

**STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS:  
ARTHRITIS COMMITTEE  
MINUTES  
May 2, 2018  
5:00 PM**

Maryland Department of Health  
201 West Preston St, Room L-2  
Baltimore, MD 21201

**MEMBERS PRESENT**

Meg Gwaltney

**MARYLAND DEPT. OF HEALTH STAFF PRESENT**

Berit Dockter  
Sadie Peters, MD

**MEMBERS BY PHONE**

Linda Kline  
Jody Marshall (chair)  
Rachel Pigott

Minutes submitted by: Berit Dockter

**Introductions**

- The meeting was called to order at 5:03pm by Jody Marshall.
- Committee members and guests introduced themselves.
- Ms. Marshall presented the objectives for the meeting:
  - To approve the goal statements that were decided at last meeting, which provide a framework for the Committee's work over the year.
  - To begin the action planning process, starting with identifying and articulating at least one measurable priority for the year.

**Minutes**

- Berit Dockter asked if there were any changes to the February meeting minutes. Committee members had no changes. Ms. Dockter asked for a motion to approve the minutes. Meg Gwaltney made a motion to approve the February 21, 2018 meeting minutes, Rachel Pigott second the motion. The Committee voted to approve the meeting minutes.

**Committee Goal Statements**

- At the last meeting, the Committee decided on two goal statements (currently in draft form) to guide the work this year:
  - First Draft Primary Goal for 2018: "Increase awareness of programs, resources, terminology, and interventions to patients, caregivers, health care providers, and other members of the community to improve prevention and self-management of arthritis."
  - First Draft Secondary Goal for 2018: "Increase behaviors and healthy habits that positively address arthritis, which may include diet changes and physical activity."
- The Committee was invited by Ms. Dockter if they would like to vote to approve the draft goal statements or modify the goal statements.

## Discussion

- Ms. Gwaltney said “after hearing the discussion in the Council meeting, the goal statements might be a little long,” the first goal statement has more things to measure. She suggested they break the primary goal statement into two different statements.
- Ms. Pigott suggested keeping most of what they have, but could have sub-objectives.
- Dr. Peters said the “goal statement is nice, but need to be able to measure” the outcome.
- Ms. Gwaltney suggested fine-tuning the audiences they are trying to reach.
- Ms. Marshall suggested thinking of the goal as an umbrella, and the planning of the priorities can be more specific.
- Ms. Gwaltney suggested taking “terminology” out of the statement and change the primary goal statement to **“increase awareness of evidence-based programs/interventions and resources to improve prevention and self-management of arthritis.”**
- Ms. Dockter suggested breaking out the audiences into different priority statements.
- Ms. Gwaltney suggested a 5-year plan, for example, with an annual plan that focusses on addressing each audience type.
- Dr. Peters mentioned the arthritis grant that the Maryland Department of Health (MDH) has recently applied (this was discussed at the last meeting). Dr. Peters said “reaching providers is a target as part of the grant, if we get the funding.”

## Approval of Goal Statements

- Ms. Dockter invited the Committee to vote to approve the new language of the primary goal statement proposed by Ms. Gwaltney **“increase awareness of evidence-based programs/interventions and resources to improve prevention and self-management of arthritis.”** The primary statement was approved by the Committee.
- Ms. Gwaltney suggested the second goal statement remove “which may include...” and the “diet and physical activity” component of the statement could be moved to activities.
- The Committee approved a new secondary goal statement: **“Increase behaviors and healthy habits that positively address arthritis.”**

## Primary Goal Statement

**Increase awareness of evidence-based programs/interventions and resources to improve prevention and self-management of arthritis.**

## Secondary Goal Statement

**Increase behaviors and healthy habits that positively address arthritis.**

## Action Plan Template and Setting Priorities

- Ms. Marshall invited the Committee to use the goal statements to guide the discussion on setting priorities for the year.
  - An example priority: “By 2020, increase by 2% the percentage of Maryland adults who participate in leisure time physical activity.”
- Ms. Dockter referred the Committee to the Action Plan Template sent over email and available to the Committee members in the room.
- Priorities should be SMART (specific, measurable, achievable, relevant, time-bound). Be sure the priority specifies:
  - What/Who?

