking into the issue of measurements. We are looking at our community benefit activities and identifying key metrics in which all hospitals can report. We want to be able to show how we can have collective impact on certain areas within the County. We will start with 2 or 3 metrics so that all of the hospitals can be represented (metrics could include mammograms, senior fitness or pre-diabetes).  A discussion followed the presentation and included the following key points:   * Consider using Crisp Data and local census data as part of the data plane. * Safety net providers were not included in the Asset Mapping. * Housing and education are of interest to members of the HMSC. * The County’s agencies represented on the HMSC should meet/coordinate on existing (or future) shared efforts. * We will see what issues emerge as well as where the synergies exist as a result of the priority-setting. * HM health initiatives should be shared with the HMSC so everyone can be informed of the various activities taking place among HM members. * Concerns have been raised about the burden to staff relating to the establishment of an additional HM workgroup. * The hospitals have not decided how they will utilize the data but will look into how to make it available to the HMSC and possibly to the public. * HM staff can investigate HCI’s ability to add a public access calendar to the HM website. | Determine if a calendar of events can be added to the HM website. | HM Staff |
| **HM Priority-setting Preparation***-Michael Rhein* | We are in the second cycle of Healthy Montgomery with the CHNA underway. As you recall, the cycle should be every 3 years. A lot of great thing things have happened and there are also some things that we want to adjust as we move forward.  The discussion about alignment and better communication relate to the Collective Impact strategy. We discussed this about a year ago and it seemed to resonate with the HMSC. We would be well-served by talking about what we want to get out of implementation as we go into Action Planning.  The first cycle began about 5 ½ years ago. What are the strengths? What great things happened to make members feel good about having spent a lot of time on this effort?  Strengths:   * Better cooperation among hospitals * 2 great plans (obesity and behavioral health action plans) * Regular HMSC meetings, participation has been phenomenal * Considering how to measure progress * The healthiest county in Maryland * HMSC is a diverse group and new partners have joined   Areas to consider for improvement   * Actionable recommendations (actions rather than recommendations) * How do we get the other priorities going as we have only focused on 2? * More engagement, an agenda-setting beyond the department, more stakeholders taking ownership, bring more issues to the table, a decentralized agenda setting. * A better understanding of how we are measuring our progress or success. * Greater communication about what we are doing and where we are going so that we can feel that we are reaching our goals. * Capturing the value on the investment of resources (e.g. value on the time of attendees) * The cycle is too long and needs to line up with the 3yr cycle of the hospital * The workgroup model is not sustainable or scalable. Workgroups also needed more clarity around implementation resources and parameters for their work.   A definition of collective impact is a model for harnessing the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.  Five essential elements of collective impact are: common agenda, shared measurement, mutually reinforcing activities, continuous communication and a backbone organization. Collaboration and collective impact are not the same.  There are several implications to HM and the approach to future work including: being clear about what measures that we want to move the needle on, being more efficient about action planning, added clarity to implementation and reducing the number of core measures.  The proposed revamped action planning process will include an ad hoc expert workgroup that will meet for 2 extended sessions to review data and materials (pulled together by HM staff). The HM staff will draft the action plan and it will be presented to the HMSC for approval.  A group discussion followed:   * How will the two workgroups and recommendations be incorporated into this strategy? EWBA is going into action and implementation with the Trinity Grant. There are several activities taking place within Behavioral Health throughout the County which are being considered along with the recommendations. * When we talk about ad hoc groups that will meet for 2 sessions it seems as if we will lose our continuous communication that we talked about earlier. The ad hoc groups may continue to meet for a period of time to monitor the progress. * Focusing on all 6 priorities could get in the way of collective impact. We also have to think of a different way of prioritizing, maybe consider the root causes which would address many issues. * Obesity, diabetes and heart disease really aren’t 3 different priorities. We may want to look into combining some of the priorities. * What will be the criteria that we will use for priority-setting (root causes, social determinants of health)? Maybe a few individuals interested in helping IPHI and DHHS with priority-setting can assist in this area. * The June 6th meeting can be staging for the priority-setting meeting on June 9th. A web conference will be held on June 6th that will be oriented for preparation on June 9th. |  |  |
