

STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

Approved Minutes

May 2, 2018

4:00 PM

The State Advisory Council on Health and Wellness held a public meeting on May 2, 2018 beginning at 4:02pm at the following location:

Maryland Department of Health (MDH), Conference Room L-3
201 W. Preston Street
Baltimore, MD 21201

Council Members Present

Mary Backley	Jessica Kiel
Angela Deal	Johnel Metcalf
James Ebeling	Michael Miller
Jennifer Eastman	Tracy Newsome
Mychelle Farmer	Vivienne Rose
Darlene Ginn	Stephen Shaul
Margaret Gwaltney	
Roger Harrell	
Suzanne Stringer	
Deanna Tran	
Anne Williams	
Liz Woodard	

Council Members Participating by Phone

Lois Freeman
Kathleen Keefe-Hough
Min Kim
Linda Kline
Julie Maneen
Jody Marshall
Seth Martin
Aruna Nathan
Donna Nordstrom
Josie Ogaitis
Rachel Pigott
Joanne Roberts
Tammy Shelley

Council Members Not Present

Kathleen Graham
Anne McCreery

Staff Present

Berit Dockter
Kristi Pier
Sue Vaeth
Caroline Green
Susan Weber
Sadie Peters

Guests Present

Travis Crow, Building Healthy Military Families
Loretta I. Hoepfner, Maryland Chapter, American Academy of Pediatrics

1. Roll Call

Chair Vivienne Rose opened the meeting at 4:02pm with roll call of members in the room, followed by those attending by phone.

2. Meeting Minutes

Chair Rose called for a vote to approve the February 21, 2018 meeting minutes, which were provided to members for review electronically. One member pointed out an error in attendance list, which has been corrected from previous email distribution. Members unanimously approved the minutes with the noted correction.

3. Announcements

Dr. Rose announced Christine Boyd's departure from the Health and Wellness Council as lead coordinator. Christine was recognized by Dr. Rose for her excellent work with the Council. Susan Weber was introduced as the new lead coordinator as of April 18, 2018.

4. Ad Hoc Committee Presentation

A. As follow up to the February 21 discussions, Chair Rose conducted a presentation on the Structure and Vision of the Ad Hoc Committee. The details of the proposed structure are as follows:

- By Laws supporting Ad Hoc Committee - Article 6, Section 6.1:
 - Creation
 - 6.1.1 A proposal from at least one Wellness Council member who has identified a need;
 - 6.1.2 A defined scope of work is created for the proposed Committee;
 - 6.1.3 A defined time period is established to complete the Committee work;
 - 6.1.4 Defining if the Committee will be temporary or a long-standing Committee;

- 6.1.5 Identifying the minimum number of Committee members to serve on the Committee;
 - 6.1.6 A majority vote to approve a new Committee by the Council members; and
 - 6.1.7 The vote of the Secretary or Secretary's designee only in the case of a tie.
- Size
 - Comprised of four members; ideally one member from each Committee
 - Dedicated staff support
 - Council Chair will participate in the activities of both committee meetings
 - Meeting Frequency
 - To be determined depending on the time of year (legislative session, etc.)
 - Meetings will take place via conference call
 - Members may choose to meet in person if needed
 - Timeline
 - May 2, 2018:
 - Presentation on Vision and Structure
 - Sign-up for interested members – electronic sign ups deadline is May 21
 - Before July 18, 2018:
 - Confirm Ad Hoc Committee members
 - Announce staff support – To be determined
 - First Ad Hoc Committee call to review each Committee's work plan. The work plan will be developed once the Ad Hoc Committee is ratified and members are in place
 - The Ad Hoc Committee will be comprised of two bodies:
 1. Legislative Ad Hoc Committee
 - Purpose
 - To review legislative bills that may be of interest to the Council and facilitate a Council-wide involvement in all potential positions and/or letters of support.
 - Structure
 - The Legislative Ad Hoc Committee operates in conjunction with the MDH's Office of Support Services' timeline (*refer to February 21 Wellness Council Meeting Minutes, page 3*).
 2. Health Equity Committee
 - Purpose:
 - To integrate a health equity perspective through each Committee's work (Arthritis/Diabetes/Heart/Fitness), thereby dually addressing the reduction of chronic disease burden and the issue of health disparities.

