

STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

Minutes

February 21, 2018

4:00 PM

The State Advisory Council on Health and Wellness held a public meeting on February 21, 2018 beginning at 4:00 at the following location:

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

Council Members Present

Angela Deal
Jennifer Eastman
Mychelle Farmer
Lois Freeman (phone)
Darlene Ginn
Margaret Gwaltney
Roger Harrell
Kathleen Keeffe Hough
Linda Kline (phone)
Julie Maneen
Jody Marshall
Anna McCreery
Johnel Metcalf
Mary Backley

Aruna Nathan
Tracy Newsome (phone)
Donna Nordstrom (phone)
Josie Ogaitis (phone)
Rachel Pigott
Joanne Roberts
Vivienne Rose (Chair)
Stephen Shaul
Tammy Shelley
Suzanne Stringer
Deanna Tran (phone)
Anne Williams
Liz Woodward

Council Members Not Present

James Ebeling
Jessica Kiel
Min Kim
Rebecca Manno
Seth Martin
Michael Miller

Staff Present

Christine Boyd
Marti Deacon
Berit Dockter
Kathy Graham
Kristi Pier
Marshall Waschick
Sue Vaeth (phone)

Guests Present

Mansi Doul, MD
Loretta I. Hoepfner, Maryland
Chapter, American Academy of
Pediatrics
Sadie Peters, MDH

1. Roll Call

Chair Vivienne Rose opened the meeting at 4:01 with roll call of members in the room, followed by those attending by phone.

2. Regulations Update

Chair Rose provided an update on the regulations. SB-38 required the creation of regulations to guide Council operations. The final action was printed in the Maryland Register on January 19, 2018 with an effective date January 29, 2018. Members each have a final copy and it's available on the Council website at <https://phpa.health.maryland.gov/ccdpc/wellness-council/Documents/10.52.07.01--05.pdf>

3. Meeting Minutes and Council Bylaws Vote

Chair Rose called for a vote to approve the November 15, 2017 meeting minutes, which were provided to members for review electronically. Members unanimously approved the minutes.

Chair Rose then called for a vote to approve bylaws, which were also provided electronically after the November 15 meeting. Comments were requested by January 15. Six comments were received with three minor editorial changes suggested:

- Section 2.3 – add numbers (1, 2, 3, 4) to the Committees.
- Section 4.8.1 – change text from “Committees designate a Chair” to “Committees will have a Chair.”
- Section 5.1.1 -- rephrase meeting frequency from “quarterly” to “at least four times per year; and
- Section 5.2.1 – delete “Committees will meet immediately after Council.”

Changes to Section 5.1.1 and 5.2.1 were requested for more flexibility around meeting frequency. All members agreed to approve the bylaws as version V3_01.15.18.

4. Member Survey Results

Christine Boyd thanked members for completing the member survey following the first Council meeting on November 15, 2017. Survey results showed the first meeting was successful in improving member understanding of the purpose of the Council and member roles within the Council. Results also showed a fairly even distribution of Committee preferences among members, all of whom were invited to their first choice Committee. In addition, the survey showed a slight preference for Council start time at 4:00 versus 3:00, with 17 and 13 votes, respectively. Finally, interest areas for future Council discussion included health education, health literacy and health disparities.

5. Legislative Session Overview

Jody Sheely, MPH, Director, Office of Support Services (OSS) presented an overview of the legislative process as it relates to our administration, not the larger legislative process.

The 2018 Legislative Session began Wednesday, January 10 and runs through Monday, April 9, which is sine die. Bill introduction deadlines are:

- February 5 for the Senate;
- February 9 for the House; and,
- March 19 “Crossover” – when a bill successfully moves out of its chamber of origin it crosses over and continues into smaller committee review.

First reader refers to bills that begin in their house of origin; 3rd reader refers to bills that have crossed over to the other chamber. Amendments appear on 3rd readers.

Question by Roger Harrell: Is it possible to see both 1st and 3rd readers in the Council?

Response by Jody Sheely: Yes, OSS tracks bills. Some will not move, they may be pulled. If bills move to 3rd reader, OSS will redistribute the bill as 3rd reader to our programs. There are 2,000-3,500 bills per session with even more bills in recent years.

How do we sort them? Health-related bills are reviewed by MDH’s Office of Governmental Affairs (OGA), who distributes them to MDH administrations for review. At the same time, OSS identifies potential bills of interest and designates them as either “Priority” or “FYI.” Priority bills impact programs either fiscally or operationally. Programs review these bills and decide if they’d like to 1) take a position and 2) forward to affiliated boards or councils. Within five days, OSS needs a response because all positions go through several rounds of review.

As a whole, MDH only puts forward one position on any one bill; several administrations may contribute to determining what our position will be.