| **Community Health Needs Assessment**  *Dr. Ulder Tillman* | Committee members should have received the outline for the CHNA Report that will include the following:   * Executive Summary * Introduction * Purpose of the assessment methods * Overview of Montgomery County – Not only a summary of the key findings, but also the underlying factors of equity, health & healthcare and a healthy and safe community. * There has been more focus on the community conversations from the more than 350 participants, in terms of what they viewed as being assets and needs of the County. We will then move into what the quantitative data has been showing (the numbers as to what progress has been made and what the equity picture looks like at this point). * The report will pull together what is known about community resources under the current 6 Priority Areas and how it aligns with what the hospitals are doing in those areas. * The report will include evidence-based strategies for seeing improvements in these priority areas and what can be done with what we know.   We will be making a big step forward with this cycle, given that the evidenced-based strategies are already done. A lot of the research has been done for the workgroups so that there can be more focus on what’s feasible and how to align together for Collective Impact.  The priorities are now grouped together so that cancer, cardiovascular health and diabetes have now been grouped together under obesity.  Behavioral Health has been expanded to include the emerging issue of heroin and other opioid use. Maternal and Infant Health will also be included in the report.  A brief summary of the timeline was reviewed   * April 8th – Key Findings sectionof the report undergoes internal HM staff review, review by hospitals, minority health initiatives/program, and M & E Subcommittee * Feedback integrated into report by April 22nd * Final draft of entire CHNA Report distributed to HMSC members and HM partners by May 2nd; feedback due May 13th * Feedback integrated into final report by May 26th * Final report distributed on May 26 for use at June 9th priority-setting retreat   We are leveraging what was done before and it is very important to get everyone on a 36-month cycle and be aligned with the hospitals. With this CHNA we are:   * Identifying targeted vulnerable populations from population health data/community conversations * Identifying issues/areas of focus from community and population health data/trends * Leveraging existing/available community resources, * Employing national evidence–based strategies and * Building upon existing or potential alignment with hospital CHNA efforts   It will be important for us to read the report and to look upstream to the root causes. The report is organized to find synergy and to align efforts to emphasize the underlying factors that impact health. There is a lot of information included in the report that is important to implementation that will take place later this year.  Here’s one example (Obesity Key Findings) from the report. We provided an overview of obesity that gives an introduction and highlights important points. We captured the points brought up by the community. They didn’t mention obesity but they talked a lot about social determinants of health and other issues. The also provided some of the strengths of Montgomery County and the need for more resources, especially for specific populations such as those with disabilities or to meet the needs of our diverse cultures.  With obesity, we know that 75% of Latino students consume soda or pop. Adults are slowly increasing in terms of how much fruit and vegetables that are consumed. The data represents county-level, secondary data. We are doing well overall, but inequities exist among different groups. Almost 77% of Hispanic adults are overweight and obese followed by non-Hispanic blacks and then the remaining groups. It is somewhat different if you look at the students. If you break it apart, you will see that the African American adults have the highest obesity compared to other groups. There are different ways of looking at this data. The data sources will be provided in the Appendices section of the report.  Here is a snapshot of the community resources, what the hospitals have done, what works, and what we can do. What works is based on evidenced-based strategies and best practices. What we can do are actions to take that will build synergy and are feasible. The hospitals have contributed a lot to this process.  We have an intense time table and I want to encourage everyone to read this report and to jot down your questions. |  |  |
| **Trinity Grant/EWBA Coordination***-Michael Rhein* | Trinity Health System put out a remarkable RFP. Montgomery County was selected to be one of six awardees of a national, multi-year initiative. It focuses on policy, systems and environmental change to prevent chronic disease specifically those with smoking and obesity as risk factors. The strategies within the RFP align very well with the EWBA workplan. Some of the interventions in the grant initiative include nutrition in child care settings, physical activity in schools, food policies, complete streets and tobacco prevention. We are at the beginning stages to refine our strategies to and determine all of our partners. |  |  |
| **Move More Montgomery Update –** *Dr. Joanne Roberts* | We created the Move More Montgomery initiative to get people moving. Our mission is to enhance the physical activity of Montgomery County residents and their dogs through programs, activities and challenges. The branded logo is the result of an international logo contest and this logo is from Pakistan. The 100 Mile Challenge is our first event. We have 390 people and over 30 dogs registered to take the challenge. Beatrice Miller has a group from her church participating. Each week participants will receive an email and are eligible for prizes. They also receive health tips and we provide workshops.  This is a photo of Nicky and Bob Lowry who are Everest mountaineers on their way to base camp. They sent this back to participants of the challenge with this motivational message. This will all culminate in the Move More Montgomery Festival at Bauer Community Recreation Center on April 30th. Our methodology is to create programs that are sustainable. We also want to include the various activities and programs under the Move More program.  There was a brief discussion about the various activities that could be counted towards the 100 Mile Challenge. |  |  |
| **Open Discussion** | None |  |  |
| **Wrap-Up/Adjourn**  *Councilmember Leventhal* | Councilman Leventhal adjourned the meeting at 8:00 pm. |  |  |