- Structure
 - The Ad Hoc Committee will review each Committee’s annual work plan from a health equity perspective.
 - The Ad Hoc Committee will suggest potential revisions, potential partners, data, etc.
 - If a Committee’s work plan materially changes, the Ad Hoc Committee will review revisions.
 - The Ad Hoc Committee will present relevant topics of interest to the Council as appropriate.

B. Discussions/Questions:

- Kristi Pier reminded everyone that there are currently about 20 legislative bills pertinent to Health and Wellness that have been received and vetted. The Ad Hoc Committee’s role is to review these bills and narrow them down to the most relevant items that significantly impact the Council’s mission.
- Question from Jessica Kiel: *What is the process of obtaining consensus/opinions from all members?*
 - Chair Rose responded by stating that the process will be streamlined as we go further with finalizing all aspects of the Ad Hoc Committee. Final decisions will be made through a voting process. All members will be informed about the specific issues/legislative bills that are being considered after the Ad Hoc Committee members have disseminated data.

5. Committee Goals and Priorities Discussion

A. Each Committee Chair reported their preliminary Goals and Priorities. Everyone shared that the initial work plans developed from the February 21 meeting need to be streamlined to reflect more realistic and attainable goals. Additionally, current baseline data is needed in order to establish a measurable outcome. The preliminary Goals and Priorities for the Committees are as follows:

- Arthritis Committee:
 - 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.”
 - Secondary Goal for 2018: “Increase behaviors and healthy habits that positively address arthritis, which may include diet changes and physical activity.”
- Diabetes Committee:
 - Overarching goal: Decrease the prevalence of diabetes and prediabetes in Maryland.
 - Priority: Increase utilization of evidence-based programs for diabetes management and prevention in the community, improving health outcomes, and addressing special populations.

- Fitness Committee:
 - Proposed Goal: Increase awareness of inclusive and affordable physical activity opportunities in Maryland.
 - Additional areas of interest include:
 - a) Increasing adherence to physical activity recommendations (150 minutes/week for adults; 60 minutes/day for children).
 - b) Amplifying existing physical activity campaigns or programs.
 - c) Identifying a data source or survey that captures physical activity rates in Maryland children; promoting prescriptions for physical activity;
 - d) Using children as vectors to improve health and participation in physical activity.
 - e) Reducing obesity by improving rates of participation in physical activity.
 - f) Increasing the rate of children and adults at a healthy weight through physical activity education.
 - g) Increasing education on functional exercise.
 - h) Rebranding exercise as physical activity.
- Heart Disease and Stroke Committee:
 - Increase Blood Pressure screening and link to primary care/follow up.
 - a) By year 2020, increase blood pressure screening and community linkages by at least 10%
 - b) Promote the new blood pressure guidelines to providers and the public
 - c) Increase screenings at medical and dental offices by 10% by year 2020.
 - Increase percentage of all Marylanders with healthy BMI by 10%.
 - a) Increase the use of evidence-based best practices (health care systems, etc., and community-based organizations).

B. Questions/Discussions:

- Kristi Pier pointed out that a source for baseline data is BRFSS (Behavioral Risk Factor Surveillance System); however, BRFSS data is collected only every other year. Kristi also reminded everyone to hone in on goals that are measurable, i.e., how do we track number of people served.
- Angela Deal mentioned that as part of the Quality Improvement in Health Systems Project, blood pressure control and A1C measures (NQF 18 and 59) are collected and reported online on a quarterly basis. This information could also be a data source for our goals, particularly the Heart Disease Committee.
- Chair Rose commented that some goals and priorities could potentially overlap between committees; therefore, it would be prudent to identify any areas of collaboration in order to avoid duplication of efforts. She added that it is a useful factor to consider our priorities from a health equity perspective to reach a wider and more diverse population.
- Margaret Gwaltney suggested that priorities should have specific short and long term timeframes.