- What exactly will we do?
    - What is the action?
    - What are we intending to impact?
    - Who is responsible for carrying out the action?
    - Who is intended to impact or who is target population?
  - Measure
    - By how much?
  - How
    - What will we do?
    - How can this be achieved?
  - Why?
    - Why is this relevant?
  - When?
    - When will this be achieved?
- Ms. Dockter handed out post-it notes to those in the room, and encouraged the Committee members on the phone to write down 1-2 priorities that they would like the Committee to work on this year. Ms. Marshall said to first think of priority statements for the primary goal statement, and move to the secondary goal statement if time allows.

Primary goal statement: “Increase awareness of evidence-based programs/interventions and resources to improve prevention and self-management of arthritis.”

### Discussion

- Ms. Gwaltney would like to see data that is currently available and what is measurable. BRFSS is an example. “Look at the questions asked around arthritis, but that survey does not reach the health care provider.”
- Dr. Peters discussed the arthritis questions that are asked in BRFSS. The questions are not asked every year or in the core set of questions. Some set of questions were last asked in 2007. In the arthritis grant application just submitted by MDH, they asked to include these questions in BRFSS again. “Pain with arthritis” is asked in BRFSS, and participants are also asked about “exercise.” There is not a measure at this time that would capture “awareness” of arthritis programs in BRFSS. “We could pick one evidence-based program to promote.” Dr. Peters asked “how will we measure the percent of awareness of programs?” Enrollment is a different objective. “We can track enrollment.”
- Ms. Marshall had ideas around opening the arthritis newsletter and measure who is clicking on the links within the newsletter. Ms. Dockter said the newsletter could be an activity under the priority statement, and the outcome or evaluation method would measure the “click rate” and referred the Committee to see the Action Plan Template.
- Linda Kline did a webinar through the American Society on Aging (ASA) which discussed access to data. She emphasized this Committee making sure the data is available in order to measure progress.
- Ms. Pigott suggested the Committee create a survey. She asked “do we have a list of physician emails in Maryland?” She suggested they start with physician providers as their target audience, then later reach other health care providers. She said they “could do survey monkey twice a year and ask about awareness.” Dr. Peters agreed with the survey because if data on awareness is not currently available, this survey could capture the baseline. Ms. Gwaltney and

Ms. Dockter suggested sources such as the Arthritis Foundation, MedChi (the Maryland State Medical Society), or the state physician licensure board could have a list of emails to send a survey. Ms. Pigott suggested the Committee consider a priority statement: **“create a survey to be distributed to physicians to assess their awareness of arthritis-related programs.”** Ms. Gwaltney thinks this sounds like a strategy and not a priority statement. Ms. Gwaltney said to think about a statement to “increase the number of physicians who report” or refer patients to arthritis programs. Ms. Gwaltney wants to make sure a survey is not a bias result, but represents the population, and to think about a wide reach in the survey sample. Ms. Marshall suggested to add “what county do you practice?” as part of a survey in order to get a diverse sample of health care providers. Ms. Gwaltney said it is hard to get physicians to answer a survey. Ms. Pigott said a pilot group or telling the physicians the time “2-5 minutes” helps people take surveys.

- Ms. Gwaltney suggested a percentage of survey responses or a result of a question within the survey be a measure. Perhaps the first year of the survey creates a baseline and would not necessarily have a percentage, and the following year a percentage increase would be the measure. Ms. Gwaltney thinks establishing a baseline is a strategy.
- Ms. Pigott asked about information that is available and “what percent increase is a good increase?” Ms. Pigott said the priority statement should capture years and be more overarching. Ms. Gwaltney said they want to be successful.

#### Draft Priority Statement for Primary Goal

**Create a survey to be distributed to physicians to assess their awareness of arthritis-related programs.**

#### Action Steps

- Ms. Dockter will ask the evaluation team at MDH for help with a survey (when the time comes), and ask what percentage increase is appropriate to expect to measure improvement. Ms. Dockter reminded the Committee that the Council members have resources and connections, as well as MDH staff who support the work of this Committee.
- Ms. Dockter will fill in the Action Plan Template before the next meeting in July with the goal statements and draft priorities.
- The Committee plans to hold a conference call prior to the July Council meeting to continue dialogue on priority statements. Ms. Dockter will send these meeting minutes and a Doodle Poll to determine Committee member availability for a call.

#### Adjournment

- Ms. Marshall reminded the Committee the next Wellness Council meeting followed by Committee meeting will be Wednesday, July 18, 2018 from 4:00-6:00pm at (same location) 201 W. Preston Street, Baltimore, MD. There will be a call-in option.
- Ms. Marshall asked for a motion to adjourn the meeting. Ms. Gwaltney made a motion to adjourn the meeting at 6:00pm.