The timeline for our bill review process is as follows:

- Thursday at 3 P.M: bills with hearing dates for the next week are discussed with the Deputy Secretary;
- Friday morning at 9 A.M: OGA meets with all MDH administration legislative representatives;
- Friday at 11 A.M: OSS presents positions to leadership in the Prevention and Health Promotion Administration (our administration);
- Friday at 3 P.M: the Secretary meets with advisors to discuss proposed positions;
- Friday evening: OGA enters positions into the Governor’s database (“GLOW”) for review;
- Saturday/Sunday: the Governor’s office reviews proposed positions;
- Monday 10 A.M: approved positions are due to OGA in Annapolis for distribution to committees.

It’s really quite a logistical feat to organize and assign witnesses, rooms, etc. In sum, given the quick turnaround, the sooner we get position papers, the better.

Question by Liz Woodward: Is there a legislative representative in every state office?

Response by Jody Sheely: Every state agency has at least one person who is the liaison to the Governor’s office. MDH is large enough to have dedicated staff for this purpose.

Question by Roger Harrell: If we get something to review, what's the process?

Response by Chair Rose: This is a great segue to our next agenda item.

6. Ad Hoc Committee Discussion

Chair Rose proposed the formation of two ad hoc committees: 1) a legislative ad hoc committee to facilitate rapid respond to legislative needs during legislative session, and 2) a health disparities ad hoc committee to respond to member enthusiasm for supporting and promoting health equity initiatives.

Discussion: Anna McCreery proposed two possible formats for operationalizing ad hoc legislative committee:

- Option 1: The committee is delegated full authority to speak for the Council on legislative matters.
- Option 2: The committee sends legislative matters to the Committee Chairs for sign off.

Chair Rose asked members to think about possible formats, as well as their interest in participating in either ad hoc committee. Members can email questions or suggestions to Christine Boyd at christine.boyd@maryland.gov.

7. Past Council Successes Presentation

Chair Rose reviewed a sampling of past Advisory Council activities to get the creative juices flowing ahead of the first Committee breakouts:

Example 1 -- Recommendations. Dietary sodium reduction in long-term care, assisted living and adults medical care facilities.

The Heart Disease and Stroke Council was tasked by then Department Secretary Sharfstein to provide recommendations on sodium reduction in long-term care, assisted living, and adult medical care facilities.

A process was developed from lessons learned from a similar process the Maryland Cancer Collaborative and tanning beds. There were lessons learned about providing the most up to date evidence and access to experts for the council members to make an informed recommendation. The process was formalized with neutral facilitators and very specific questions to be voted on by the members.

This process is a great example of a role the Council can play if requested to provide guidance or recommendations to the Secretary on specific topical areas.

Example 2 – Legislative Position Statements.

In the past, during legislative session, the Councils discussed bills of interest. For example, in 2017, the Heart Disease and Stroke Council wrote letter of support for HB703/SB113–

“Public Health – Tobacco Control Funding” to provide annual funding to address tobacco reduction. The Chair, Dr. Michael Miller, also provided testimony in the senate hearing.

Examples 3 and 4 – Special Events.

The former Physical Fitness Council sponsored the wheelchair division at the 10k Across the Bay race between 2014 and 2016, increasing awareness around physical opportunities for all. In addition, the Council arranged “cup-free” water stop starting in 2015, which reduced nearly 40,000 paper cups throughout the race.

The Physical Fitness and Arthritis Councils also successfully increased the visibility of Walk Maryland Day, an annual celebration of our state exercise and a call to action to promote regular walking for physical activity.

Example 5 – Recognition of Excellence. The former Physical Fitness Council created the Physical Activity Excellence awards and ceremony in 2005 as a way to showcase best practices with programs and projects in Maryland that promote physical activity. The dedication, vision, and service of these individuals and organizations have helped increase physical activity among Maryland citizens.

Other proposed activities by the Heart Disease and Stroke Council have included the creation of an online directory so groups can see who is using telemedicine, as well as a “how to” document for proper blood pressure measurement.

Member comment: In considering awards and recognition, it is valuable to recognize young people and their contributions. So much Health and Wellness has its foundation in youth initiatives.

8. Committee Goals and Priorities Discussion

Anna McCreery opened the floor for a brief discussion on advice or lessons learned from past Council members in attendance.

Discussion: Jody Marshall described a newsletter the former Arthritis Council developed and produced. Different Arthritis Council members provided content. Just three issues were sent before the Arthritis Council was consolidated into the current Health and Wellness Council.

Question by Aruna Nathan: Who was the target audience?

Response by Jody Marshall: The Arthritis Council previously used a database maintained by MDH in Constant Contact. It was a broad audience with members of the general public and professionals; click rates were tracked, and showed good viewership.

Anna McCreery suggested moving further discussion into Committee breakouts.

9. Close for Committee Breakouts

Chair Rose reminded members of the room assignments and access lines for Committee breakout. The meeting adjourned at 4:43 PM.

Next meeting: April 4, 2018 4:00-6:00 PM