6. PHHS Block Grant

- Kristi Pier announced that there is no update on PHHS allocation for the state of Maryland. Everyone will be notified when more information is available.
- The Health and Wellness Council is the advisory committee that is responsible for reviewing the PHHS work plan and budget on an annual basis. A webinar is being considered as a platform to conduct the advisory committee meeting. It will be scheduled as soon as a funding update is available.

7. Other Announcements

- Kristi Pier announced and distributed flyers for several upcoming events which are sponsored by the Maryland Department of Health:
 - a. Be Active Maryland – May 23, 2018, from 8:30am to 4:00pm at the University of Maryland College Park. The event’s purposes are to build environments to support active, healthy communities; describe examples of policies, programs and partnerships which create active, walkable communities; and provide inclusion strategies to ensure opportunities for physical activity for all people.
 - b. Walk Maryland Day – October 10, 2018. This event is a celebration of the official Maryland exercise, which is walking, and calls for an action to promote awareness about regular walking for physical activity and improved health, engaging Marylanders with fun walks of all sizes and shapes.
- Mychelle Farmer shared that World Health Organization has an upcoming worldwide event called “Walk the Talk” on May 20, 2018 in Geneva. This initiative promotes physical activity and healthy lifestyles in the workplace. The walk/run event is free and open to people of all ages and abilities. Mychelle will send detailed information to all council members.
- On May 2 (today), the American Diabetes Association is holding the National “Get Fit, Don’t Sit” Day, which is an opportunity to increase awareness of the dangers of excessive sitting and the importance of moving throughout the day, especially at work.

8. Close for Committee Breakouts

Chair Rose reminded members of the room assignments and access lines for Committee breakout. The meeting adjourned at 4:52 PM.

Next meeting: July 18, 2018 4:00-6:00 PM

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

MEMBERS BY PHONE

Linda Kline
Jody Marshall (chair)
Rachel Pigott

**MARYLAND DEPT. OF HEALTH STAFF
PRESENT**

Berit Dockter

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 measureable. 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 over-

arching. 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.

DIABETES COMMITTEE

MINUTES

May 2, 2018

5:00 PM

The Diabetes Committee held a public meeting on 5/2/2018, beginning at 5:00 p.m. at the following location:

Maryland Department of Health
201 West Preston Street, Room 100
Baltimore, MD 21201

MEMBERS PRESENT

Jessica Kiel, Co-Chair

Stephen Shaul, Co-Chair

Darlene Ginn

James Ebeling

Tracy Newsome

Vivienne Rose

Deanna Tran

MEMBERS NOT PRESENT

MARYLAND DEPARTMENT OF HEALTH STAFF PRESENT

Kristi Pier

Sue Vaeth

OTHERS PRESENT

NA

Stephen Shaul and Jessica Keil called the Diabetes Committee meeting to order at 5 pm.

1. Role Call/Introductions

All members of the Diabetes Committee were present

2. Approve Minutes from the 2/21/18 meeting

Deanna Tran moved that the minutes be accepted. Tracy Newsome seconded. The minutes were approved unanimously.

3. Review and Approval of the Committee Goal Statements

There was discussion about to goals chosen at the previous meeting of the Committee:

- Increase use of evidence-based programs
- Improve health outcomes
- Address special populations

Discussion included other evidence-based programs that Committee members know about that are not widely disseminated, who to target (the public, practitioners, schools, grassroots vs. institutional level), the role the Committee might play regarding insurance/employer coverage for the DPP, partnerships with organizations that have overlapping goals (for example, weight loss), and healthy eating.

The committee reviewed and approved the goal to increase use of evidence-based programs, but wanted to get more data to determine measurable priorities.

4. Priorities/Activities – Action Template and Assign Initial Action Steps

- Tracy Newsome will provide a list of selected evidence-based programs that the ADA has selected and provide updated statistics and data.
- Deanna will look for data on grocery store tours and the P3 pharmacy project
- Kristi Pier will check to see if the NuVal grocery store scoring system is still in place
- Sue Vaeth will
 - share the Diabetes Prevention Impact Toolkit that has information to help make the case for the DPP
 - provide BRFSS nutrition and physical activity data
 - provide information on each type of program the Center supports
- Jessica Keil will send a doodle poll to set up the next phone meeting

5. Follow-up Call Prior to July Council Meeting

The Committee will have two phone calls prior to the next in-person meeting, one in three weeks, and one in June, to finalize the action plan.

6. Adjournment

The meeting was adjourned at 6:08 pm.

**FITNESS COMMITTEE
MINUTES
May 3, 2018
5:00 p.m.**

The Fitness Committee held a public meeting on May 3, 2018, beginning at 5:03 p.m. at the following location:

Maryland Department of Health
201 West Preston Street, Room 200
Baltimore, MD 21201

MEMBERS PRESENT

Suzanne Stringer, Chair
Jennifer Eastman
Mychelle Farmer
Johnel Metcalf
Liz Woodward
Min Kim (phone)
Julie Maneen (phone)
Joanne Roberts (phone)

MEMBERS NOT PRESENT

Aruna Nathan

MARYLAND DEPARTMENT OF HEALTH STAFF PRESENT

Caroline Green

OTHERS PRESENT

Travis Crow
Loretta Hoepfner

Chair Suzanne Stringer called the Fitness Committee meeting to order at 5:03 p.m.

1. Roll Call

Roll call was taken and it was determined that a quorum of the Fitness Committee was present.

2. Vote on minutes from the February 21, 2018 meeting

Chair Suzanne Stringer asked if there were any changes to the draft minutes from the February 21, 2018 meeting.

MINUTES WERE APPROVED AT 5:06 P.M.

3. Goals and Objectives

Committee discussed proposed goal: Increase awareness of inclusive and affordable physical activity opportunities in Maryland. Committee proceeded to discuss whether to keep goal or modify. Final vote was not taken.

Committee proposed the following objectives:

- Increase the number of registered walks on Walk MD Day by 10% by 2018.
 - Activity: Increase number of businesses that register for events.
 - Activity: Increase Walk to School Day activities.
- Increase number of individuals who register for “Bike to Work” day by 2019.
- Increase the number of jurisdictions (5) participating in the 100 mile challenge by [date] or work towards expanding to the entire state.
- Identify number of committed agencies or organizations throughout Maryland that can support and promote the state wide campaigns the Fitness Committee could support.
- Calculate the number of walk audits completed by individuals trained on May 22, 2018.
 - Activity: Number of walk audit leaders trained on May 22, 2018.

Committee had the following questions, comments, or concerns:

- Could there be a focus on Falls Prevention Day?
- Include “How I Walk” campaign to ensure inclusive language into campaigns and events.
- How can the Fitness Committee measure increased awareness of events and individuals or communities walking on Walk MD Day?
 - There is baseline data available for Walk MD Day and Walk to School Day and the Committee could do more focused outreach and networking for targeted communities.
- The World Health Organization and Health and Human Services are both promoting physical activity and walking events, potentially creating more incentives for our state work.
- Should the committee focus on 150 minutes of physical activity a day?
 - Concern would be how to measure and it would take years to see the outcome.
- Could programming or marketing be piloted in the five worst counties and then expand to other counties?
- Committee should work with health care providers to share promotional information on activities.
- How could Committee increase awareness or identify what regions/communities are already doing and promote activities related to what regions/communities are interested in?
- How will Committee measure the proposed goal?
 - Who will track and hold any data that is recorded?
 - Could data be measured through social media outlets and event participation?

4. Follow-up

- Research 100 Mile Challenge.
- Obtain information on how many walks were held on Walk MD Day.
- Determine expectations of walking audit leader training on May 22, 2018.
- Schedule conference call to further discuss goal and objectives.
- Set-up a GoogleDocs form to share with Committee members to create Action Plan.

5. Adjournment

The meeting was adjourned at 6:02 p.m.

**HEALTH AND WELLNESS COUNCIL – HEART DISEASE AND STROKE
COMMITTEE**

MINUTES

MAY 2, 2018

5:00-6:00 p.m.

The Heart Disease and Stroke Committee held a public meeting on 5/3/2018, beginning at 5:00 p.m. at the following location:

Maryland Department of Health
201 West Preston Street, Room L-3
Baltimore, MD 21201

MEMBERS PRESENT

Anne Williams, DNP, Chair
Mary Backley
Angela Deal
Roger Harrell
Seth Martin
Michael Miller

MEMBERS NOT PRESENT

Josie Ogaitis, RN
Tammy Shelley

MEMBERS PARTICIPATING BY PHONE

Lois Freeman, DNP
Kathleen Keefe-Hough, MD

MARYLAND DEPARTMENT OF HEALTH STAFF PRESENT

Susan Weber

Anne Williams, called the Heart Disease and Stroke Committee meeting to order at 5:00pm. .

7. Roll Call

Everyone introduced themselves. Susan Weber reminded phone participants to mute their speakers to avoid background noise interference.

8. Vote on minutes from the February 21, 2018 meeting

After group review, Susan Weber asked if there were any changes to the minutes from the February 21, 2018 meeting. There were none suggested; Anne Williams entertained a motion to approve the minutes. A motion to approve was made by Mary Backley, and Angela Deal seconded the motion, which passed unanimously.

9. Review of Priorities and Strategies (established from February 21 meeting)

- Anne Williams acknowledged everyone's contributions to the Work plan, and reiterated that the goals are still in draft and need to be fine-tuned to be more measurable and realistic.

- Everyone unanimously agreed that with the absence of current baselines, it would be challenging to measure outcomes.
- The committee reviewed the work plan and decided to change the following:
 - a. Priority #1: Increase Blood Pressure screening and link to primary care/follow up
 - **Changed to:** *Increase Blood Pressure screening at all health systems statewide to include non-traditional providers (faith-based communities, chiropractors, etc.,) by 2022.*
 - **Added: Outcome:** *By year 2022, blood pressure screening at all systems will increase by at least 10%.*
 - b. **Eliminated:** By year 2020, increase blood pressure screening and community linkages by at least 10%
 - c. **Eliminated:** Promote the new blood pressure guidelines to providers and the public
 - d. **Eliminated:** Increase screenings at medical and dental offices by 10% by year 2020.
 - e. **Eliminated:** Increase percentage of all Marylanders with healthy BMI by 10%.
 - f. **Eliminated:** Increase the use of evidence-based best practices (health care systems, etc., and community-based organizations)
 - g. **Added:** Priority #2: *Increase referrals for patients with diagnosed/undiagnosed/uncontrolled Blood Pressure.*
Added: Outcome: *By year 2020, number of referrals for patients will increase to _____% (need to obtain baseline data).*

10. Items for Consideration:

- a. Angela Deal informed the group that Charles County Health Department is currently involved in the CDC Quality Improvement in Health Systems Project (1305), the Oral Health Project (1609), and the Community Linkages Project (1422), which cover about 14 counties that are collecting hypertension data (NQF), as well as the number of screenings and referrals to services for diagnosed patients. These projects would be reliable platforms to collect and measure outcomes.
- b. Susan Weber announced that the new grant opportunity (Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke CDC-RFA-DP18-1815PPHF18), might be a good source for up-to-date baseline data. Maryland Department of Health Center for Chronic Disease Prevention and Control is currently developing the grant proposal, which includes current data related to hypertension and heart disease.
- c. Michael Miller asked if there would be way to measure improvement in patient health outcomes and how gaps in linkages to community services can be filled. This question will be a topic for exploration during next meeting.

11. Follow-up Items:

- a. Angela Deal will bring a sample of Charles County QIHS quarterly report to the

next meeting. The reports include a dashboard with NQF data, as well as documented referrals made to community services for hypertension patients.

- b. Susan Weber will email the committee the revised work plan based on the group discussions.
- c. A subsequent email will be circulated to gain a consensus from the group if a follow-up phone meeting is needed before July.

12. Adjournment

The meeting was adjourned at 4:56pm.